Ars Medica

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Writing for *Ars Medica*

We are often asked about which qualities we look for when we select a piece for publication in *Ars Medica*. Members of our Editorial Board and our Advisory Board come from diverse health-care and literary backgrounds, and the short answer is, "We know good writing when we see it." Those of us who do clinical work and encounter narratives of illness every day have come to identify what feels honest, fleshed out, embodied. We have become demanding readers to the extent that familiar stories of diagnosis and treatment have to bring something new and particular to the telling and to our experience. All of the usual rules of storytelling (and writing workshops) still apply: Create characters we care about and let them speak through dialogue. Show us their world through almost cinematic detail, don't just tell us it exists. Build dramatic tension within a structure of a beginning, a middle, and an end. If you're writing non-fiction, let yourself enter the piece so we know why you were moved to write about it. Keep up the pacing so we want to know what happens. Leave us feeling something, be it confused, uncomfortable, enlightened, curious, or wanting more. Work on your voice as a writer. Readers, like patients, want to be in good hands and to remember what was told and how.

Endings don't have to be happy or tidy. As Board Member Rebecca Garden says, "I look for work that defies expectations and conventions, whether formally or in terms of content. We all shoulder the burden of conventional narratives and tropes of illness and medicine. The work we publish should communicate in surprising and arresting ways and break through the dominant narratives of illness (e.g., courageous battles ending in triumph or uplift)."

James Wood, in *How Fiction Works*, describes something he calls "thisness"—the sense that a detail or quality is so intrinsic to the thing it describes that we can't imagine it otherwise.

(After reading this issue, you will remember forever that forgetting how to identify the scent of lemons, lavender, and leather is a first sign of emerging Alzheimer's dementia.)

Some of us also like to become disoriented, "defamiliarized," to turn a conventional description on its head. (The images we publish can do this too. Some of you will remember Jane Martin's cover of a bouquet of roses juxtaposed against her husband's fresh post-op cranial scar. Beautiful and unexpected.)

We primarily receive submissions from writers about being a patient (or family member) or about being a health-care professional.

In the former, we sometimes encounter unprocessed details of illness that have specific, charged meaning for the teller but are unclear to the reader. These pieces in many ways resemble journalling or therapeutic writing. The author is too close to the events or uses personal code and shorthand, which leave gaps. As a result, we are not fully invited into the experience. Stories of trauma and loss are often fragmented, because they remain so for the writer and have not yet been crafted through the personal and creative steps that render them coherent and universal.

Writing personal narratives may indeed be healing, but to be literary there needs to be distance, an "observer's eye" that allows us to see the full picture.

In the latter category—stories by health-care professionals—we often see too much detachment. Diagnostic efficiency cuts to the chase, abbreviates or oversimplifies the story and fills it with jargon, acronyms, and even cliché. These narratives are journalistic or more like a rushed case presentation. The subjective is edited out and the reader may know what to think, but not what to feel.

Sometimes, we get the sense that a story has been misappropriated, that the author-clinician has not obtained permission to tell it from the client or patient who lived it or that the author has not fully moved the piece from fact to fiction. Our position is that retelling and publishing something shared in confidence in a defined therapeutic context is unethical unless the patient's co-construction is fully acknowledged or the narrative has moved well beyond the personal and particular.

In contrast, some of the most compelling pieces we receive are written by doctors or nurses who have become patients themselves. Suddenly the world they know so well has to be re-explained and re-examined, as if encountered for the first time. Everything is suddenly new. And terrifying.

This issue of *Ars Medica* embodies many of these ingredients in its stories and poems of birth, illness, aging, and the death of loved ones. We are introduced to doctors, nurses, and other clinicians who care too little or too much or struggle with finding the right balance with each patient. Two essays discuss the perversion of health care in regimes like Nazi Germany. We close with a tribute to Betty Goodwin, one of Canada's great artists, who died in Montreal in December. Her images, sculptures, and representations of the human form also tell deeply layered stories of our beautiful fragility.

Call Home

Pauline Pariser

I am running to my next case as I hear my name reverberate over the loudspeaker.

"Dr. Pariser, outside call."

"That's the second time you've been paged," my friend Bev informs me.

Who's calling in the middle of the day? No one ever calls me here. Phone calls, movies, grocery shopping—those are activities in someone else's life. My heart beats faster as I search the ward for a private place to take this call.

Still wearing my surgical boots, and smelling of rubber and hibitane cleanser, I stumble into an adjacent office. As I fumble for the phone, I catch my last good pair of stockings on the edge of the desk.

"Shit. Hello," I blurt into the phone.

I recognize my mother's voice but its usual sweetness is gone.

"Pauline?" she asks like she did when I was caught at sixteen, sneaking in after hours. Then, voice cracking, a flurry of questions: "Where are you? Are you all right? Why you didn't tell me you were going? I call police."

I can see her holding the phone with both tremulous hands, staring out the window, scanning the horizon for the car that is carrying me home. She is wearing her stained "housedress," a brown cardigan thrown on for warmth.

"Mom, what are you talking about? I'm at school, working in the hospital. Don't you remember—here in Ontario? The police? Why did you call the police?"

Her voice falters, the words coming more slowly. "You aren't here. When did you go? You didn't tell me."

I stare wildly at the phone, at the door, at the clock, one thought coming on the heels of the next. How much time to talk before the next surgical case? If she can't remember when I left, how does she remember her way home? How did she find the number to call me here amidst the scrabble of loose papers on her dresser?

"Mom, don't you remember? I kissed you goodbye last Sunday night in Montreal and went to the airport. I even called from there to say goodbye again. I would never do that—never leave without saying goodbye."

Silence. I can't imagine what she is thinking. It is one thing to lose your keys, to forget the landlord's name, to take the wrong bus. But she lost me. How scary that she lost me. I can't. I can't. I can't think about this now.

Softly she says, "I'm sorry sweetheart. I feel like I'm in a dream. Nothing so familiar anymore. Help me, you're the doctor."

Some doctor. Some daughter. I've got to get off the phone and attend to other people. I ask to speak to Mrs. Z, the elderly woman who has boarded with us since my father's death eighteen years ago. When I hear her come on, I say in a rush, "Please, show her my pictures. Remind her where I am and that I'll be calling tonight. Make sure she eats something. I'll try and get home next weekend."

As soon as I hang up, I see that I'm shaking, but I don't stop for anything. I race on to my patient's room. I had promised to check in with her before the preoperative anaesthetic. Laura Baker is only three years younger than I, but I feel weary and all dried up around her. My thin unruly hair sticks out at odd angles under the surgical cap, my hands are rough and the cuticles torn, and I feel a new pimple declaring itself on my chin. She looks like a frothy drink. Wearing a pink gauzy dressing gown, she is all soft angles, her blonde curls framing shiny, clear skin. But then I remind myself of the troubles she confided in her intake interview.

UNTIL LAST YEAR she was living with her mother, a well-meaning but disorganized woman who flits from one vocation to another in a relentless search for security. Her parents separated when she was eight and she rarely sees her father. She has few expectations of either of them but very many of herself.

"This ovarian cyst I have, could stress bring it on?" she inquires.

"No, I don't think so. Why do you ask?"

"Oh, it's probably nothing." She hesitates.

"What is it?" I push her.

"I have this brother . . . he deals hard drugs—cocaine I think. Anyway, he's on the streets somewhere."

She pauses and I wait.

"It was getting so bad with phone calls in the middle of the night, I finally gave in to my husband's demand that we unlist our phone."

"OK," I say, at a loss for what to say next.

"My whole life. My whole life, my family has screwed up. I couldn't do a thing to help my brother. Now I'm kinda superstitious about what's next for me."

"What worries you about this operation?" I ask her.

"Well, I guess I'm nervous that losing my ovary means I won't be able to have kids," she replies, her eyes starting to fill.

I sit closer. "Hey, Nature gives us two ovaries so there's one on reserve. You just need one ovary to conceive."

"So, when I wake up, my throat will be sore?" she asks now.

"You'll feel groggy, and your throat may feel like sandpaper. Some stitches along the bikini line, and you'll be as good as new."

"Except that I'll be missing one ovary. I sure hope that's all you guys will take. I mean, are you absolutely sure it's not cancer?"

"Trust me. It's not behaving like cancer, just a benign cyst that grew large enough to engulf your ovary. Nothing will happen without your permission. There is the one cystic ovary to be removed. Nothing more."

She is satisfied and signs the consent form.

Minutes later I take my spot under the glaring overhead light, the electrocardiogram clicking rhythmically in the background. From over my mask, I make eye contact with Laura. She manages to smile as she surrenders to the anaesthetist's directions. I look down. The part of the belly peeking up at me is painted orange. I have interviewed, examined, and comforted twenty-seven-year old Laura Baker, but now what matters is this orange piece of her.

The surgeon makes the incision. I am staring into her—fat, muscle, glistening bowel pushed aside, we are now entering her pelvic cavity. The surgeon is lean, with bushy grey eyebrows and steady hands. Beside him I feel short and dumpy, standing on a stool so that I can see over the waves of surgical cloth draping the patient. Barking his commands for the standard instruments, he hands me a set of retractors with which to pull aside mounds of tissue blocking the view. It is tiring holding those retractors. I feel hot and find myself leaning over the blades. I am drifting, ruminating about my mother. Maybe I'll have to leave my training for awhile. I find myself looking for answers when there are none. How did this happen to her? What metaphorical scalpel removed bits of my mother? Was it years of drinking tea out of her favourite aluminum pot?

"DOCTOR?" ASKS THE SURGEON, triumphantly displaying a sinewy piece of flesh with his forceps. "What's this?" My reverie has been interrupted by The Teachable Moment.

None of it looks like the textbook, no neat labels and identifiable parts standing out in bold relief. There's blood, lots of it, and fat and muscle overlying nerve, and under it all, a ten-centimetre mass with hair and teeth growing out of it. This alien tissue is Laura's diseased ovary. This particular surgeon is trying to be kind by giving clues.

"You know—it's the name of a baseball team."

I look blank.

"C'mon, you know—a St. Louis team."

"Oh yes! I've got it." I say confidently. "The Oriole ligament."

He looks dejected. "Cardinal. It's the Cardinal ligament."

The only consolation is that we are both embarrassed, so that likely I'll be left alone for a time. I try not to chastise myself. Brow furrowing, I pull harder on the retractors. How to remember it all? Drowning in detail, my Day Timer becomes my portable brain: "Review the pelvis in *Grey's Anatomy*, practise suturing on a stuffed animal, get the overheads ready for medical rounds." And in the margins I have written, "Remember to buy lettuce and call the nursing agency for twenty-four-hour care." What more can I do from nine hundred kilometres away at 3 a.m. when my mother is looking for her bed in her neighbour's apartment?

I long to hold my mother in my arms, insinuate myself into her bad dream so she doesn't feel so alone. Maybe if I tried, my flesh and blood could anchor her to this world.

The surgeon is about to close. The severed ovary is in the specimen bottle. The other ovary is free of disease. Instead of handshakes all around, the surgical team becomes very quiet. With a practised lift of his eyebrow, the surgeon gives the signal towards the OR door. Five young men and women march in, looking more like ice cream vendors in their short white jackets than medical students. They stand at the foot of the table. One six-foot male steps forward and thrusts what looks like his whole arm into the vagina of the unconscious woman.

"The uterus is midline, anteverted and anteflexed, soft, about the size of a pear," he recites.

One by one the other students follow suit. Each reaches up the canal with the right hand to cup the uterus from below while the left hand presses down on the draped abdomen from above. They each hold Laura's uterus just so. I know she has not consented to this procedure.

The look in my eyes must give me away. No one will meet my gaze. Within moments, the students and the surgical team have all deserted the operating room. The silence is broken by the clanging of dirty instruments hitting metal basins. Going through the motions, I assist in Laura's transfer onto the trolley. The sides are up and she is wheeled away.

MAYBE IT'S MY LACK OF SLEEP and no food since early this morning, but as I make my way to the change room, I feel the floor starting to come up to meet me. Quickly, I sit down and put my head between my knees. Though I yearn to forget the image of the patient, I can't get her out of my head. As the lowliest person on the surgical hierarchy, I, the intern, know her best.

There are many voices in my head, all talking at once.

"Do something, say something, dammit. What good can one person do? Don't be the sacrificial lamb."

And then I hear my mother's voice, her frank appraisal. "It's wrong Pauline. You know, it's wrong," she would have said.

I recognize what I have to do and, after I rest, whom I'll have to speak to.

I check in with Laura. She's back in her room, drowsy, but sitting up in bed.

"Hi, how y'a doing?" I ask.

"Sandpaper" she whispers.

"What do you mean—sandpaper?" I ask, a little too quickly.

"Like you warned me—my throat feels like sandpaper. What's wrong? Did you see anything you didn't like in there?" she turns to look at me.

"Just one cystic ovary. Everything else looked perfect," I tell her as I attend to her intravenous drip.

She reaches for my hand. I unexpectedly flinch.

That night I call home.

"How are you, Mom?"

"Fine, dear. How are you?"

"Tired. Long day. Something happened today."

"What? Tell me."

"I heard your voice. In my head. And it was good. You helped me get through my day."

"That's nice dear. I'm always happy to help you. Now get some rest."

I put down the phone thinking about who is lost and who is found. Sleep comes quickly.

Pauline Pariser, a Toronto practitioner for twenty-seven years, is physician lead for a family health team. An assistant professor in family medicine, she has won several teaching awards. She attends a spirited writers' group.

Bookends

Anne Green

As I threaded the catheter over the guide wire into the upper chamber of Diana's heart, I recalled the first day of my internship, when she was my first patient on the oncology service. It was ironic that she should be the last patient I admitted on my final rotation of that year, in the medical intensive care unit.

That first day I was so terrified I couldn't swallow my bran muffin, and my morning coffee went right through me, necessitating a quick detour by the ladies' room every hour. The resident nursed a cup of coffee on rounds, leaving it on the chart rack when we went in to see the patients, but I didn't dare, lest my shaking hand betray me with spilled coffee or my nervous bladder with a different sort of overflow. I kept my mouth shut as much as possible, lest it betray my ignorance. Somehow we were supposed to know by instinct what to do for insomnia or constipation and how to raise a patient from the dead with CPR and defibrillation. At least it seemed to me that everyone else knew all this stuff. It took me months to learn that my fellow interns were as insecure as I, but it took me only one day to shed any delusions of my own competence and admit that the nurses who called me Dr. Green and asked me for orders knew more than I did about treating patients. After the first code on my first call night, when a patient with fungal pneumonia tried to exsanguinate through her lungs, I learned that the best thing an intern can do is to call for help, and I resolved that, ego be damned, I was going to keep my resident up all night if I needed him! With these vital lessons in humility behind me early, I was ready to start learning what I needed.

Diana was my first patient. She was fifty but looked much younger, with glossy black hair, a ready smile, and twinkly blue eyes. When I greeted her by her last name, she laughed and asked me to call her Diana, but, of course, I could not reciprocate the familiarity, as that might undermine the mystique of the doctor–patient relationship, so I remained Dr. Green. She was one of those unlucky souls who survive one cancer, in her case breast cancer, through heroic chemotherapy and radiation, only to succumb to a secondary leukemia many years later, caused by the treatment that cured her in the first place. This time her first clue that anything was wrong was a nosebleed, initially dismissed as trivial, but when the bleeding wouldn't stop, she visited her local doctor and learned the worst. She had been treated for her breast cancer at our hospital twelve years earlier and had utmost faith in our ability to deal with this new, minor bump in the road. Newly divorced, she was pulling her life back together, she confided, and with a new job as a realtor, she could finally afford to buy her own place, a hundred-year-old Colonial "fixer-upper," with the closing just a month away. I listened in dismay, knowing that she would hardly be able to work, and that moving and making payments on a new house would likely be an impossible dream, but I had the sense to keep these thoughts to myself. People can take only so much at once.

After a painful bone marrow biopsy, Diana started chemo the next day. Everything went smoothly, but a week or so later she awoke to find her pillow covered with hair. She just smiled ruefully and said, "No big deal. It'll grow back. I've been here before." That afternoon I found her with a collection of brightly coloured scarves spread out on her bed. "How do you like my new hairdo?" she laughed, and she proceeded to instruct me in the fine art of turban-wrapping. I started my rounds in her room every morning, and she was the last patient I checked every evening when I left, not because she was the most critical patient, but simply because she cheered me up. She went home two weeks later, a little thinner and a lot balder, but still optimistic after the first of six planned chemotherapy treatments.

After my stint on the oncology ward I went to the general medical service, where one of my first patients was an elderly man admitted with such crippling back pain that he couldn't stand or even lie flat in bed. His toenails, which he hadn't trimmed because he couldn't bend, were long, curved talons. On the X-rays it looked as if moths had been eating his ribs and spine. The diagnosis was clear, even without the bone marrow: multiple myeloma. He was a taciturn man, and admitted to pain only apologetically, as if he didn't want to inconvenience me. His sister, an elegantly dressed and articulate office manager, confided that he had always been "a little slow." He lived with his bachelor brother and had worked as a school custodian, but it seemed that those days were over. He improved with chemotherapy enough to return home on pain medication, but a month later he arrived for his scheduled clinic appointment in a wheelchair, twisted with pain.

"Why didn't you call?" I asked.

"I didn't want to trouble you, Doc, and I wasn't too bad as long as I kept still," he replied.

We brought him back into the hospital to start radiation treatments to his spine. He improved quickly, and I finally saw his shy smile when he walked out a week later. I tried to arrange for home services and disability, but he refused, saying that he could manage just fine with a little help from his family. Several months later he mentioned that he was much happier since he'd gone back to his janitorial job. What! Horrified at the thought of those tumour-riddled bones mopping floors and hefting garbage cans, I asked him if he thought that was wise.

"Doc," he said, "I can't just sit around all day."

So I begged him to be careful, warned him to watch out for any tingling, numbness, or weakness in his legs, or trouble passing urine or stool, any of which might be signs of pressure on the spinal cord, and I let him be.

One night a seventy-year-old man with severe Parkinson's and dementia was brought to the ER completely stiff, curled into a fetal position. If his eyes hadn't been following me, I would have suspected rigor mortis. His niece explained that the dog had eaten his L-dopa, the medication that alleviated the rigidity caused by Parkinson's disease. After a few days back on medication, away from the greedy dog, and after several fecal disimpactions (an intern's job) and enemas for his recalcitrant GI tract, a bath, and meticulous treatment of the bedsores he had acquired from lying immobile in bed at home, this patient became the pet of the nursing staff, under whose ministrations he thrived. With a family unable to care for him at home and no money to pay for a nursing home, he stayed on that ward in an acute care bed for six months awaiting placement, enjoying superb nursing care at the hospital's expense. Medicaid beds were in short supply at that time, and it sometimes took months to sort out the paperwork and family finances to meet eligibility requirements. A small man dressed invariably in a hospital johnny flapping open in the back, he liked to sit in the corridor and rule the ward from his vinyl orthopaedic recliner throne, to which he was tethered with a long strip of soft gauze wrapped around his waist so that he couldn't wander. He greeted us each morning on rounds with a huge grin, and he seemed to get a kick out of the daily summary: "Awaiting placement. No active problems." Maybe he knew he had beaten the system.

These patients and many others like them were my teachers that year. They taught me about courage and about dignity and kept me going when the mind-numbing hours dragged me down. Some won their battles with disease, some lost, and some seemed to be stuck in the war forever. Some were brave and some were frightened; some were stoic and some never stopped complaining. They all taught me. But none had touched me so much as Diana. She was my first patient; I was her first intern. I was scared when we met, and so was she. Thus the bond was sealed.

Finally my internship year was coming to an end with the last rotation in the medical ICU, and on the last day I heard that Diana would be coming over from the oncology ward. I hadn't seen her in eleven months, but my fellow interns had kept me apprised of her progress and setbacks, and we exchanged hellos by proxy. Subsequent rounds of chemo hadn't been kind to her: she had fevers and renal failure and fungal infections, and still the leukemic cells persisted. Her attending had high hopes for a new protocol she had started just a few days before she "crashed." I barely recognized her. She was comatose and swollen, intubated and still having trouble getting enough oxygen, with a virtual whiteout on her chest film. It was unclear whether the problem in her lungs was infection or fluid from her failing heart, and to distinguish between these possibilities, we had to insert a Swan-Ganz catheter through her heart into her lungs to measure the pressures. If the pressure was high, there was likely a degree of heart failure and we could use diuretics to decrease the fluid load and perhaps improve oxygen exchange. If the pressure was normal or low, we could use the catheter to optimize fluid management, but the lung congestion was likely due to infection or the dreaded acute respiratory distress syndrome (ARDS), where some insult to the lungs causes capillaries to become leaky, and fluid and proteinaceous material collect in the air sacs. Diana was already on antibiotics and antifungal medication to cover infection, and ARDS was most often fatal in those days, so a normal or low pressure reading would be bad news.

Three factors rendered the catheter insertion, always invasive and never easy, particularly difficult. First, because of the chemo or the leukemia or both, Diana had virtually no functional platelets and was bleeding uncontrollably from every needle stick, so we had to transfuse platelets before the procedure. Second, the Swan catheter might get tangled with her Hickman line, a central access line for chemotherapy. But the main problem lay within me. I knew that somewhere inside that broken body on the bed was my lovely, vital Diana, and I didn't want to hurt her any more. I didn't want to accept that it had gone to this point, and my stomach churned with the kind of nausea that comes when one needs to cry but has to hold it back too long. Everything in me said, "She's had enough; let her go," but the attending insisted that Diana would not have wanted to give up after fighting so hard. He was probably right. So we started infusing the platelets, and my senior resident, all of five feet tall, climbed up on a stool to supervise me as I threaded the catheter carefully into the internal jugular vein and from there through the heart and into the lungs. I had to forget that this was Diana and focus on my hands and the monitors to get the job done. When the catheter was successfully inserted, we got the information we needed, but in the end it didn't help. The pressure was normal, and nothing we did to treat probable ARDS seemed to make a difference. When I left the next morning, off to Cancun to celebrate the end of internship, she was the last patient I checked, this time to say goodbye. Diana died the next day without ever regaining consciousness.

Anne Green (pen name) practised primary care internal medicine in Massachusetts and Pennsylvania before retiring to devote full time to her family. This piece is a factual narrative of her internship, with names changed for privacy.

The Death Sentence

Andrea Macyk-Davey

I forgot the patient's name five minutes after I read it.
She's in late middle age, that's all I remember.
And she's on trial.

And she's had cancer before.

She had a biopsy taken from somewhere;
Something must have looked suspicious.
It's not big; it would have made just a small wound.
But right now it looms large in my imagination, deep and so very dark.
This small hole is about to swallow a human being.

Her accusers are a chorus of ugly blue cells.
I almost think they are grinning at me,
Smug in the knowledge they have won this time.
Their case is airtight.
So is a coffin lid.

The pathologist holds the dictation handset like a gavel.
But there's no heavy rap, rap —Just the soft click of the Record button.

We look over all the ugly cells in turn,
Frozen forever in their disorganized, destructive wriggle.
The list of damning characteristics is rattled off into the handset,
for a clerk to transcribe in some other room.
None of us ever sees the defendant's face.
The pathologist pauses for a moment at the end of the report:

“Diagnosis:—”
—click—

Somewhere a star falls into the ocean.

—click—

“Metastatic squamous cell carcinoma. Period.
Next case.”
—click—

Her own flesh has condemned her.

Andrea abandoned creative writing during her university science and medical studies. She is completing residency training in general pathology in Edmonton. This poem was inspired by a case encountered during a medical school pathology elective.

The Force That through the Green Fuse Drives the Medical Student

With Apologies to Dylan Thomas

Ian Scott

The force that through the green fuse drives the medical student
Drives my green learning, that blasts the roots of my knowledge
Is my destroyer.
And I am dumb to tell my dean
My knowledge is bent by the same wintry fever.

The force that drives the students to the library through their texts
Drives my saliva, that dries my mouthing lectures
Turns my notes to wax.
And I am dumb to lecture about my discipline
How at the journals I read the same I am confused.

The mind that delivers care upon the ward
Stirs those to the morgue, that of death certificates in the blowing wind
Hauls my patients to it.
And I am dumb to tell the pathologist
How of my body will suffer the same lime.

The lips of time latch me to my discipline forever;
Skill drips and gathers, but the fallen worry
Shall calm her sores.

And I am dumb to tell a ward clerk
How time has tucked my life around this place.

And I am dumb to tell my self
How through my craft goes the same crooked worm.

Ian Scott is an associate professor in the Department of Family Practice at UBC. He is the undergraduate director of Family Practice Programs and shares the headship of the department.

A Pox Is Born

Patricia Rockman

I have danced a striptease to the death, created the world, and unwittingly given birth to the first human. I have been the winged and seductive fairy godmother cruelly granting wishes, making cosmetic surgery go awry. I have been an old woman, manipulative and dependent, clinging to her daughter who would escape if she could. But she can't. As a sadist I have met my masochist. Love is to be found in the strangest places. And I have been a Southern Baptist minister lilting a eulogy in gibberish for my beloved partner on the path. She will not let go, and ultimately I must be the Grim Reaper taking her to the other side.

I am a clown. Not the party type or therapeutic, although one could argue I deliver therapy of a kind. By day I am a physician focused on mental health. At first, work informs art. In our performance pieces medical accoutrements and references abound, from tumours to catheters, surgery to placentas. The themes are about "dredging the psyche," as Allan Wallace would say. Clowning, like therapy, can be a path to liberation.

I am part of a duo, Pox and Vendetta, à la Mump and Smoot, the clown kings of North America. Mump, a.k.a. Mike Kennard, takes me into the Pochinko tradition of clowning, a magic realm that sits between terror and excitement. Here there are rules, and living by them transforms me into Pox, my character who is inhabited by both a pestilence and a kiss. Live up and out! Don't look down. If you do, you are thinking too much or judging yourself. Be honest and present. More, more, more is the rule if it's working. Change it if it isn't. A clown never gives up. Follow the rule of three: repeat an action twice and change it up the third time. Care enough not to care. Know that mistakes are gifts from

Paul Orenstein

Vendetta (Elaine Smooker, *left*) and Pox (Patricia Rockman, *right*) the gods. Use them. Learn from them. Always protect your audience. Notice everything. It doesn't take long to realize that these are laws to live by; the path of the clown is also a journey toward awakening.

Being in medicine, physicians are blessed to bear witness to myriad life offerings. We are allowed to see deeply into people, given permission to be intimate physically, psychologically, and emotionally in ways others cannot. It is a serious business. But Pox and Vendetta get to play, to shock, to be outrageous, and to explore what it is to be human, using humour to lighten what is often so difficult for us to turn toward. As in therapy, we work with what won't go away: dissatisfaction, resistance, dependence, obligation, wanting, revulsion, ambivalence, need, sexual desire, love, and letting go.

Clowning is freeing and joyful, alive. It is not dissimilar to the feeling we sometimes have when we are truly present with a patient, transparent and intimate, often uncomfortable yet willing to stay in, and so awake that we have epiphanies. We experience those rare moments of growth as we move toward health, reducing the self/other divide, experiencing our interdependence that is part of being human. This is not to say that we become confluent with the other but rather are able to highlight our similarities versus our differences. At their best, clowning and the practice of therapy enhance our empathy for those who suffer.

I study Bouffon with Adam Lazarus and learn about the medieval clown, the clown of the court, a misfit, the deformed and ostracized. I learn to relish being ugly and foolish, to let go of my sense of self and my vanity. It is also liberating. He teaches me a new rule as Pox, to "Watch out, here I come," entering a room riding a dragon and sending this ferocity through the eyes. I teach this as a therapeutic technique to a patient who is socially anxious, afraid to compete on the squash court. She wins. I pass on the clown rules to another who, at forty-four, is re-exploring her sexuality, flying to Paris to see a man she met online. Up and out—you go girl! I reiterate to a group of family practice residents I am teaching that "mistakes are gifts from the gods" in an attempt to reduce their shame at their lack of perfection. It is then that I realize the lines are blurring. I no longer know where the clown begins and the physician ends. I am now finally both clown and doctor merged into the composite being that Pox has become.

Patricia Rockman is a GP psychotherapist and assistant professor at the University of Toronto. When not clowning she practises mindfulness-based and cognitive behavioural therapies, teaches, and writes. She is a Buddhist and yoga devotee.

Medicine Inside and Out

Anna-Elise Price

Long Illness

walking
through the hospital
memories move
in icy fingers
skimming my skin
my father's eyes haunt me
beacons of strength
now suddenly liquid
begging me
to get well—
whispered prayer
as some fearful alchemy
distills his love
through my disease
reforming me
a cold stone idol
supposed to possess power
over all hope of joy
but frozen
unable to respond
my heart
encased in ice
splinters
and leaves its shards
to scour my veins
in pain, I am
broken

until fever breaks
I step down into ordinary time
slow
painful
steps
still ill
forever changed
but now myself
able again
to walk

Medical Mission

She is small
    and very brave
this woman's face and hands wear
undisguised life
    hard fought

yesterday
    in clinic
her daughter led her to us
    held her hand

but today
she must walk alone
into our foreign faces
strangers who can only smile
our ignorance of her language
    her life

we had to find a stool
to help her up
    onto the OR table
so old it will not lower
    we lay her down
stiff along its barely padded length
passing tubes and wires above her

"un poquito frio"
the anesthesiologist offers
a gift from a medical phrase book
attaching monitors
    with icy gel

She tries to smile at us
    her willingness to believe
    we're trying

we wrap her in a sheet
strap her down
place a mask over her face

"Ox-y-gen"
"respirar profundo por favor"

this makes no sense

I look into her eyes
where fear is dawning
    despite her faith

I breathe
as deeply as I can
she sees
and breathes
    with me

behind her head
the milky white syringe empties

fear
    and her smile
slip away

Anna-Elise is a writer who has had a life-long struggle with depression, the inspiration for her first poem. The second was inspired when she accompanied her sister, an anesthesiologist, on a medical mission to Honduras.

From the Edge

Shmuel P. Reis

SUMMER 2006, GALILEE, ISRAEL

I am a family doc in a rural health centre and this is no ordinary day.

He had presented two days earlier, not allowing his wife to enter the room. What a mess he was. Not catatonic, but writhing in anguish and repeating a few sentences: What a disaster it was and how could he have done it? How despairing he is. Everything will be taken away. From time to time he banged his head against my table, moving back and forth as if in prayer.

I knew he had been hospitalized in the psychiatric hospital for ten days under an examination order, and then signed out by his wife about a week earlier. A day later the place had been hit by a rocket and the staff and patients evacuated to the south. I also knew that one other psychiatric hospital option was unavailable since it had been emptied to allow wards from higher floors of the university hospital to be placed there. A third, farther south, was still admitting.

I called his wife in and told both of them firmly that he should be readmitted to the hospital. They weren't about to make this easy for me—they both objected to this plan, she more so than he. She argued that proper sleep and food would help stabilize him. I conveyed the gravity of the situation in no uncertain terms, informing them of my belief that hospitalization would be a "life-saving procedure." In the end, a compromise—he would resume taking his meds (his inadequate compliance with the discharge instructions had been revealed) and I would re-evaluate the next day. They left my office but not my mind—his anguish, restlessness, and hopelessness invaded me and I could sense how it coloured my interactions for the remainder of the day.

The next day, his wife called to say that she now understood the need for hospitalization and we conferred on how to organize it. I consulted staff at the psychiatric ward farther south, who were most accommodating and eager to help. I told my patient's wife that he was expected there and, with a sigh of relief, returned home to welcome the Sabbath, the day of rest.

The last several weeks had been full of sirens and explosions, trips to and from our basement shelter, and news of the dead and wounded, near and far. This weekend was no exception. I stopped my treadmill in the gym to enter the shelter on Friday and then again on Saturday. We (my daughter came with me to the community gym/pool) met up with a former medical resident in the shelter—within a fortnight, he said, he would become the doc for the pilots' families in the nearby air force base. Socializing in a shelter, I suppose, could be considered an effective use of time.

I'm back in the gym later that day, enduring another siren and mad rush into the shelter. The patient's wife calls. They are still at home and she is in despair. I hear myself expressing my willingness to come over and take him to the hospital. Am I for real? This is something I have never done in twenty-eight years of medical practice. They both like the idea.

When I arrive at their home, he is lying in bed, eyes closed, with a wet towel over his forehead. Reluctantly, he rises, washes his face, and comes with me. He reclines the back of the seat, hides behind dark glasses, and asks me to shut off the air conditioner. It is a hot summer. His wife and daughter wave farewell.

He is silent during most of the journey. We travel in a space capsule—the war is shut out with the radio off—and there are only two human beings headed toward twilight, the sunset over the sea in the west. I open the window for some fresh air. Sights, smells, and memories take over. An expansive landscape emerges as we descend the first mountain and we're discussing why it is worthwhile to save his "miserable" life. Sunset and sounds of his silence, hills, then a valley of cotton and sheep, a lake, the aromas of summer. Lower hills unfold around us with another mountain on the horizon and two fighter jets climb into the setting sun due north. My companion suddenly blurts out that he hasn't worked in a month. How can anyone shoulder so much responsibility? No wonder it was too much. I try to get the picture but he ceases speaking. We head east into a larger valley where the hospital is located. The moon is already out. Nazareth is on the left and distinctive smells of cowsheds and a freshly watered field greet us, creating a mirage of tranquility. Two children died there a few days ago, direct hit. We pass the entrance to the air base, as more jets roar overhead. Further on, my late aunt's house. How I loved summers there. I reminisce for a brief glorious moment and taste the sweetness of strawberries in her garden.

The gate, the ER entrance, we enter. After registration, we sit down opposite the "Psychiatric ER" sign. He is cold—the hospital's air conditioning is brutal, and I fetch him a blanket. The on call psychiatrist arrives, heavy breasted, fortyish, Russian accent. She takes his history and then conducts a lengthy phone conversation, no apology. She asks us to step out—a fifteen-minute wait that feels like a week—admits him to the unit and then sends me on my way. Exiting I pass into another world, the space capsule is shattered by TV blasts in the waiting room. Tyre is being gradually destroyed and Sidon is next. Welcome to reality.

I step outside.

It's already dark, the moon is shining, starlight, a cooler breeze greets me. I hit the road. The radio brings no respite, so I put a CD in, love songs. I long for Noa, my wife, my comfort, and I imagine returning home, placing my head on her shoulder. My eyes become moist.

I AM GRATEFUL that there is no siren on the way home. Stopping the car and lying in a ditch, according to the civil defence instructions, would have been a strange end to an already surreal evening.

EARLY DECEMBER 2006

He arrives for a morning appointment. He is long in remission, back to work and reorganizing his life. I am taking notes on my computer and he asks me not to record what he is about to disclose. "I can tell you now," he says, "that two or three days before you had me admitted to the hospital I had spent four hours on the edge of a cliff thirty metres high, contemplating jumping to end my misery." We discuss his suicidality for some time. At the end of the encounter, I tell him I have written this narrative and offer to share it with him. He gladly takes the two pages and goes on his way. Patients savour reading their stories. There's a certain validation, even when it's about wanting to end it all, but, thankfully, coming back from the edge. The next day he calls and grants permission to publish.

The author is indebted to Hedy Wald and Amanda Katz for their writing and editing advice.

Shmuel P. Reis, a family doctor within a health centre in the Galilee for thirty-one years, is chair of the Division of Family Medicine and former director of medical education in Technion Medical School, Haifa, Israel.

D.C. Serial Date

Janet Lee Warman

I

On Seeing "Bodies: The Exhibition" with My Lover

We pass through four dim rooms of men
back-lit, bisected, dissected, disembowelled
before we ever reach the body of a woman,
her areolae spongy and mottled.
I lean close to try to find her cervix,
that part of the anatomy always mysterious to me.
He sits on a padded bench, pale, overcome.
I wonder if he judged me as I examined the thin, waxy penis
in the other room. It was more than voyeurism,
I want to say. I want to understand.
The glass case with only skin, the largest organ of the body,
draws us next. What do you call a scalping of the whole body?
We comment on bearskin rugs and beaver pelts.
Among all these lifeless spectacles, we are practising survival chat.
Only the body reduced to its veins in the last room saves us:
ruby threads tangled and bunched near nose, ears, lips.

II

On Eating Ethiopian Food for the First Time

Because I have read stories of starvation, I feel insensitive
to be eating here. I hope the waitress with her dark, high cheekbones
and bleached muslin dress is an accurate reflection of her land.
She seats us on a platform in the box window, and I feel on display
like the women in Amsterdam's Red Light District. At the next table,

a woman who looks like an aged Diane Fossey orders for her partner.
He gazes at her in obvious admiration for her worldliness.
I turn away from the menu of dishes that all are only one word different
to scan the young men on cellphones, trolling for magic in Adams Morgan.
When our food arrives—the cold, mushy potatoes, chunks of reddish meat in thick sauce,
boiled egg grey inside—I learn that we will tear off shreds of what I thought was a cloth,
clutch bits of food, and roll them as we move them toward our mouths.
The boiled bread is a flesh-coloured sponge with little taste,
and my stomach buckles from our earlier excursion.
I forego the foreskin-like bread to eat with my hands,
sticky sauce mingling with wine on my tongue.

III

On Encountering a Decorative Implant at Columbia Station

The jazz club has not begun to heat up. In a back corner,
a group of thin young women giggle around a table filled with pizza. The saxophonist
half-heartedly practises slides. The bassist promises a ballad played for us,
so we settle at the bar and order our usual: Bailey's for me, bourbon for him.
The bartender could be one of my students—young, bones protruding at the shoulders,
tattooed on her back with calligraphy and a horse. As she leans to make our drinks,
we see just above the rim of her tank top, a raised heart under her sternum.
At first I think it is a buried port for chemotherapy,
but there is no entry point. It is lodged there between her ribs,
a heart like one of those oversized Valentine sugar treats with the message obscured beneath her skin.

IV

On Ending Our Night at the Hampton Inn

The blackout curtains do their job, but the alcohol does not.
No trace of giddiness, and when he reaches for me
I practice jazz club scats in my head. Skin on skin has a different meaning now
and what is underneath I either can't or am afraid to fathom.

Janet Lee Warman has earned master's degrees in special education and writing and a doctorate in literature. She is currently a faculty member and director of general studies at Elon University in North Carolina.

The Clinic

Catherine Kanjer Kapphahn

Silence. That was the first thing I noticed. You wouldn't expect it in such a crowded room. There were about forty people. Almost every seat filled. A young man moved over so that I could sit down. Behind me there was a slide show being projected on the wall: pictures of urban youth beside information about STD testing, HIV screening, testicular cancer, birth control pills, and what to do if your condom slips off during sex. I was surrounded by under-twenty, a little-over-twenty, black, white, brown, Asian, Latino, baseball hats, crocheted caps, do-rags, hoods, braids, young men and women with solemn faces. And then, there was a handful of thirty-somethings, like me, scattered here and there. Windows lined the top of the outer wall; no one could see us waiting. Outside it was raining. Wet umbrellas were scattered on the floor beneath chairs. "Buzz me in," a nurse called out to the guard as she held the door-handle. As he pushed a button, we all heard the buzzer, and she disappeared into the room beyond the waiting room.

A couple of days earlier, I already felt myself starting to get nervous. The simple act of going to the doctor, even for a checkup, sends panic through me. *It's just an appointment to get an appointment, for God's sakes. Just paperwork,* I told myself, trying to calm down as I sat there waiting. I watched a nurse come out. She called names, "Yolanda, Tiffany, Nicole," and several girls stood up and followed her back. Across from me, there was a young woman in ripped jeans. One of her knees was shaking, just a little. I recognized the slight tremor of her foot.

I didn't have insurance again. I'd been living in New York City for fourteen years and I had insurance for only six of them. I stared at the carpet and thought about how I should feel relieved. Here I could have a woman's checkup for free as long as I qualified as low income. When I was on the phone, I had the impulse to explain personal things to the woman with a Russian accent. I wanted to tell her about just finishing graduate school, working three teaching jobs, my husband also finishing graduate school, about getting on our feet again, and how things were better than they were, but as I started to explain my situation, she cut me off.

Of course, I realized, she didn't want to know any details that ventured beyond the numbers of my life. How much do you make each month? How much does your husband make? How do you live then? Credit cards, I answered softly. Bring a photo ID, social security number, check stubs, and tax return. Then before she hung up on me, I quickly asked, "My birth control prescription is almost finished. Do you think I'll be able to get an appointment before I run out?"

A middle-aged woman checked the time on her cellphone. Another woman knitted, the needles clicked, clicked, clicked. A girl with perfectly manicured fake nails scratched her nose and whispered into the ear of a friend. A nurse bent over a clipboard asked someone, "What is your last name? Mosely?" Another nurse in a lab coat emerged from the door and asked the silent crowd, "Is there anyone who accompanied someone today and would like an update on that person?" Five young men raised their hands, tentatively, as if they were in school and were unsure if they had the right answer. She walked around the room and quietly asked for names. They waited, staring at a watch, a paper, a magazine. I thought about the metal detector I walked through as I entered, and how the security guard searched my backpack. Guns, angry boyfriends, anti-abortion activists? I stared at a young man, his eyes half-closed, a T-shirt draped over the top of his head. His arms were crossed, an umbrella lay in his lap. He was waiting.

A WEEK LATER, I walked through the metal detector. While the security guard searched my backpack, a teenager, maybe fifteen, emerged from the waiting room. He stretched his arms casually and yawned as if he'd been watching cartoons.

"How long will it take?" he asked slowly, raising his chin.

The guard glanced at him. He was old enough to be his father.

"Surgery? You mean she's here for surgery?" he said gently, and the boy nodded.

"Four?" the boy suggested, raising his eyebrows hopefully.

"Six hours," the guard corrected him with a knowing gaze.

"Six," the boy said, a little surprised.

"Yeah," the guard said as he returned my backpack and buzzed me through.

After a little while I was shuffled back to another waiting room. There were young women with large gold hoop earrings and gold chains with their names in big cursive letters. "I hope you signed the right sheet," a nurse said to a group of glassy eyed girls, while a young woman shouted, "Why can't I?" at two nurses in the hallway.

"Catherine," someone called out. Then I was led with four other girls to another, smaller, corner waiting room. Nurse practitioners with IDs swinging from their necks walked in and out of offices. A nurse came and called our names one by one.

She weighed me, then told me to sit back down and took my blood pressure. I stared at a Mary Cassatt print. As she stripped the Velcro band from my arm, I started to feel heart-racing panic. My mom died of ovarian cancer when I was twenty-two, and now I thought of her voice, the way she would call me, *Katie*. I thought of the mornings I took my dad to the hospital for radiation treatments for his prostate cancer, and how, toward the end of his treatments, it was difficult sitting beside men dying of the same cancer. I thought about all the GYN appointments where I felt no one understood how terrified I was, where I couldn't speak.

I stared at the sign next to me: Please dispose of cloth gowns only in this bin. "Catherine." I heard my name from an examination room. The door was open. I leaned forward and saw a woman in a lab coat sitting in a chair, with her back to me. I swallowed, went in, and closed the door. She stood up. She had brown hair and was wiry thin. "You can sit here." I nodded. She sat back down with a pen in her hand. She glanced at the form I'd filled out. She asked a couple questions about my gynecological history, nothing beyond the realm of the uterus. When she asked if I presently had more than one sexual partner, I jumped in and said, "No, just one, my husband," and smiled. She nodded, expressionless.

I wished she would have asked how long have you been together, or are you thinking of having children, or do you worry about getting your mother's cancer, or how do you feel about both parents having cancer? But she just said, "You can go change behind the curtain. Take everything off and put on a robe." It occurred to me that I was in the wrong place. This was a clinic whose main purpose was to try to prevent pregnancies, not to explore how a thirty-four-year-old woman might find the courage to start trying to get pregnant. I was here because I couldn't afford to go elsewhere, because I didn't have insurance.

When I came out barefoot, she told me to sit on the examination table.

"Move your bottom all the way to the end of the table and put your feet in the stirrups." I nodded, staring at the metal stirrups. I stepped up, slid down, slipped my feet in, and took a breath and held it. The cloth gown was bunched up under me and I pulled it out so that it was smooth. "I told you—all the way down to the edge of the table," she said sharply, then looked away. I readjusted myself and bit my lip. My knees would no longer relax, and open out, and make this easier for myself.

She said, "Okay, I'm going to slide . . ." and I gazed at the clock, the hands, the time on the wall across from me. She continued, "You'll feel a slight pinch." And I tried for one second to get my stomach muscles to relax. I felt a slight letting go, and then a seizing, a gripping as if my body was saying I don't know this woman, she's a stranger, why should I relax? And I couldn't give my body one good reason. She walked to the side of the table, and I glanced over in time to see that she was throwing away a swab covered in blood. Back to the clock, I told myself. (During the Pap test, the tip of a small brush scrapes the cervix. Some women bleed.) I faced her as she roughly felt my ovaries. My stomach clenched just like my jaw.

"Okay, you can change now," she said firmly, and we didn't look at each other.

Behind the curtain I looked in the mirror, made a face at myself, and stuck out my tongue. I heard her saying, "Remember, take your gown and throw it in the bin outside." I folded the cloth gown and slipped on my underwear and jeans. "It's over, it's over," I whispered to myself.

I put on my raincoat and walked through the waiting rooms, through the metal detector, through the glass door. It had stopped raining. Sunlight hit the asphalt. I paused for a moment, then slowly made my way to the subway stop, looking at the sidewalk all the way. I walked gingerly. I was sore. Calmly I told myself the truth: *You don't ever have to go to a doctor again.*

The tears started once I began climbing up the five flights to my apartment. In the shower, I felt the hot water against my face, shoulders, and thighs. In bed, I curled up beneath the covers. My dog nuzzled beside me, and I rested my hand on her warm chest.

As the days passed, I wondered why I was getting worse at going to the doctor. Why did it feel so traumatic? Why were all these bad experiences piling up? Why couldn't I find a doctor or nurse who put me at ease? A friend of mine, who happened to be a doctor, told me, "Doctors shouldn't be amputated from their emotions. It's their job to relax the patient. What if you were her sister, or daughter, would she have examined you that way?"

That nurse practitioner and I, we didn't know anything about each other. What was her name? I was just a body to her, and she has so many bodies to get through each day. I will remember her, but she won't remember me. I'm vaguely aware that I've been a part of this. Silence on both our parts has allowed this to happen. She couldn't tell you my history, yet she looked inside me. She couldn't tell you one detail of my story, but she's seen my cervix. I also realize that my fear prevents me from asking her, Why did you become a nurse practitioner? Perhaps even the smallest exchange of words, of stories, creates trust.

Truthfully, I haven't lost faith in the medical profession, but the guy at my local bagel shop makes more eye contact with me than that woman ever did. I wonder how many good experiences it takes to erase one bad experience. I want to spin words that nurses and doctors will remember to ask during examinations. "How are you doing? Are you okay?" I want them to remember what it's like to feel vulnerable with a stranger; I want them to remember the sacredness of examining a woman's body.

Catherine Kanjer Kapphahn teaches medical narrative workshops at Lehman College in the Bronx. Her writing has appeared in CURE Magazine *and* Sunday Salon.com. *She is a co-founder of the online* Hell Gate Review.

Leaving the Blood Bank

Robert Chapman

Today I learned
that for having loved a man
with my body
I will never love a man
with my blood.
They turned me away,
as though I had applied for a loan
with bad credit, as though they had caught me
trying to pass a sack of bottle caps off
as a sack of gold coins.
Tonight, I lie awake
and try to guess the name
of the man who will die
because he was denied me.
Richard, James,
I carry the lie
that would have saved you
in my pocket
like an unsigned check,
an undelivered valentine.
Making love has made a murderer of me.
In my dreams I run like hate
through a dying man's veins.
My blood beats against my skin;
a coffin lid. My heart grows drunk

from too much blood, my heart grows fat,
gluttonous, swallowing twice its share.

Robert Chapman is a writer living in New York City. His poems have appeared or are forthcoming in Southeast Review, Blue Earth Review, Mochila Review, Minnetonka Review, *and* Main Street Rag, *among other publications.*

Drift Plastic

Barbara Daniels

A plastic Foley cap bobbed in my bladder
like trash in the North Pacific
that winds in a dizzy clockwise gyre:

tangled lines, fishing floats, bottle caps,
glitter on water lit by lemony light.
I cried out when a nurse yanked

the Foley catheter. Its cap slipped off,
then slowly turned into stone.
Three years later, a doctor blasted it—

sharp, dark bits—and I was washed clean.
In five hundred years, what litters
the sea will break down to nothing.

Transparent sea creatures swim
the Pacific, visibly bearing
bright bits of plastic in their guts.

Barbara Daniels's Rose Fever *was published by WordTech Press. She received two Individual Artist Fellowships from the New Jersey Council on the Arts and earned an MFA in poetry at Vermont College.*

The Colour of Fear

Sue Samson

Red is the rhythm
adagio, allegretto, pounding, pungent,
pulsing like an ember of coal

Black is the core
onyx, obsidian, razor-edged,
dark as the centre of your eye

Yellow is the slack
acrid, acrimonious, wraith-like,
bleating like a heap of feathers

Blue is the power
azure, turquoise, navy, breathing light
from that empty space inside your fist

Sue Samson is a poet, mentor, and teacher, wife and mother of two adult sons, a patient diagnosed with multiple sclerosis in 2001, and a professor and librarian at the University of Montana Mansfield Library.

Reflections on the Making of a Manuscript: Holocaust and Medicine

Hedy S. Wald and Shmuel P. Reis

HSW: *"I'm writing an essay for* Lancet *on Holocaust and medicine. Will you join me?" Shmuel's email invites. This is important work for Shmuel, and I am touched by his trust in me as a colleague. "Go see Shmuel," a mutual friend had advised, as our research interests were mirror image. So began a fruitful collaboration during his sabbatical year at Alpert Medical School of Brown University, to our delight. With passionate zeal, I work on the manuscript—giving it my heart and soul and* kishkes *("insides" in Yiddish) and then some. My commitment to educating future physicians about the tragic role of the medical profession during the Holocaust, highlighting abuse of power and its contemporary messages, fuels my work. So does being the daughter of a survivor of three concentration camps including Auschwitz, the man with the number on his arm who lost his entire family, my father, Morris Wald.*

SPR: I became a student of the Holocaust and Medicine domain about a decade ago, I tell Hedy, and my appreciation of its enduring relevance to medical education only continues to grow. As a medical educator, family physician, and second-generation child of Holocaust survivors, the irony of such insight not dawning on me until turning almost age fifty has not escaped me.

September 1997. Caring for Holocaust survivors is the topic of a family medicine residency training conference to kick off the academic year at the Technion Medical School, Haifa, Israel, where I teach. A poignant play depicting a survivor and her world holds the audience spellbound, and requests for further education emerge in the subsequent open discussion. All of this sparks a realization for me and my colleagues—the experience of studying and remembering the Holocaust within medical education in conjunction with caring for survivors and their offspring is a potentially powerful vehicle for personal and professional development.

HSW: *I am sitting in Professor Maud Mandel's Shoah (Holocaust) class at Brown University as Shmuel addresses the receptive undergraduates on the topic of Holocaust and medicine. He has invited me to share the experience. Lucky me. And unlucky me. The tug in my heart, the pain in my soul. As he recounts the sorry history of the medical profession gone bad, very bad—the eugenics, complicity in sterilizations, and eventual gassing of innocents—my head grows weary with the weight of the incomprehensible, and I lay it down on the desk before me. Overwhelmed with the unfathomable, I want to escape from the room but I cannot. I am no longer the young girl who rapidly exited the room when the Holocaust images on TV history shows appeared, or when her father would get that faraway look in his eyes recounting some detail of horror. I am now a teacher of medical students, and we must all bear the shame, consider the vast implications and enduring relevance. Never again, we resolutely vow. Education is the mechanism to fulfill this pledge. After his lecture, we sit together and I collect my emotions. Shmuel softly mentions that he noticed my bent head during his presentation. How perceptive. "You asked all the students who spoke up for their names," I remark, "You gave them identities." A stark contrast indeed with the effort to erase human dignity with a number.*

SPR: Professional and personal. I live and work in Kibbutz Lochamei Hagetaot in northern Israel (1997–2000), translated from the Hebrew as "ghetto fighters" . . . indeed it was founded in 1948 by survivors of the Warsaw ghetto uprising of April 1943. I enter the stories of about one hundred of my now elderly patients who are survivors of the Shoah—part of the context of delivering health care—and the topic is also relevant in my main family medicine practice at a central Galilee health centre. At the end of the day, I am still a child of survivors, my wife as well. Personal and professional.

As an educator, I am highly motivated to distill all of this into a meaningful Holocaust and Medicine curriculum for medical students. A 1998 study day includes a witness narrative of providing health care to partisans, a tour of a Holocaust museum, and small group discussions. A threshold moment. A student's comment that "it all has to do with our conscience as future physicians" inspires us to further innovations. A yearly program for the entire medical school faculty, staff, and student body on Holocaust Memorial Day is initiated with a lecture by a physician who was a survivor of the Bergen-Belsen concentration camp, a psychiatrist's account of the evolution of therapeutic approaches to survivor care, a musical performance of songs composed in the Treizenstat ghetto (near Prague), and the story of a physician-artist who worked there. Visual art—drawings by and about Treizenstat physicians displayed in the faculty foyer—broadens the experience through the senses. The listening, sharing of stories, and effort to make the intangible tangible continues yearly at the Technion Medical School.

HSW: *Several years ago, my family discovered a manuscript by Moses Einhorn, a survivor physician who interviewed other survivors in Italy after the war. Entitled "Destruction of Wolkevisk" (my father's hometown in White Russia), it is a difficult read. He has interviewed Moses Vloski (my father, Morris Wald) about horrific events culminating in the Gestapo separating family members, with bunkers assigned to those destined to survive. I learn how my father and his eldest sister were to stay, his mother and three other sisters were to leave, never to be seen again. Chaya, his mother, implores Mashel (his nickname) to "live and avenge our blood."*

Chaya is the namesake of Hedy, his eldest daughter, a psychologist in the United States, a teacher of medical students, me.

My two daughters, named for his sisters, are now on the path to becoming physicians.

January 2008. Sobbing with indescribable pain, I call Shmuel to inform him of my father's passing, my first phone call after receiving the news. It is much more than the loss of a beloved father, it is the loss of a symbol, of a constant *reminder of how we must guard our humanity carefully, so carefully. In the silence, Shmuel understands.*

SPR: Sunny day in Washington DC.

2005—visit to the "Deadly Medicine" exhibit—U.S. Holocaust Memorial Museum

I start crying in the main exhibition hall, in this space with the personal shtetl (small town) pictures, as I am struck by the similarity to our own family pictures—those of Dad's, the summer vacation pictures of Mom's from Mendervitz, her end of sixth grade ones.

In the remembrance hall I light two candles for Grandpa Pinchas and Grandpa Shmuel, my namesakes, and I am leaning against a column weeping. The image of the death stairs in Mathausen, the site of their murders where I visited a decade ago, is still alive in my mind's eye.

The "Deadly Medicine" exhibit confirms that we are on the right track with our medical students, providing education on physician complicity in the Holocaust and encouraging deep reflection. Genograms. I am aghast at their emphasis and purpose and how central they were to Nazi policy. A double-edged sword. The exhibit concludes with a film with one of the medical experiment victims stating, "I hate doctors." Chilling.

I think of Tomi (my mentor) in the *Kindertransport* and of his first course of chemo this week. I think of my dad on the day his house was hit by Saddam's Scuds and his horror stories of liberation day—all this as I still see and hear the exhibit film of the regiment's doctor who was there in Bergen-Belsen, on that same day.

I imagine myself as Dad or this doctor, as Tomi or my grandparents on those stairs.

Sunny day in Washington DC.

HSW: *There is a tacit understanding between Shmuel and me, some kind of deepened sensitivity that words cannot reach. I have a sense that this may have helped propel authentic conversation between us and facilitated narrative flow. To write a piece on this topic, one must return to the raw grief that lies within but is, thankfully, counterbalanced with a profound appreciation of life and all its potential. I never quite understood the deep sadness within me* *until I heard Boston psychologist Eugene Pogany, a child of survivors, hypothesize that children of survivors may experience "as if" suffering, as if they themselves had experienced the atrocities due to fluid boundaries between Holocaust survivor parent and child. In this vein, he also highlighted (as have others in the field) the unusually high proportion of children of survivors who have become health care professionals (especially physicians and psychologists) and entered artistic professions—an intriguing observation. And so I go to a difficult place, because this initiative extends way beyond me—my unwavering belief in the worth of the endeavour compels me to join Shmuel in communicating the inclusion of Holocaust and Medicine curricula as an imperative within medical education—to help medical students obtain knowledge of the worst of the medical profession in order to constantly strive for the best of the medical profession—to maintain the dignity of all human beings, to help and to heal, to always act compassionately in the shared humanity between physician and patient.*

SPR: On 25 January 2009, "Deadly Medicine" arrives at the United Nations, New York. Hedy, my co-creator of ideas, pitches in with writing the essay highlighting our work and heralding this event. Our co-operative venture culminates in a *Lancet* acceptance—we are moved by reaching this milestone. During my sabbatical year, receptive audiences across many universities further validate the work with serious consideration of the domain of Holocaust and Medicine and its enduring lessons—Hedy participated in some of this. I conclude the year with a presentation at McMaster University, Hamilton, and am fortunate to meet the brother of my late mentor and colleague Tomi Spenser. With gratitude, I reflect on Tomi's vision, his initiation of the program for the Study of the Holocaust and Medicine at the Technion Medical School. Tomi's life narrative included being placed on a train (*Kindertransport*) from Prague to the United Kingdom at age thirteen, just prior to the Nazi occupation. He and his brother survived, their mother perished in Auschwitz.

My own family story, that of my mentor, and Hedy's emerge intertwined with the contemplation of medicine and the Holocaust, shared by so many. While the personal and communal anguish lingers, this work honours the suffering of our loved ones as well as millions of other innocent victims. Time will tell if it will contribute to the formation of more compassionate future healers, perhaps even to a beginning of our own healing from the terrible wounds of the Holocaust.

Hedy S. Wald is a clinical psychologist and clinical assistant professor of family medicine at Warren Alpert Medical School-Brown University, Providence, RI, where she conducts research on reflective writing in medical education.

Shmuel P. Reis, a family doctor within a health centre in the Galilee for thirty-one years, is chair of the Division of Family Medicine and former director of medical education in Technion Medical School, Haifa, Israel.

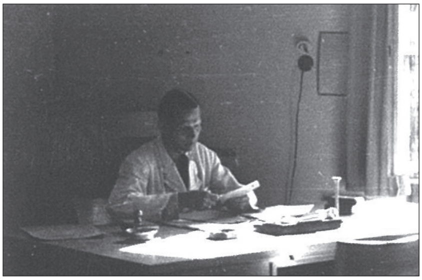
A Visit to the U.S. Holocaust Memorial Museum,
Annual Holocaust Remembrance Day, 27 January

“Deadly Medicine: Creating the Master Race”

Hedy S. Wald and Chana L. Weiner

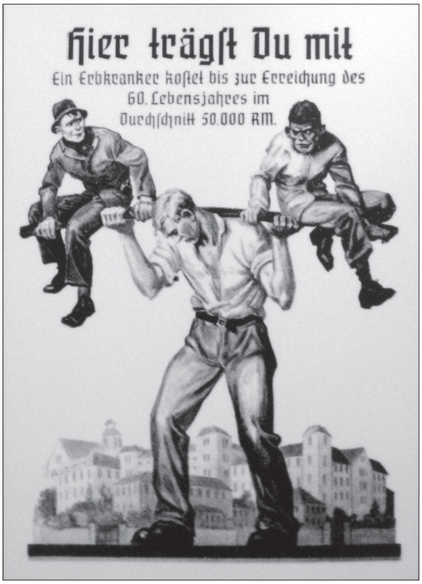
HSW: I pause at a photo of a physician in white coat, seated at his desk in quiet contemplation. Sunlight filters in from an open window, capturing the viewer’s eye as it illuminates desk objects and documents. The figure remains in the shadow, within the dark and mysterious, a metaphor perhaps for the exhibit “Deadly Medicine: Creating the Master Race,” now displayed at the United Nations. As a medical educator, I am here to witness and learn about the medical profession’s complicity in Nazi racial eugenics and ultimately its crucial role in propelling genocide—the Holocaust. Ernst Hefter of the Operation T-4 Program (for euthanasia murders), a medical expert who selects “incurable” patients to be killed, is in this photograph, the text informs—he gazes downward and I am grateful that he does not stare out at me. It is a sombre and haunting photo, contrasting with my lightness of being as I enjoyed an evening of jazz in the Big Apple just the night before with my newly minted physician daughter accompanying me at this exhibit, the one now privileged to wear a starched and very clean white coat . . . Darkness and light. How can they coexist?

Abuse of power, abuse of scientific knowledge, distortion of protectors into villains, corruption of the “givens” in a “civilized” humane society



Karl-Bonhoeffer-Nervenklinik, Berlin

Ernst Hefter selected "incurable" patients to be killed.



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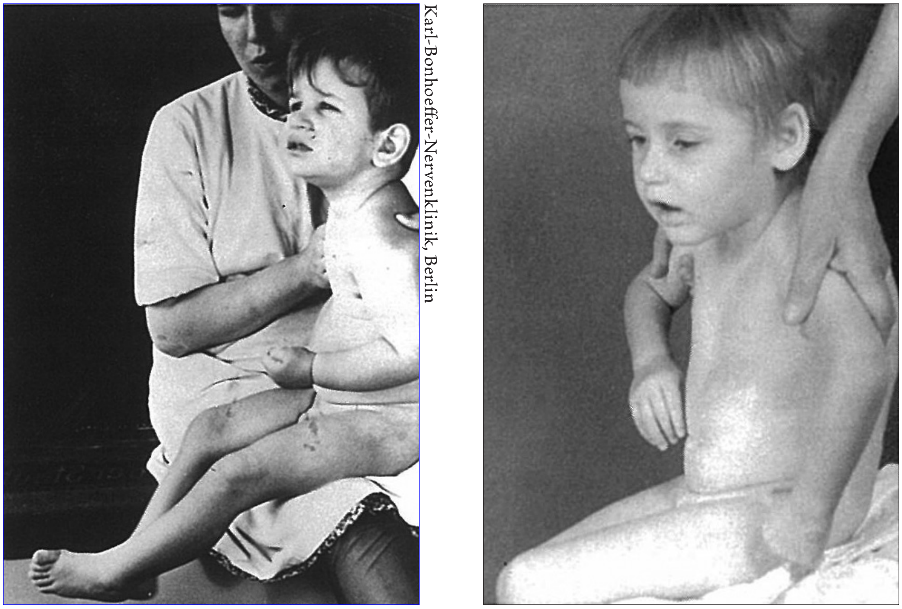
"You are sharing the load."

—the exhibit documents the chronology of all of this within German society—originating in the pre-Holocaust years—with compelling public health propaganda posters, racial hygiene law documents authorizing sterilizations and euthanasia of "undesirables," and photographs of physicians who conducted horrific medical experiments and participated in mass murder of innocents. We encounter the glaring truth of science serving the goals of the racist anti-Semitic Nazi state. The physicians in these photos do not appear grotesque with two heads or three eyes, though we may wish it so. They look disturbingly familiar—the man on the street, a clinic supervisor, a physician down the hall. We have met the enemy and it is us. Or is it?

CLW: *An eye-catching propaganda poster widely used in schoolbooks and displays during the Nazi era is an exaggerated image of a powerfully built Aryan male carrying the burden on his shoulders of "undesirables," two "hereditarily ill" men, determined by society to be living a life unworthy of life. "You are sharing the load," reads the poster, conveying the message that these "unfits" are a burden, weighing down the Aryan nation. From posters and slogans to violence: 1934–1945 marked a dark period in medical history when more than 400,000 "undesirables" ("diagnosed" as "feebleminded," of low socioeconomic status or uneducated, or with severe physical deformity, mental illness, or* *other conditions assumed to be hereditary) were subjected to the Nazi regime's campaign of uninformed forced invasive surgical sterilization, an attempt to clinically "cleanse" the nation. I am entering the medical profession and am now filled with despair as I acknowledge the active role of the German medical community in this discriminatory stratification of society and abuse of a vulnerable population. Doctors, we learn, helped provide "scientific" justification for submitting genetically "inferior" people to such procedures. Ernst Rudin, a psychiatrist, for example, advocated averting genetic mental disorders through sterilization. I cannot help but compare and contrast the emphasis in my own medical education on properly obtaining informed consent in patient care—a concept so integral to humanism in medicine, with this recent history of medical abuse at the opposite end of the spectrum.*

Scientific racism. Biological determinism. Terms I first encountered years ago now resonate with me at this exhibit. In The Mismeasure of Man,[1] *Stephen Jay Gould introduces such terms to categorize a history of racial discrimination against African-Americans in nineteenth-century America. He details how social scientists employed methods of craniometry (skull size measurement) and IQ testing to lend "scientific proof" to their preconceived notions of African-American mental inferiority. "A priori prejudice" was shown to influence data analysis and outcome. History has a way of repeating itself, as I found with my undergraduate senior thesis research. In studying early-twentieth-century racial discrimination against Japanese-Americans in the United States, I was shocked to uncover multitudes of articles published in academic journals by well-known, respected professors and politicians lending credence to unjustified racial prejudices. In all of this, I extrapolate common themes of legitimizing baseless claims with "objective scientific data" and unchecked violation of human rights when subjective prejudice hides behind the guise of such "objective" data. With dismay, I now note the unique and pervasive role of the medical profession in fuelling eugenics, forced sterilizations, and genocide in the Holocaust.*

HSW: Chana's observations evoke the words of the philosopher Levinas for me—authentic recognition of the "Other," he purports, creates an ethicality,[2] a deep responsibility with moral implications evoked by this "other," similar in some ways to Buber's I–Thou dialogue conceptualization.[3] So, within this exhibit, I ponder, How does such a noble



Karl-Bonhoeffer-Nervenklinik, Berlin

Wiener-Stadt-undLandesarchiv

Norbert P. and Edith F., victims of the children's "euthanasia" program

concept become distorted and emerge as a stigmatized, scapegoated other? Perhaps more easily than we wish to acknowledge. I recall Johanna Shapiro's elegant essay on empathy and medical students' education that challenges us to consider the "othering of the sick person."[4] Highlighting our own vulnerability as health-care providers to difficult feelings that can be evoked by ill patients (with special emphasis on challenges to our sense of control as a healer), she describes the potential for "objectifying patients" (for example, using depersonalized language, such as identifying an infant with a lung tumour as "the lung"),[5] creating detachment from "contamination" of illness and the discomfort of non-"mastery"—terms eerily reminiscent of those used by the Nazi regime. Shapiro proposes recognition of self in the vulnerable other as integral to empathy. How can we foster this?

I want to be on Levinas's team.

Helplessness in the eyes of Norbert P. and Edith F., two of more that five thousand child victims of murder in the name of euthanasia—"mercy death"—conducted in thirty special children's wards established at state hospitals and clinics from 1939 to 1945. Without usually seeing the children,


USHMM Collection

Physician performing autopsy on child killed at Berlin clinic

physicians evaluated "cases" (all children with severe birth defects had to be registered, by order of the Reich Ministry of the Interior) and decided who would be killed. The photo of a doctor performing an autopsy on a child killed at a Berlin clinic circa 1940–1944—yes, a doctor entrusted to help and to heal—is hard to bear. The violation of the trust to do no harm raises a pertinent negative: Where was the opposition from the scientific community? I turn to face my daughter, the emerging doctor entrusted to help and to heal, to derive some strength.

CLW: *Strength. One does not have to look far to derive strength from medicine today. Daily, I am privileged to work with physicians whose dedication, selfless caring, and empathy never cease to amaze me. In the pediatric intensive care unit I witness how children, not unlike Norbert and Edith, born prematurely and/or with severe birth defects, are treated with the utmost care to maximize their quality and longevity of life. I train with physicians working tirelessly to treat children with cancer, kidney disease, and heart defects, and I am inspired. Still, I must face this past, the medical atrocities in Nazi Germany, and so I honour my mother's and Shmuel Reis's efforts (and others) to educate*

Yad Vashem, Jerusalem

Above: Hungarian Jews deported to Auschwitz-Birkenau concentration camp, May 1944

Right: Josef Mengele, "Angel of Death"

USHMM Collection

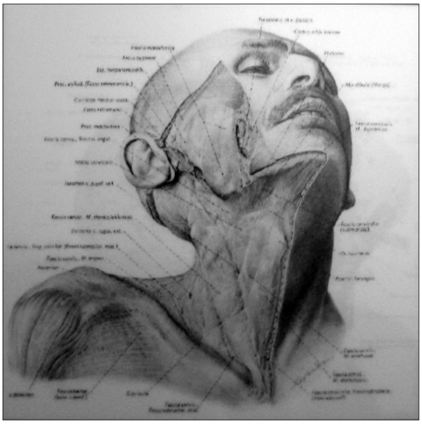
medical students about abuse of medical authority within the Holocaust.[6] *The discomfort that we experience when confronting such history, as I experience today, can mould us as more thoughtful future physicians and fuel us with the energy to more closely examine our patient interactions and medical decisions. I am the granddaughter of a Holocaust survivor who brought joy and beauty to the world from a place of unimaginable pain and I am now a physician. Deadly medicine to humanistic medicine.*

HSW: During a recent visit to the Philadelphia Museum of Art, I lost myself in a modern art piece entitled Composition, by Mondrian who, according to the art exhibit, liberated "color and line from the need to represent reality."[7] Conversely, the photos of the "Deadly Medicine" exhibit thrust us into the action, the reality, and we cannot escape.

Proceeding through the exhibit, we trace the evolution of Nazi racist policies legitimized by German scientists—from initial sterilization and reproductive decrees to euthanasia initiatives, to the "Final Solution to the Jewish Question," in which 1.5 million Jews were killed in open-air shootings, followed by mass murder through large-scale gassing installations and crematoria in SS camps. Ultimately 6 million European Jews perished. Nazi doctors selected those deemed more capable of forced, brutal labour (often enduring starvation and illness prior to being sent to gas chambers) and performed sterilization and other medical experiments on both adults and children.

The text accompanying one photo informs us that most of these Hungarian Jews deported to Auschwitz-Birkenau concentration camp in May 1944 (packed into cattle-cars, in the rear of the photo) were killed after arrival in gas chambers disguised as showers. Visitors to the U.S. Holocaust Memorial Museum in Washington can enter an actual cattle-car, the kind used to transport millions to their deaths. I recall touching the rough wood and envisioning my father trapped inside. Here, in this photo, I am struck by the nameless throng of people, identified only as Hungarian Jews. In contrast, we are presented with a photo of Josef Mengele (the "Angel of Death") who is identified by name and not permitted to be lost in a sea of "they." Ironically, this concentration camp doctor who so ruthlessly trampled individual rights in the service of a utopian societal ideal (an "Aryan master race") is individually highlighted in the exhibit gallery of evil—along with other doctors with names and faces to match. Dr. Mengele, however, seems to be in a torture league of his own, having selected four hundred thousand for death at Auschwitz, conducting medical experiment atrocities on many, including three thousand twins.

CLW: *As I continue to pass through the exhibit, I stop short at another photo. I note with surprise how closely this page, a meticulously labelled dissection from a Holocaust-era anatomical atlas, resembles the anatomical atlases from which I studied in my first medical school course. My attention is drawn to the dark history on the wall. I learn that this image is derived from an anatomical atlas designed by Eduard Pernkopf, dean and subsequent president of the Vienna University medical school. Pernkopf, known as an ardent Nazi, expelled all Jewish students and faculty from the medical school in the early 1940s in an effort to "purify" the school and collected nearly fourteen hundred bodies of Gestapo victims to serve as models for his dissections in creating this atlas. What a sharp contrast between the respect and gratitude I held for the selfless people who willingly donated their postmortem bodies for my medical education, and the pain and sadness I now experience for these victims robbed of their bodies and lives in the shameful name of medical education.*


Pernkopf medical atlas

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I am deeply moved by the story of a professor and a medical student at the Technion medical school of Israel in 2005 who came across several copies of Pernkopf’s atlas in their own library.[8] *This startling discovery came only one day after Yom Hashoah (Holocaust Remembrance Day) when they had attended a historical seminar on Pernkopf’s role in deadly medicine of the Holocaust. Rather than destroying these atlases, the faculty chose to display them in the medical school along with an accurate history of the crimes against humanity that helped create these books. As medical students around the world are informed of this story and others like it, the hope is that we will be motivated to dig a little deeper into the history of the knowledge we are fed. Where did it come from? Were there sound clinical studies involved? Were human rights protected?*

HSW: Video testimonies—the spoken word—of survivors of forced sterilization and other unconscionable procedures powerfully complement the written word accompanying photos and are a riveting, moving conclusion to the exhibit. I try to sort out my thoughts and feelings. The words “I set before you this day, a blessing and a curse” (Deuteronomy 11:26) come to mind. Science presents its inherent potential for good or bad—the choice is ours. “Deadly Medicine” documents the transformation of science into a curse and raises profound questions for medical and scientific disciplines and for humanity in general. The past speaks to the present, loudly. In 2009, we continue to be charged with the responsibility of that medical degree—the MD with all the rights, privileges, and honours pertaining thereto. A blessing or a curse. How do we address contemporary dilemmas in medical ethics that inevitably come our way? Confronted by issues such as the need to conduct scientific research properly, including genetic research (e.g., cloning), power differentials in clinical practice, ethics violations, and end-of-life directives and definitions,

Embracing the day and each other, CLW and HSW

we must muster the strength to grapple with the grey. And what of our own inherent biases that potentially affect the physician–patient relationship? Can we go there? Our effort to transparently examine our attitudes toward the "stranger" may include seeing the stranger in ourselves.[9]

Communicating all of this to our future healers is a daunting but necessary task. Holocaust and Medicine curricula developed at Technion Medical School[10] have been well received there, and at numerous other medical schools. There is still much to do. "I'm going to an exhibit at the UN about Holocaust and Medicine with my daughter today," I had told the hotel security guard as I departed (impromptu conversations invariably yield pearls of wisdom), "and we need to teach medical students about this." "Tell them, 'Don't be God,'" he advised.

A COLD, STEADY RAIN envelops us as we exit the exhibit, a refreshing cleansing from the toxic. We embrace the day, and each other.

Notes

1 S. J. Gould, *The Mismeasure of Man* (New York: Norton, 1996).

2 E. Levinas, *Ethics and Infinity* (Pittsburgh: Duquesne University Press, 1985).

3 M. Buber, *I and Thou*, trans. W. Kaufmann (New York: Schribner's, 1970).

4 J. Shapiro, "Walking a Mile in Their Patients' Shoes: Empathy and Othering in Medical Students' Education," *Philosophy, Ethics, and Humanities in Medicine* 3 (2008): 10.

5 M. P. Freeman, "A Piece of My Mind: Person, Place, or Thing," *Journal of the American Medical Association* 301, no. 6 (2009): 580.

6 S. Reis and H. S. Wald, "Holocaust and Medicine: A Medical Education Curriculum Imperative," *Lancet*, in press.

7 Philadelphia Museum of Art, 2009, by permission.

8 Billy Joel, "The Stranger," lyrics.

9 S. Reis and U. Weinberg, "The Holocaust and Medicine: A Learning Moment," *British Medical Journal* 331 (2005): 668.

10 S. Reis, "Holocaust and Medicine: A Medical Education Agenda," *Israel Medical Association Journa*l 9 (2007): 189–91.

Hedy S. Wald received her PhD in clinical psychology from Yeshiva University and is clinical assistant professor of family medicine at Alpert Medical School–Brown University, where she conducts research on reflective writing in medical education.

Chana L. Weiner received her MD from UMDNJ–Robert Wood Johnson Medical School, will complete her residency in pediatrics at Mt. Sinai Medical Center, NY, and plans to pursue a career in pediatric hematology/oncology.

An Orthopaedic Surgeon's Prayer

Joseph A. Soldati

O Lord,
the first blood a sacrifice,
guide the scalpel into flesh
and down to the bone.

Now my second offering,
acrid smoke ascending,
direct the saw to cut through bone—

then help me wield the rasp
to scour the sacred hollow
of the bone.

When the comforting rod
is fitted and the screws
tightened one by one

and the closing sutures
through sinew and muscle
finally done,

when the narcotized patient
has been bandaged, rolled away,
and I am alone,

An Orthopaedic Surgeon's Prayer

O Lord, unmask me,
divest me of this savior-
blue gown, and let me heal.

Joseph A. Soldati, Portland, OR, has been publishing poems for nearly forty years, most recently in Beloved on the Earth: 150 Poems of Grief and Gratitude, Litchfield Review, *and* Line Drives: 100 Contemporary Baseball Poems.

Birth

Rikki Rogers

The Miracle of Life

the oily folds blush from the abrupt exposure
a tiny person sprouts from their wet mouth,
their sideways almond eye
hairy crown suspended for a moment
like the dark domed centre of a sunflower.
Then head and neck, those Barbie doll busts
smeared in lipstick, dreaming of arms and feet.
The doctor, masked bandit,
draws the baby out, shows it to us,
and, later, off-camera, to her.

C-Section

cracked—
open

horizontal swath of blue

masked men painted in
me—
viscous me—
seeing me I will never see.

numb, my own bust of me

smaller me, centre me
pulled out of phantom
raised over the curtain—

there I am

sewn up
split

Rikki Rogers has her master's in poetry at the University of Utah. She is working on a project entitled "Sex Ed," which explores how our sex education as young people affects our gender identities as adults.

The Naming

Suzanne Kamata

When Coach Hideki Yamada arrived at his office, a rosy glow was just blooming on the horizon. He'd slept only a few hours the night before, having stayed at the hospital with his wife until midnight, after which he'd gone home and worried over his batting order for another couple of hours. But now, he'd downed a can of hot coffee and the caffeine mixed with adrenaline was shooting through his veins. He was ready. In spite of the team's 0–19 win-loss history, he couldn't wait to gather up his players, all twelve of them, and get on that bus to Awaji Island. He'd booked a game with a small, academically inclined school with a record almost as dismal as Kita High School's. For once, they had a fighting chance.

Through the window he could see some of his guys rolling in on their one-speed bicycles, their figures murky in the dawn. He felt a stab of tenderness for them. These were the boys who'd stuck by him week after week, month after month, while they lost to larger, more experienced teams. Tokushima Commercial High School, or Tokusho, as it was nicknamed, had forty players on its team, including a full pitching staff. They were divided up into A, B, and C teams, the last two serving as sort of farm teams for the elite As, one or two of whom always seemed to graduate to the pros. They'd never invited Kita to play a practice game, and the two teams hadn't yet been matched up in a tournament game. No, Kita had mostly played the lower-ranking teams, the ones who never made it to the quarter-finals, the ones who were nearly as desperate, the ones who needed morale boosting. Kita got crushed every time.

He watched the boys head over to the clubhouse, where they'd change into their uniforms. The diehards, who'd outlasted the fifteen or twenty kids who'd almost immediately dropped out. The pioneers. Maybe their dads had told them how Coach Yamada had once been an ace pitcher himself. He'd been locally famous in high school, and then he'd gone on to Tsukuba, where he'd been named to the all-star team. Coach Yamada knows baseball, they might tell their sons. Just give him a chance.

Before he'd been hired at this brand new high school to put together a team from scratch, first-year students only, Hideki had coached weightlifting. Although he'd become a high school teacher with the express goal of becoming a baseball coach, there weren't any openings when he was first employed. He'd been disappointed initially. Weightlifting was a minor sport. Winning a meet didn't bring the same kind of glory as a soccer victory, for example. You'd never see the All-Shikoku weightlifting tournament on TV, whereas it seemed every television and radio in the nation was tuned in to the national high school baseball tournament at Koshien. Even so, he'd grown to love his job. One day, a burly, lazy kid walked into his weight room asking to join the team, and, after a couple of years, Yamada had turned him into a national champion. They'd gotten newsprint. The kid had gone on to compete in China. He'd gotten a full scholarship to college.

It was immensely satisfying, so that when he'd been offered this new position—first ever baseball coach at a newly opened high school—he'd hesitated at first. But he took the job. So now here he was, fumbling along, full of doubts. He no longer went to the movies with his wife, no longer had time for whittling down his golf handicap or fishing for bream in the straits of Naruto. He devoted himself to this fledgling team, while the parents complained his practice sessions were cutting into study time. Most of these kids were college bound. The ones who lived for baseball went to Tokusho or Seiko or Naruto Kogyo.

He pulled his uniform out of his duffle bag. He'd been doing his own laundry these days, ever since his wife had gone into the hospital. He'd been washing her clothes, too—her underwear and pajamas; she didn't like wearing the hospital garb. He remembered how his mother used to bend over the sink in the evenings, rubbing hard at the dirt smudging the knees of his uniform. She never complained, even though the bleach made her skin flaky and dry.

He stripped off his sweatshirt and tugged on his jersey. When he'd been in high school, he'd always worn his "lucky" T-shirt underneath, the shirt he'd been wearing when he hit his first home run. He'd worn it for every tournament game, for years, until it was yellowed and holes began to appear, until that last game when he'd injured his shoulder for good. Some of the other kids on his high school team had worn special socks or had charms sewn into their uniforms. He knew that one kid, the first baseman, had worn his briefs backwards whenever they had a big game.

Now, Hideki buttoned up his jersey without much thought. He changed his pants and socks, stepped up to the mirror, and tucked his shirt in.

He heard the rented bus pull in and went out to meet the driver. Miki-san, his assistant coach, was just getting out of his car. Hideki and Miki had played on the same team in high school. After graduating, Miki had taken over his father's trucking business, but he helped out with a local Little League team in his free time. Hideki hadn't talked to him all that much in the intervening years, but when Miki had volunteered his services, he'd been happy to take him up on it.

"How's your wife?" he asked.

"She's doing okay," Hideki replied. "And yours?"

Miki grimaced. He was leaving his harried wife home with three little kids, including a baby. Since he was his own boss, he made his own hours, but he didn't devote a lot of time to his young family. According to Miki, his wife was always ranting.

"You'll see." Miki chucked his shoulder.

Hideki allowed himself a momentary vision of Christine with their twins. He pictured them smiling, waving him out the door, on to his next victory.

"I guess it's time to round up the boys," Miki said.

Hideki nodded. The phone in his pocket began to ring. He pulled it out and flipped it open. It was from the hospital, probably his wife.

"Hai?"

It wasn't Christine. It was a nurse. "Your wife is about to go into surgery for an emergency C-section," she said. "You'd better come quick."

He thought about calling his mother and asking her to go to the hospital in his place. Men of his father's generation didn't take off from work for the births of their children. Women had their babies with their mothers in attendance. But Christine would never forgive him if he weren't there.

"I'll be right there."

A C-section? He stood there holding the phone, uncomprehending. It was way too early, only twenty-six weeks into the pregnancy. He watched, unable to move, as his players filed out of the clubhouse and onto the bus.

"What is it?" Miki asked, glancing at the phone in his hand.

"She's having the babies now. I gotta go. Do you mind?"

Miki nudged him toward his car. "Of course not. I'll handle it."

He grabbed his clothes, figuring he'd change at the hospital, then got into his car and peeled out of the parking lot. He raced all the way to the hospital, his heart hammering.

She was lying on a gurney when he arrived in the ward. The OB, called in on a Saturday, greeted him in a pink polo shirt. "She's gone into premature labour," he said. "We'll do what we can to save the babies."

The nurse handed him a plastic bag containing Christine's wedding ring. There was no jewellery allowed in surgery. Hideki shoved it into his pants pocket and went over to her.

"I'm sorry," she said. "I tried . . ."

He shook his head, trying to smile. "Don't worry. Everything will be all right."

And then they were rushing down the hall and around the corner to the operating room.

"You can't go in," the nurse told him. "There's a waiting room over there."

He saw the fear in Christine's eyes, saw her biting her lower lip so as not to cry. "I'll see you later," he said. Then he waved—a small, futile gesture—and sat down to wait.

He tried not to think about the scalpel slitting his wife open, the blood, the tiny bodies being extracted and lifted into the light. Instead, he held an image of her face in his mind—her face on the morning she'd come to him after taking the home pregnancy test.

"It's blue! It's blue!"

He'd hugged her and swung her around the room until he realized that maybe he should be a little gentler, considering her condition.

He had listened to her retch for weeks afterward, had watched her face go gaunt and elegant. They'd go out for spaghetti carbonara at La Pomodoro, and then she'd come home and rush to the toilet. They'd known from the first ultrasound that they were expecting twins. The doctor had warned that the extra hormones would exacerbate the nausea; he hadn't been kidding.

Hideki had gone to the corner convenience store in the middle of the night to buy fruit-flavoured milk, pork-filled buns, bananas—whatever she thought she might be able to keep down. On every errand he'd been filled with affection—for his wife, for his two unborn children.

Now he reached into his pocket, fingers grazing the muted cellphone, and grabbed Christine's wedding ring. He rolled it around in his hand, remembering the day when she'd told him that she was pregnant with a boy. He'd missed out on the ultrasound that day because of baseball practice.

"A boy and a girl," she'd said.

"A royal flush!"

"A full house!"

"We hit the jackpot!"

And Hideki had allowed himself to imagine playing catch in the backyard with his son. He'd even gone out and bought a child-sized mitt.

He put the ring back into his pocket and propped his elbows on his knees. He really wanted a cigarette. He'd promised Christine that he'd quit for the sake of the children, but . . .

Not too long ago he'd seen a documentary about preemies on TV, and so he knew that at twenty-six weeks their lungs and hearts hadn't fully developed. Their eyes would still be fused shut. They wouldn't have any body fat at this stage. At twenty-six weeks, they'd be in all kinds of danger.

He glanced at the operating room door. There was no sign of movement. He thought briefly of going into the stairwell to call Miki and find out how the game was going, then decided against it. Miki would want to know what was happening at the hospital. He sighed, hoisted himself up, and went to buy a pack of cigarettes.

LET THEM DIE, he thought as he peered into the Plexiglas isolettes, saw all of those wires and tubes threading into their scrawny raw bodies.

Their eyes were fused shut. Their tiny heads were oddly shaped—narrow, not round. Their froggy limbs were covered with black hair. They didn't even look human. *Let them die.* They were too small; it was way too early for this. The doctor had filled him in on everything that might go wrong: bleeding in the brains, holes in the hearts, blindness, mental retardation. That is, if they made it through the night. Let them die. They'd try again. She'd gotten pregnant in the first round of in vitro fertilization. There was no reason why they couldn't succeed again. They were both healthy, more or less, only in their thirties. They had money in the bank. And if it didn't work out, he might even consider adopting. It wouldn't be the same as having a child of his own flesh and blood, and he could just imagine how his mother would feel about it, but he would do it if it would make Christine happy, if it would make up for all of this. Hadn't she tried to talk him into adopting before, when she'd first found out she couldn't conceive? "It's the ethical thing to do," she'd said, citing Third World poverty and the fuzzy morality of lab-produced embryos. She started a clip file—articles about infanticide and baby hatches in Eastern Europe for abandoned Romany infants. He'd come across her, late at night, surfing international adoption sites on the Internet.

"Sarita," she'd read aloud to him. "'She has a sunny disposition and is very clever.' We could raise an Indian girl, couldn't we? Even if she has a club foot?"

He'd shrugged, at a loss about what to do to get her mind off the foreign babies. What could she be thinking, wanting to raise a child that didn't look even remotely Japanese? "Let's try the IVF thing. Just once. Please."

"Have you decided on a name yet?" a nurse asked.

Hideki looked up at the woman, standing there in her pink smock. She was smiling, as if there was something to be happy about.

"Yamada Baby 1" was taped to the boy's incubator. On the girl's, "Yamada Baby 2."

They'd talked about names, of course, he and Christine. It'd been almost a game. They'd come up with new names every week. Christine had lobbied for Amelia or Annetta, her great-grandmothers' names for the girl, but Hideki wanted to name her after a flower. Yuri, for lily. Or Sumire (violet). For the boy, Christine had suggested Jack or Nick, strong names for a strapping boy, she'd said. But Nick in Japanese would sound like the word for meat. He'd be teased endlessly.

His mother had advised them to go to a fortune teller. If they chose the wrong kanji, the effect could be disastrous, she'd said. She also told them that they'd be in trouble for hanging their laundry facing north, the land of the dead.

She hadn't gone to a fortune teller. Hideki's grandfather had chosen his and his sister's names. That's the way it was done. But his father was dead, and his mother would never presume to take on the duties of the patriarch. Hideki was the head of the family now, the one she deferred to. The fortune teller was just a suggestion.

He'd never bring it up to Christine, though. Just the thought of her sputtering in indignation about his mother's presumption, her superstitious mind, kept him from mentioning it. He remembered how incensed she'd been about the five-month belly-banding ceremony his mother had proposed.

"It sounds like Chinese foot-binding," she'd wailed. "How barbaric!"

He ran his fingers over the label on his son's incubator and lightly rapped his knuckles on the hard plastic.

The nurses watched him as he reeled away and moved to the door. He nodded curtly. "My wife . . ."

They exchanged glances. *This one wasn't taking it too well.*

"Shikata ga nai," the doctor had said. "These things happen."

CHRISTINE WAS WAN AND PALE against the pillows. She tried to work up a smile.

"How are they? The nurses won't let me go see them till I can walk on my own."

Hideki detected a touch of relief in her tone. Maybe she didn't really want to see them. Maybe she was as scared as he was.

"They're fighting," he said, thinking of those tiny hands grasping at air. "They're . . . cute."

"Really?"

"Yeah. I mean, they don't look like those babies." He gestured to the stack of child-rearing books at her bedside, the plump infants on the covers.

She nodded.

"So what do you think about Emi?"

"Emi?"

"As a name for our daughter."

He was silent. Already he was thinking about the consequences of grief, wondering how they would pull through. Would the two of them still be together this time next year?

"And Koji. For our son."

He went closer to the bed, thinking to console her, and she scrunched up her nose. "You've been smoking," she said. "You promised."

He sighed. "I'm sorry. It's been quite a day."

He stayed with her for a few hours, till feeling started to return to her legs, till she urged him toward the door. "Go get something to eat. You must be starving." Gratefully, he made his exit. He went across the street to a little curry shop favoured by interns and nurses.

After he'd placed his order, he drew out his cellphone and checked his messages. Miki had called three times. He dialed.

"So how's your wife?"

"She's doing okay," Hideki replied. "I'll tell you about it later. How'd the game go?"

Something rustled on the other end of the line. Papers. Game stats, maybe.

"We won."

"What?"

"Yeah, it was sweet. Ten to zero. You know how Abe's forkball is always a little screwy? Well, today he nailed it. Seven strikeouts."

As Miki went through the game play by play, telling of Inoue's stolen base in the second inning, Tanaka's double with a runner on third, and the home run that had sent the whole team swarming in joyful disbelief, Hideki felt something swoop and soar inside of him. He choked back his emotions. "That's great. Thank you for being there."

"No problem, man. Glad I could help."

When the food arrived, he ate quickly, even though the spices singed his tongue. He had to get back over there, to the hospital.

They had won. It was only a practice game, it wouldn't enter the official record books, but they had earned their first victory.

He pushed his plate back, paid the bill, and shoved out into the night air. The sky was full of stars.

He took the elevator up to the NICU, went through the first set of doors and carefully disinfected his hands, just as the nurses had instructed earlier. He yanked a blue gown out of the locker and pulled it on over his clothes. Then the paper hat, then the mask.

Different nurses were on shift now. They nodded to him as he made his way to his children.

His daughter, barely more than a pound, wriggled in her glass case. He reached inside to stroke her foot. She startled, and he quickly drew his hand away. His son was still, possibly asleep, but his heart beat steady and strong.

He touched the label on his son's incubator. "Excuse me, nurse?"

The young woman tending the baby next to his looked up. "*Hai*?"

"Can I borrow a pen? I'm ready to write their names."

Suzanne Kamata is the author of Losing Kei *(Leapfrog Press, 2008) and editor of* Love You to Pieces: Creative Writers on Raising a Child with Special Needs *(Beacon Press, 2008). She lives in rural Japan.*

What Have I Done?

Terry L. Wahls

When I get home, I call the doctor on call. John tells me to check my blood pressure. I do, and it is 140 over 91, too high. I am told to lie on my left side and recheck in an hour or two. It is better, so he places me on bed rest. However, by the end of the week, my headaches are back, blood pressure is up, and I go back to the hospital.

They want to keep me. I call my friend Janet, who picks up Zach and takes him to stay with their family. I am wheeled back to my hospital room. The hospital bed feels like a wooden board pressing on painful shoulders. The nurses put two foam cushions on the mattress, trying to make it softer. It still feels hard as a board.

In part because it is August, I have a different doctor every few days. First I hear that I simply have high blood pressure. Then Sue is gone, and John is my doctor again. He thinks I may have pre-eclampsia but will order some additional tests just to be sure.

I hate this change of the guard. Different docs, different explanations. But what can I say? We do the same thing in internal medicine. It is hard having a different diagnosis every day. Is it that the tests are changing, or do they simply not agree? At least one message is constant: my baby needs more time. Thirty weeks is still too early to deliver, if it can be helped.

So each day I wait. The clock says it is five o'clock, time to turn. Focus. Do not cry. Every thirty minutes I roll to the other side. Focus. Breathe in, breathe out. Little lungs deep inside me hurry, trying to get ready to breathe. Each day I watch the clock and turn on the hour and the half hour. The knives drive deeper into my shoulders and now my knees. Focus. Breathe in, breathe out. It is time to turn. The cycle repeats, again and again.

The next morning Lindsey is rounding. She says I may have Lupus. I know that is bad, very bad, both for me and my baby. She asks me which rheumatologist to call. I tell her Fergus or Jerry. She leaves. Deana asks what this means but I hurt too much to talk. The world around me grows smaller each day. A sign is put on my door, Do Not Disturb, so I can rest, as if I really could.

Even Zach's visits become difficult. At first, when he came, Zach would sit on my bed. We would watch Barney and sing. Today I cannot, but Zach sings anyway. Between one of the songs, he turns to me, touches my forehead. He bends down, kisses me, and says, "I love you, Mommy." He pats my head, and says, "Don't worry, Mommy, everything will be OK. When you die, I'll live with Janet and Steve. Casey and I are going to have so much fun together. It'll be OK." He smiles, gives me another kiss, and returns to Barney. Tears stream down my cheeks. His only three. How can Zach understand my pain?

My rheumatology friend sees me. He says I do not have Lupus and will order some narcotics. It should help the pain. For the first time I sleep.

The next day Linda is the high-risk doc doing rounds. She says my blood pressure is better and maybe I can go home. Then she tells me to get up and try taking a short walk in the hallway. I try to follow her advice. I sit on the edge of the bed. Then I stand, put on my robe, and begin down the hallway. I go twenty feet to the nurses' station. Pain bores deep into me through my eyes. I clutch my head and moan as I sink to my knees.

This pain is the worst that I have known, worse than broken bones, worse than labour. I have a terrible sense of doom. Tears roll down my face. Short gasps, gulps, and grunts escape from me. Someone holds my head and asks what is wrong.

I can only sob. A new voice announces she has a wheelchair. I am supposed to get into it. I do not move. I want to answer their questions, but all that comes out are grunts.

Someone wraps a blood pressure cuff around my arm. It inflates and then re-inflates. It re-inflates yet again and then slowly it lets the pressure out. One of those fancy carts arrives, the kind that lowers to the ground. They roll me onto it and take me to my room.

The nurses put me back in my bed, roll me onto my left side, and wedge a pillow behind my back. One wraps a tourniquet around my arm, slips a needle into my vein, and tapes it to my skin. Then she attaches the syringe.

"This will lower your blood pressure." Next she connects it to the bag of IV fluid and says the doctor is on her way.

Sue arrives a few minutes later. She says the blood and urine tests show my kidneys and liver are affected now too. I have over ten grams of protein in the urine, and my liver enzymes are high. My blood pressure was over 200 when I was lying on the floor. Now it is clear, she says. I have severe pre-eclampsia. That is the medical term for toxemia of pregnancy. That is why I have the joint pains and the horrible headaches. I am too sick. They cannot wait for my baby to finish growing.

A cart arrives and the nurses roll me onto it. One takes me to labour and delivery. The nurse calls my friends, Deana and Phyllis. Fortunately, as my blood pressure falls, my pain lessens somewhat.

Deana arrives first, then Phyllis. I barely notice their presence. It takes all my concentration to stay ahead of the pain. Deana is not a medical person. She is frightened by what she sees. Fortunately, Phyllis has been a nurse for many years and is calmer. The nurse explains what is happening. I have severe toxemia of pregnancy. That is why I need to have the baby now. Elastic straps are wrapped around my belly and two monitors are placed on me. One is for my baby's heartbeat. The other is for me, to see how strong the uterine contractions are.

The nurse tells them magnesium is in the IV for my pre-eclampsia. Because it would be better for my baby to be born vaginally, they will be starting a Pitocin drip to bring on labour. Every few minutes she will be in to check on me and increase the Pitocin. Then she leaves. The Pitocin does its work, my friends talk to each other. I focus on breathing in and out. I say little.

Every thirty minutes, the nurses come into my room. It is always the same. One looks up at the monitor and says, "Your baby's heartbeat is OK." Then they roll me to my other side, and readjust the monitors. A nurse puts her hand on my belly and says, “Not much is happening for contractions.” Using the royal “we,” she says, “We need to increase the Pitocin.”

I focus on breathing in and out. I say little. My friends talk to each other. Evening comes. The nurse tells my friends that Linda is the high-risk doctor covering tonight. The Pitocin does its work. My friends talk to each other. I focus on breathing in and out. Every thirty minutes, the nurses come into my room. The nurse checks the monitors, rolls me to the other side, and increases the Pitocin.

Around midnight Linda comes into my room again. She looks at the monitors and checks my cervix. Not much is happening. She needs to speed things up; rupturing the bag of waters should do that. Then, with the skinny crochet needle–like thing in her hand, she checks my cervix.

She slips the instrument into the cervix and nicks the bag of waters. Fluid seeps out of my vagina, making my legs damp. She wipes up the mess and places a fresh towel under my bottom. Linda sits in a chair next to me. She puts her hand on my belly while she watches the monitors. After a few minutes she turns back to me. Smiling, she says, “Well, this is much better. You are in active labour finally.”

Her hand is still on my belly when she adds, “That contraction was very strong. Could you feel it?”

I shake my head and reply, “No.” Lifting my hand to my forehead I add, “All that I know is the pain here.” Then I let my hand fall back to the bed.

“Well, you still have a long way to go. At least things are beginning to happen.”

Linda then tells Deana and Phyllis to catch some sleep. It’ll be a long time before anything happens. She pats my stomach, stands up, and walks out of the room. Deana and Phyllis decide who will sleep where. Deana will go back to my hospital room. Phyllis will stay in the recliner. They turn down the lights. I focus on breathing. Thirty minutes later the nurse returns. She rolls me to the other side. I focus on breathing until the nurse returns and am rolled to the other side.

I have even more pain in my head. Then I feel dampness down by my legs. More dampness.

Where is my call light? I look but do not see it. Reaching with my right hand, I pat the sheets. Nothing. More dampness.

I say, “Help!” No one comes. I try shouting, but my voice is weak. “Help! Help!”

Phyllis arrives first; moments later a nurse appears. She looks at the monitors. Then she lifts the sheets, checks my bottom, and wipes away the moisture with a towel. She looks back at the monitor and turns back to Phyllis.

The nurse’s voice is crisp, matter of fact. “The fetal heart tones are OK.” She will let the doctor know. However, the doctor has just started another emergency C-section. It will be a while. Phyllis asks how long that will take.

About forty-five minutes. The nurse leaves. I focus on breathing. In and out.

Phyllis says, “I’m going to find a different nurse!”

More dampness appears. Have I just lost control of my bladder? Wetness oozes down my legs. I am frightened. Is it just the bag of water, the amniotic fluid, or is it blood? Where is the call light? Where is everyone?

I call out. “Help, somebody, please help!”

The door opens. I hear footsteps and voices. Someone lifts the sheets. Phyllis holds my hand. The nurse says she will be right back. Phyllis tells me they are calling in another doctor.

I focus on breathing in and out. I say little. Pain bores into my head. Deana arrives. Pain worsens. I close my eyes. Breathe in. Breathe out.

New voices arrive. One has the authority of a doctor. People come and go. I cannot keep track of them. Pain bores into my head. I focus on breathing.

A voice says, “Terry, you are bleeding too much.”

I open my eyes and nod. It is Mike. I have never seen him in clinic. Since he is a general OB doc, he has not rounded on me in the hospital. Mike continues, “The placenta is separating from the uterus. You cannot wait for your doctor.”

The medical term for this is placental abruption. It is one of the complications of severe pre-eclampsia. If a placenta begins to pull away from the uterus, even a little, it is a huge problem. Without immediate delivery by C-section, mother and child can easily bleed to death. Time has now become critical. I nod.

Someone picks up my right hand.

"I will get the second IV line going."

"We need to get her typed and crossed."

More noise. More commotion.

A fresh voice bends low. I have not seen him before. "I will be doing your anaesthesia."

Chirp! Chirp! It is the red beeper clipped to his scrubs. The operator's voice is crisp, and official.

"Code Blue! 8 West Oncology! Code Blue! 8 West Oncology!"

I hear him curse loudly, followed by the others. They run out of my room into the hallway. Their footsteps and voices fade away.

My fear grows. Why did they leave me? I am young, only thirty-eight. I'm having a baby. Are not two lives more important? My baby and I are going to bleed to death.

I hear Mike's voice again.

"Damn!" The tension in his voice is high and he is almost shouting. "She can't wait."

My bed begins to move. He bends down, speaking quickly, "You're in trouble. So is your baby. We have to go now. There is no one to do the anaesthesia for us. I'll need to do this under local anaesthesia because . . ." His voice trails off. He is talking to someone else, not me.

Once I'm in the OR, they strap my arms and legs to the table. My belly is scrubbed. Sheets are draped across me. I hear voices shouting.

I feel hands holding my head. The doctor says he is beginning.

The shouting is loud. Wait. I hear Zach. I feel his hands. He is patting my head. "Mommy, don't worry. When you die I will live with Janet. It will be OK."

I try to turn my head to see him. They won't let me. I struggle. Zach understands. He bends down to kiss me.

Zach, there is so much I need to tell you.

His voice fades away.

No! Please, don't go! Finally there is no physical pain, only terrible remorse. I feel the cold breath of death blowing on my face. Zach will be an orphan.

What have I done?

I weep. Then slowly I am enveloped in nothingness.

Time passes. The world continues but I am unaware. People come and go but I know no one, not Zach, not even myself. Nurses come and go. More time passes.

The fog gradually lifts. I begin hearing and then seeing. My thoughts take shape and I realize I am still alive.

Zach is not yet an orphan.

The nurse tells me, and this time I hear, and remember. I have a daughter. She is in the NICU but she is doing well. When I am stronger she will take me to see her.

Terry Wahls, at the Veterans Administration Medical Center, Iowa City, IA, is writing her memoirs in which she depicts her descent into severe disability due to progressive MS and her remarkable recovery.

The Heart Specialist[1]

Claire Holden Rothman

This excerpt has been abridged from chapters 10 and 11 of The Heart Specialist. *As it opens, the narrator, Agnes White, is describing her efforts to establish a medical museum at McGill University and a particularly puzzling heart that requires identification.*

APRIL 1899

On the table before me was a collection of hearts—three dozen in various sizes and shapes, collected at any time between the previous week and seventy years before. Cut from thick slabs of glass, the jars shone like crystal. In some the formaldehyde had yellowed, in others there were hints of blue. Some of the organs were whole, others sectioned. Whatever their state, each was strikingly beautiful, yet also defective. The irregularities were there—small tears in the septum, scar tissue on the valves hampering opening or closing, coarctation of the aorta, transposition of the aorta and the pulmonary artery. During the patients' lives the clues would have been subtle: breathlessness, recurrent pain, pallor and a cyanotic cast to the skin. To the initiated there would also have been sound. A stethoscope on their chests would have related an unearthly symphony.

The newer specimens weren't labelled. Precious little in this forsaken place had been labelled when I'd first arrived. I had cleared two shelves in a corner for these broken hearts—a heart corner like the one Father

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[1] Excerpted from *The Heart Specialist,* by Claire Holden Rothman, published by Cormorant Books Inc., Toronto. © 2009 Claire Holden Rothman, used with permission of the author and publisher.

had had in the Room of Horrors. For now, however, the heart specimens sat in a mess on the work table, surrounded by chemical puddles and the stained pages of my notes. I picked up the nearest jar. Inside was the largest heart of the collection, grey as a pigeon's breast, with feathers of disintegrating flesh blurring the contours. This one was labelled "Ulcerative Endocarditis." The handwriting was my father's.

There was a knock on the door and Dr. Clarke's head appeared. I checked my watch. It was eleven o'clock, the hour I'd said I would expect him. I had forgotten. My lab coat needed a wash, I thought suddenly. I smelled as if I'd been pickled in preservatives myself. I blushed, trying to disentangle myself from the coat as Dr. Clarke walked toward me across the room.

"How's the system?" he asked, taking my hand.

The "system" was something I had dreamed up when I realized the extent of the pathology collection with which I had been entrusted. The oldest items dated back to 1823, the year the McGill medical school had been founded. In the intervening years hundreds of specimens had been collected. With some regularity specimens arrived by the pail-full from the Montreal General or the Royal Victoria Hospital, compounding the chaos. There was enough room for everything, but the challenge was to organize the collection so that items could be retrieved with speed and efficiency.

In Zurich a physician had adapted the Dewey Decimal Classification system—devised in 1876 and used primarily to sort books in libraries—to anatomical specimens. My innovation, which had impressed Dr. Mastro and several other faculty men, was to add a pathological number after the decimal point. It had taken four months to devise this system and apply it. As of this week each of the identified specimens in the museum, save the hearts, had been tagged.

Incoming specimens were less problematic. They arrived with autopsy reports, and if these reports were unclear all I had to do was check with Mastro or the doctor who had supplied them. It was the older specimens that caused me anguish. Much of the time I felt like Sisyphus, pushing that boulder up the hill only to have it roll down and squash me. The anatomy was the easy part of my task. More challenging was to identify the pathological anomaly. I had to date these specimens, which led me to search through ancient hospital records to see what had been written about them. It was slow, painstaking work.

"Done!" I said dramatically.

Dr. Clarke laughed and shook my hand. "You're quite a girl."

The skin on my hand was rough from daily handling of specimens; I pulled it back quickly.

Dr. Clarke pretended not to notice. "So what have you unearthed, Agnes?"

The previous night I had left a note on his desk. As a rule I tried to avoid placing demands on him. He had too much work. On top of his administrative functions he published scholarly papers and ran a private medical office. He was also a mentor to students and younger colleagues.

I pointed to the jar with the large heart at which I'd been peering all morning. It was an adult organ, but such a strange, misshapen thing, it was a mystery how its owner could have survived infancy. Clarke pulled the jar toward him and squinted at the heart in the uneven light. "Ulcerative endocarditis?"

"The label's wrong."

"I'll say," Clarke agreed. "It's some sort of anomaly, but not one I've ever seen. Look at how dilated the auricles are."

My spirits began to sink. Working here was like trying to piece together an enormous jigsaw puzzle with parts missing and others that refused to fit. "You're not familiar with it?"

He rotated the jar slowly. "It has only one ventricle," he said, shaking his head in wonder. "Like a reptile!"

I nodded. When I first came across it I had thought it could not be human. The museum held a number of veterinary specimens and I'd suspected it might be one of those. I suggested this to Dr. Clarke.

"Too big," he said, scratching his chin. "All but the ventricle is clearly human."

"Not quite," I said, pointing to the heart's right corner, just off the pulmonary artery. "There's a cavity. Can you see it? I suppose it's to make up for the missing chamber."

Clarke rotated the jar a final time, lips pursed, deep in thought.

"Do you know who could help you with this?"

"William Howlett," the dean said, bringing the tips of his fingers together.

I tried to nod and smile. *William Howlett.* His name hadn't even crossed my mind.

"Yes," said Dr. Clarke. "Howlett's the man you want. You've heard of him, of course?" He put the mysterious specimen down on the table. "He's made quite a reputation for himself since he left Montreal."

MAY 1899

What I first noticed about the city of Baltimore was the colour. Green leaves unfurling on the branches of elms and oaks lining the sedate streets, green buds on all the hedges, green grass on the large, well-maintained lawns. When I'd boarded the train two days before at Windsor Station, Montreal had been clothed in grey. Spring had only just begun in my northern city. On my journey south colour seeped incrementally into the landscape. By the time I reached Baltimore it was as if a hand had reached down from the sky and painted the land in lush colours of spring.

On my lap was a leather satchel stuffed with tissues and week-old newspapers. Nestled inside this wrapping was a jar containing the enigmatic, three-chambered heart that had obsessed me since I'd first laid eyes on it. I hoped I was about to solve the mystery of its origin. In addition to the heart, my satchel held a letter of introduction to the physician-in-chief at the hospital, Dr. William Howlett.

The heart weighed heavily on my legs. It was proving to be a literal burden. I had carried it all the way from Montreal and hadn't left it unattended in all that time. Although the glass of the jar was thick, it was still breakable. I was hoping I could stash it in Howlett's office for the length of my sojourn.

Below me stretched the harbour and a labyrinth of streets.

Baltimore is an industrial city. There are wealthy residential neighbourhoods, including the one in which my hotel was situated, full of huge old houses of brick and stone, but the city also contained many more with crowded row houses and tenements. There seemed to be a large working class, made up, I understood, mainly of German immigrants. The servants, however, were uniformly coloured. This morning as I'd waited for the tram I had been passed by no fewer than five Negro ladies, each pushing a perambulator with a white child inside.

Johns Hopkins Hospital sits on a hill in the middle of Baltimore with a view of Chesapeake Bay. It was built in the 1870s, before Pasteur dispelled the notion that contagion was airborne. Back then the hill, which caught fresh sea breezes, had been considered conducive to health. Overnight, theories had changed and the place had become an anachronism. I had read somewhere that not only was the sea-breeze theory wrong, the architect hadn't planned adequate sewage or ventilation. In spite of this the hospital and its medical school were reputed to be the best in North America. The buildings may have been constructed on a faulty premise but the people inside made up for it.

The tram wheezed as it travelled uphill. It was electric. There was nothing but a thin wire to keep us from plunging backwards into Chesapeake Bay. The two other passengers didn't seem to mind. One had her nose in a textbook. I was just near enough for me to discern pink organs embedded in a sea of print.

The other passenger was a man closer to my own age with cropped hair and a military bearing. He carried no books and paid no attention to me or to the girl, passing his time staring out the window. His colour was too good to be that of a patient, but he couldn't be a medical student, as students lived up the hill. Why would he be in this tram at eight-thirty in the morning? "Living in" was one of the requisites for enrolling at Johns Hopkins. One had to be single and willing to sleep in the hospital itself. These rules had been set down by Dr. Howlett, who believed apprenticeship was far more useful than book learning in training student physicians. The few women enrolled in the program were exempted from the rule; they took rooms in the city or slept in the nurses' residence, also located up the hill.

By the time the tram reached the hill's crest it was close to nine o'clock. The man was the first out. He didn't wait or offer to help me with my bulky carrying case, but proceeded quickly toward the hospital. The girl hurried after him, checking her watch and stumbling beneath a load of books.

I too hurried off the tram. When I had written William Howlett's office to request a meeting, his secretary had warned me not to be late.

"Dr. Howlett is a punctual man," she had written. "He will expect as much from you."

I wondered what he made of my request to visit and exactly how he would greet me. Nine years had elapsed since our unfortunate encounter in Montreal. Within a year he had left Montreal, crossing the border to work first in Philadelphia and then a few years later in Baltimore. Now he and I would meet again. My grip tightened on the handle of my case. I would not have sought him out without Dr. Clarke's prompting; he was perhaps the only person in the world capable of solving the riddle of my heart.

The hospital loomed majestically above me. Most of its buildings were constructed of brick and there was a tower with a cupola making it seem more like a fairy-tale castle than a sick house. A couple of patients and what I presumed to be their families were standing near the entrance conversing. A guard sat at a desk, whittling with a penknife. Before I opened my mouth he gave several short, practised waves of his hand to indicate the route.

When I pushed open the door on the landing to the second floor I found a huge crowd milling about. I was hot from my climb and from lugging the satchel. I remained at the periphery, trying to decipher who all these people were and what exactly was happening. Everyone was talking excitedly. A hush fell over the crowd and everyone turned in the same direction toward an office door that had opened. Dr. Howlett stepped out. I could see him through the lines of people, smiling and reaching to shake hands.

Nine years had barely altered him. He was still carefully dressed, this time in a morning coat and top hat, which he declined to remove even though there were women present. In his left hand was a walking stick and in a buttonhole was a sprig of purple lilac, which he sniffed as he spoke. His face was thinner than it had once been, but the eyes were every bit as lively.

The people in this crowd had probably each written him, just as I had, requesting a private interview. I watched him work his way through the crowd with smiles and light conversation. I recognized the girl from the tram, now carrying a notepad instead of books. She smiled shyly as Howlett whispered something in her ear. They could have been lovers the gesture was so intimate. The young man who carried himself like a soldier was also here. He now had a stethoscope hanging around his neck and was following Howlett's movements with a look of what I can only describe as yearning. This crowd was here only to see him, which explained why the guard had known without my asking where to direct me. When Dr. Howlett's secretary had arranged the appointment I had imagined it a privilege. I had tossed and turned on my hotel bed the night before, trying to picture myself in Dr. Howlett's office and composing speeches in my mind. As it was, I thought, surveying the group with whom I was to share the occasion, I needn't have lost sleep.

It was doubtful I would have the opportunity to discuss the specimen I'd lugged from Montreal. Dr. Howlett was about to start his morning rounds. Evidently it was his custom to invite many students and colleagues. I leaned against a wall, placing my satchel containing the heart on the floor beside my shoes, polished with care at five-thirty that morning.

"Good Lord, is it you?"

I looked up and blinked.

William Howlett was standing in front of me. "It *is* you, yes. I didn't think I was mistaken. What a surprise, Agnes White." His skin was still dark, as if a private sun had shone on him through the bleakest days of winter. He was more handsome than I remembered. The moustache had been coaxed upward and waxed at the tips. I stared stupidly, then came to my senses and mumbled something about Dr. Clarke, McGill, and Montreal.

Howlett smiled and took my hand. I was the first to break eye contact, glancing nervously about. Every eye was now upon me. "Samuel Clarke?" Howlett cried. "Now there's a name to stir the embers of memory." He took the letter of introduction and opened it right on the spot as if it were a gift. "Well, well," he said when he'd finished. "*Dr.* White, I welcome you." He took my hand again, this time raising it to his lips.

People were staring with open envy, trying to guess my identity, wondering why I deserved the great man's attention. I felt Howlett's lips on my skin. What on earth had Dr. Clarke written? I had anticipated that Howlett would remember me, but never had I dreamed he would be so lavish in his welcome.

He released my hand and turned back to the crowd, allowing me to collect myself. With his walking stick he pointed toward the first of the wards and motioned the crowd forward. Then he clicked his heels, perhaps in salutation to me, or perhaps as a general sign that the rounds had begun, and strode down the corridor. When I next looked up, no one was paying me the slightest attention. I straightened my dress, picked up my satchel, and followed. It soon became evident, however, that the treatment I had just received was far from unique.

William Howlett was the essence of social grace. With each person he encountered, he stopped, offering a moment of such pure attention that they were overcome. I saw the same rapt look on every face.

Rounds were over in two hours. I had not dreamed a person could be so skilful, for Howlett had to satisfy patients and at the same time address the students and clerks and visiting doctors crowding about him. He did not exclude the patient, never once referred to anyone in the third person, at least not within earshot. His commentary was full of lively jokes and anecdotes.

The tone of the morning was informal; one had to listen carefully to ascertain the quantity of information communicated. As he joked and talked, Howlett was observing. When he put his hand on a sick man's foot, the gesture was more than kindness. From the foot Howlett discerned information about pulse and blockages of blood. When his gaze turned to the same man's face, he was checking for pallor, the yellow tinge of bile, the blue of cyanosis. What he saw rolled off his tongue faster than the interns or clerks could record. The young man from the tram was taking notes, barely looking at the patients in his effort to catch every word.

The tour finally came to an end and the crowd began to disperse, students heading to their lectures and clerks to their hospital duties. A few of us lingered, but Howlett evidently felt that he had paid us his dues. He tipped his hat and began to walk away. I felt suddenly sick at heart. Had it all been an act, then? Charm dispersed so evenly that my presence had not in the end registered? Did he not wish to speak with me, to hear about Dr. Clarke or McGill or why I had travelled all these miles to Baltimore? I clutched the satchel to my chest.

Claire Holden Rothman is an award-winning Montreal translator and writer. Her published works of fiction include two collections of stories and The Heart Specialist, *a novel inspired by the life of Maude Abbott.*

The Calm

David Allan Evans

Looking deep into my left eye, so close I could feel slight puffs of breath on my face, the doctor said, "Maybe you had a blow to that left eye when you were younger."

"Is that right?" I said.

"A sudden blow can cause a cataract. But we'll check it again in three months." I said fine, thanked him, put my glasses back on, and left.

A few days later I remembered. When I was about twelve, I was sitting on a step of a friend's back porch. It was a day or two before my Cub Scout pack was going to a lake for a week-long summer camp. My friend's elder brother was showing off with his brand-new rod and reel, casting a big lead sinker in several directions around the yard. Something diverted me for a second, then when I looked for the cast, *blam!*—the sinker hit me squarely in the eye, knocking me off the step and out. I remember wearing a bandage over my eye for a few days and having to stay home while my friends went to Scout camp.

THREE AND A HALF WEEKS after my second checkup, I lay inside a circle of curtains in a pre-operating stall that was perhaps forty feet from the double doors of the operating room. I was about to have a lens implant. My doctor would take out the old, filmy lens and replace it with a new plastic one. I was feeling a little edgy because the hypo I'd had ten minutes earlier hadn't taken effect. Because I was supposed to be awake during the surgery, I had been given what the nurse called a "mild hypo." But why wasn't I feeling even slightly more relaxed? I'd had hypos for kidney stones and they always relaxed me almost immediately; sometimes they made me feel exquisitely good. I'd rather have been a little high for the surgery, if possible.

A man's hand parted the curtains; my doctor stepped inside. We greeted each other. He held up a syringe to the light and squirted some fluid in the air. He was loose and talkative, as usual. I thought, *How do I take this?* Did the casualness mean confidence, that cutting into my eyeball would be mere routine for him? ("Routine like mornings, like the week," as one poet put it?) Or did his mood mean a lack of seriousness? How can you be totally concentrated on your work and be this loose? But I liked him and trusted him. He was small, boyish, with a high-pitched, raspy voice, yet he seemed professional and business-like. I knew that for two days a week he did nothing but lens implants and other eye surgeries.

"Okay," he said, "hold *real* still, and look up and past my right shoulder." The needle pricked the skin on the side of my head, close to the eyebrow. It stung, but it wasn't bad. He pulled out the needle.

"Good," he said, and turned my head slightly. "One more now; this one might sting a little more." Knowing it was an understatement, I pinched my right thigh to try to override the pain. This time I felt the needle piercing my eye, or very near it. Pain shot through my socket as one hand held my head for leverage, and the other forced and manoeuvred the needle. I both felt and *heard* it pop through, and go deeper and deeper. The quiet violence shook me, but I said nothing.

"That one hurt because I had to use a blunt needle to avoid piercing any blood vessels," he said. I didn't need that particular explanation.

"The worst is over," he said, and patted me on the shoulder. "It'll take about fifteen minutes for the eye to deaden, and then we'll see you next door." Then he disappeared through the curtains.

I tried to relax and just watch the ceiling. Gradually, when I closed my right eye and kept the left one open, I noticed that the room was beginning to fade out—as if another, larger cataract—a second waterfall—was forming over the first one.

ABOUT FIFTEEN MINUTES LATER, two nurses rolled me into the operating room and helped me shift my hips off my mobile bed onto the hard, narrow gurney. They strapped my arms down and buckled the straps.

Then my nose started to itch. I asked one of the nurses if she'd please scratch it for me. She did.

"It never fails," she said. "When you can't scratch it yourself it starts to itch." We all laughed.

The lamp above me was a low sun. I couldn't look straight at it with my one good eye, but it didn't matter because a nurse covered me with a sheet and put a smaller sheet over my face, exposing my deadened left eye. I heard the doctor's voice coming into the room. When I closed my right eye, all I saw was blackness. Then I heard the doctor's raspy voice: "Can you hold still for about thirty minutes?"

"I'll try." What else could I say? I had come this far. I was having trouble seeing a racquetball, couldn't drive at night without some fear, couldn't see across a room without squinting through glasses that gave me only marginal vision. "One-eye vision," the doctor had called it.

The doctor had been wrong about one important thing: the worst was *not* over. It wasn't pain I felt; my eye was frozen. But I was fully awake—the hypo had been worthless—and I knew what was happening, and worse yet, I was thinking about it. All I could do was lie there, as still as possible, my hands pinned down, execution-style, and let it happen. Sometimes I could feel my right eye jerking under the sheet. That meant, of course, that the doctor was working on the left one. I wanted to control at least *one* eye, but the best I could do was keep it closed.

At times I thought I could actually see, out of the worked-on eye, three shadowy figures above me—even see a hand-shadow moving to and from my eye. I was literally watching the operation out of the same eye that was being operated on!

The minutes crawled . . . I felt myself tightening, like a fist.

How much longer? I wanted to ask, but held back. I knew that talking might move my head.

A noiseless terror was creeping in under the sheets. I couldn't shake it off. Seconds became minutes, minutes, hours. *How much longer?*

Then a thought came to me of another moment like this one.

About twenty years before, my son and I were camping overnight in some woods in frozen December. We were in a tent in sleeping bags with a few other fathers and their Cub Scout sons. We fathers were there, supposedly to show our sons how to survive in winter. My sleeping bag was one of those thin, flimsy cotton ones you might find in a blue-light special at K-Mart. It was a kid's sleeping bag, too short for me to pull my head inside and zip it up. I had bought my son a more expensive bag made of down, and I had tucked him in and zipped in his head so he was comfortably cocooned. Everybody else around us was sleeping in warm, comfortable, down bags—one father was snoring—and it must have been 0°C in the tent. I was the only one awake, with my bald, hatless head sticking out of my bag, my breath steaming.

A speechless, freezing terror was gripping me harder each colder and colder minute. At one point I thought of jumping up and yelling out, "Okay, it's over!"

But I didn't. Instead I stayed curled up fetus-like, with my hands stuck between my thighs, and took it like a true scout. I may have dozed sporadically but I doubt if I got a half hour's sleep the whole night.

In the morning I was the first father out of the tent. Two scouts had built a fire and I walked not just up to it but *into* it—stood there a minute or two with two amazed faces watching, while flames out of the Pleistocene cooked my boot soles.

And now in this warm room, under the sheets, the minutes crept . . .

My throat was dry.

"Can I swallow?" I asked in my muffled voice.

"Go ahead," said the raspy voice, "just don't breathe."

I needed to laugh, but didn't dare. How close joy and its opposite can be: "Excess of sorrow laughs," wrote William Blake, "excess of joy weeps."

Somehow, as in the winter tent decades before, I had to lie there and survive. I tried to think of something pleasant. Then another scenario from the past came to me. A lake in northwest Iowa, the calmest lake I have ever seen. I was sitting in a rowboat—alone, drifting, near sunset, with not even the slightest breeze stirring up a ripple. Then I was drifting into a long, narrow cove, with tangled trees on either side of me . . . *Hold it there,* I kept saying to myself under my breath, *stay in that boat; keep drifting.* This was my self-injected hypo. I felt my hands opening, my neck and shoulders ceasing to strain. I was safe here; nothing could harm me as long as I stayed in that boat on that calmest water, drifting into that dark cove, alone.

Drifting . . .

"That's it," the doctor said. "The new lens is in place and all we need is one more stitch."

Then it was over. Water, rowboat, dark cove, tangled trees, drifting—all was gone. My hands were released from the straps and the doctor was taping a patch over my eye.

"You did a good job," he said.

"It wasn't as easy as I thought it would be," I said. It was my turn for understatement.

"I know what you mean," he said. It wasn't the first time he had heard such words.

Routine like mornings, like the week.

A few minutes later a nurse was rolling me out of the operating room with a new eye.

David Allan Evans is poet laureate of South Dakota, and the author of six books of poetry. He was a Fulbright Scholar twice in China. He retired from university teaching two years ago.

Cancer

Dennis H. Ference

The word flits past the surgeon's lips,
riding an ordinary exhalation of breath.
And, as with the displacement of air
stirred by the flapping of a butterfly's wings,
what is set in motion may change a world forever.
Yet my emotions sputter to engage and my mind toggles
between odds of survival and the fact that this doctor,
whom I never met, is older and less comely
than I imagined her to be. Perhaps I'm not good
at this sort of thing; perhaps I've gone numb,
force-marched through the medical maze; or
perhaps I'm just soul-withering tired.

I fidget through her post-op slumber,
eyes darting like hummingbirds
from clock to TV to door to clock.
And when, at last, she is given back to me,
I anchor at her bedside where I will ride
the ebbings and flowings of the afternoon,
feigning a velvet calm; seeding the air
with positives; and tracing slowly, again
and again, the contours of the face
that first entranced me like the North Star
some forty-odd years ago.

Later that evening, driving home alone,
only the rhythms of a rutted road
securing me to my task, I survey with
gnawing disbelief the chronology

of the last few months and am left
with nothing but a sigh to cushion
the rugged ride ahead.

Dennis H. Ference is a chaplain in a nursing home/rehabilitation centre. He is a poet, songwriter, and author of several booklets of original prayers published by Liguori. He lives with his wife, Ruth, in Wisconsin.

Beautiful & Handsome

Jacqueline White

Things were different now that I was married. It no longer seemed to matter that gouging the cancer out of my check would cause a scar. Whatever beauty I might have had had served its most critical purpose: I'd snagged my guy. The rock on my finger proved it. Now he was stuck with me—no matter what I looked like.

Before, I'd been an iconic figure, a bride-to-be—approximating virginal loveliness had almost been my duty. The spot of skin cancer on my cheek was the slowest-growing, least-alarming kind, but it was still cancer. I was angry: the errant growth had misinterpreted the sun's warmth on my face as permission to multiply heedlessly. I wanted it gone.

Yet on the day of its scheduled removal, everything had come to a standstill when I mentioned my impending marriage to the nurse. She had stopped dabbing my face with antiseptic and hurried off to retrieve the surgeon. He had arrived, a young skinny guy, sporting a scrub hat illustrated with golf clubs. Upon verifying the rumour—the aspiring bride really did want to submit to his knife—he backed out of the exam room, repeating the same phrases over and over as if contact with me had caused him to go into shock. "The most photographed day of your life," he kept saying, and "If you were my wife . . ." That day, he wouldn't touch me, even though I had wanted him to. I was scheduled to become a wife—someone else's wife, but still, a wife, the idea of which he seemed determined to protect. Evidently, I needed to look good to land that part.

Could a scar really wreck my wedding?

If pressed, I will say I consider myself reasonably good looking. But I prefer not to have to think about how my face, with its brown eyes and big, lopsided smile, ranks. I'm lucky that way—attractive enough to be able to take my looks for granted. When an ex once told me, "You don't realize how beautiful you are," I recognized there might be truth in what she said. She wasn't just sweet-talking me, her voice was too wistful. Measured against some external standard, in her eyes, I fared quite well. But she was also right that if I truly was beautiful, I also wouldn't want the burden of knowing it.

Except, maybe, when I was standing in front of the church, waiting for Marcus to get his first glimpse of me as he came down the aisle, maybe then I did want to know, or think, I was, perhaps, a tiny bit beautiful. I'd refused to be the culminating vision in the wedding procession: all that buildup, everyone craning to see and measure me against some feminine ideal. No, I would not do it—all those eyes on me. I refused. So, instead, I got to the front of the church first and waited for Marcus, which was how things with us typically worked anyway. I was the one who arrived first and waited. I'd learned to savour the waiting like Walt Whitman did in the poem I'd chosen to be read later in the service, "And when I thought how my dear friend my lover was on his way coming, O then I was happy, / O then each breath tasted sweeter."

Marcus was on his way coming and I was happy, holding my bouquet of orchids at the front of the church. From my red painted toenails hidden in my Internet-purchased pumps to the Parisian hat on my head, I had become a new creation. I was the bride. I had done all I could to live up to my obligations. I was wearing undergarments I'd never worn before: thigh-high stockings, a tummy-flattening girdle, a strapless bra. I'd paid a professional to put makeup on me. I'd had a pedicure and a manicure. Marcus hadn't wanted to see me in my wedding dress until that moment in the church. The suspense of it—would he like what he saw?—had seemed as if it would be unbearable.

But once I glimpsed Marcus—there he was, hurrying toward me down the church hallway, then jogging over to align himself with the chapel aisle and with me—what I looked like no longer concerned me. What mattered was that Marcus, in his black tux with the red bow tie, was the most handsome man I had ever seen. That was my exact thought: *I have never seen such a handsome man*. I'd never felt so much in love. And the handsome man was smiling at *me*. So I did it. I married him.

And once I'd done that, the nurse had no qualms about continuing on where she had left off a few months earlier. She draped a cool cloth over my eyes—blinding me to the tools of my disfigurement. I entered a world in which sight did not matter, where, because I could not see, I could imagine I might also not *be* seen. A needle stung my skin once, then twice, but by the third time my cheek was numb and the piercing metal had lost its sharp edge. I was on a plane to Disneyland with the skinny doctor and his young children: How would he keep them occupied for the entire flight? He and the nurse chattered on. A machine whirred. Gloved fingers touched my skin. A stench assaulted my nostrils. My own flesh was burning, the hole the cancer left behind cauterized.

Now I wear a scar on my cheek, a blemish on whatever beauty I might possess. But here's the thing: Marcus has gone right on calling me "Beautiful." "Hey, Beautiful," he says, as if "Beautiful" were my name. He doesn't seem to mind that he's stuck with me, no matter what I look like. And there's something glorious in that, or so I'm learning. That morning after morning I will wake up next to his warm body with the dragon breath and scaly stubble. The scar reminds me that the handsome man who came down the aisle made me a promise: *In sickness and in health.* I can relax into that, *as long as we both shall live.*

Jacqueline White is finishing a memoir, My Transgender Husband: A Love Story *(mytransgenderhusband.com), for which she received a 2008 Minnesota State Arts Board grant. She proudly claims French-Canadian heritage; the family name was once LeBlanc.*

Bladder Cancer

Rob Jacques

No sense of urgency, no pain, only gross
Hematuria. And then the waiting room swain
In his white lab coat and wonderfully named
Sphygmomanometer measures my pressure,
Declares me normal (which I'm not, thank you)
And sends me to my room. The doctor's room,
Actually, where await further implements
You could never have imagined, nor I really
Before the doctor's gently probing, slipping
Cystoscope. It isn't the local anesthesia I need
But mental, and I try to concentrate on a wall
Of poppy fields, the Thames, the Eiffel Tower
And I feel discomfort way in deep in my soul.

Later, my clothes back on, I sit once more,
Though my urethra has become my own again
And I'm feeling less foolish than sinned against
By all who practise medicine on a guy. What
I want is to go home as whole as I was before
Blood in my urine. What I get is cold science,
The statistics, the treatments, the Latin names
For cells I never knew I had. This doesn't end.

No. Inside my most private, moist darkness,
It waits. As certain as physics put in place
At the time of the Big Bang, as patient as gods
Are patient when faced with human frailties,
It waits. Will I do the right thing? Will I try

Newest cures? Radiation? Chemotherapy?
It waits wholly unconcerned, bleeding into me
Common sense, memento mori, that I shall die.

Born in 1943, Rob Jacques is a technical writer, and he teaches that discipline at the college level. His poetry has appeared in several literary journals. He resides on Bainbridge Island in Washington's Puget Sound.

The Colon Is Our Friend

Beverly Golberg

I am a cancer survivor. Like all cancer patients, I have asked myself questions like *Why me? Why cancer?* All forms of cancer are abhorrent to me, yet I ask further, *Why colon cancer? Why not, say, breast cancer?* Breast cancer, represented by those clever and ubiquitous pink loops, has a sisterhood element. At the cancer clinic, I see women living with that particular brand of hell looking adorable in stylish headdresses and with pink plastic bracelets. I'm slightly embarrassed to say that I don't even know if colon cancer has a colour-coded bracelet associated with it.

When I hear a woman speak about her breast cancer, I automatically envision a breast. Soft, warm, nurturing, and erotic, the breast is an inspiration to painters and poets. It's tragic to lose that treasured gift of womanhood. Contrast that, though, with the colon. When I mention my colon cancer, listeners call into their consciousness whatever image of a colon they can bring up from a remembered biology textbook or a doctor's office poster. They see a wiggly sausage-like tube that snakes around in the abdomen, doubling over on itself in that crowded cavity and functioning like a waterslide chute. And there's not an individual old enough to understand the word *colon* who doesn't know what's in it.

There is only one way to access the colon non-surgically. If you know of another method, please call my gastroenterologist immediately. I loathe the reality that when I speak about my cancer either guts or butts come to mind. I complained to my family about this once and my wonderful daughter-in-law said, "I never think about your butt, really!" Well, what *could* she say?

I have been cancer-free now for two years but visit my oncologist, radiologist, and gastroenterologist for regular observation. I work at remaining healthy by sensible exercise and by monitoring my diet and environment. I believe, however, that my most important tool resides inside my head. It's about attitude and expectation. I anticipate a long life of good health. I visualize my colon. She is pink and shiny, vigorous and vital, and cheerfully engaging in commerce. She runs a successful transportation business with the upper part of my digestive system. I am in the habit of complimenting my colon for her diligence; she is The Little Engine That Could. Just this morning a technician took ultrasound pictures of my abdomen by gliding a computer mouse over my belly. On the screen, I saw an image of that workhorse of a colon undulating and pulsing, preparing to send the remains of last night's dinner on its merry way. I felt grateful.

I don't think that my colon internalizes what the world thinks about her, but I do believe that what I think about her is crucial, and critical to her health and mine. Hence, I offer this recommendation to you: The next time you view paintings at your favourite art museum and admire the Madonna images of the Renaissance with their nurturing breasts demurely hidden under soft folds of fabric, or portraits of upper-class European matrons with their voluptuous bosoms all squeezed up high and luscious by snug satin bodices, thank your breasts if you have them. But keep your eyes moving south on those paintings, and then take a moment to thank your colon. Remember, you may have two breasts, but you have only one colon.

Beverly Golberg's work has appeared in Willard & Maple, *the literary journal of Champlain College, and in the* St. Paul Pioneer Press. *She reads her essays at the Wild Yam Cabaret in St. Paul, MN.*

Diagnosis

Cyn Kitchen

Gray is in his backyard getting drunk. He's sitting in a plastic chair at a metal table, lighting the next cigarette off this one. He's pulled his pickup truck around back, opened the doors, and turned up the radio. Jimmy Buffett is singing "A Pirate Looks at Forty." A nearby cooler is full of Coors, buried in ice. Gray guides a can to his puckered lips, slurps, wipes his chin. Then he staggers to the Weber where brats and pork chops hiss. Standing over the meat, he wobbles like someone new to balance.

Gray's wife, Julie, appears at the door carrying ketchup and mustard in one hand and a glass of red wine on the rocks in the other. She is followed by Stevie, a talkative, red-headed four-year-old. He skips to a yellow plastic bat lying in the grass and begins swinging at a small white ball.

Gray turns from the kettle to look at his wife. He fumbles toward her, leans in and presses his lips to her forehead. She does not react. Gray circumnavigates the table, trips, spreads his arms for stability, then plops into a chair. Once he's down, he takes another long draw from his beer. Julie lights a cigarette.

"You're not going to die," Gray says.

"Shut up," Julie says, still not looking at him. "I don't want to talk about it."

Gray holds an index finger in the air as if making a proclamation. "I love you. And you're not going to die."

"I mean it, Gray. Enough."

"We're going to beat this, you and me." Gray pumps a feeble fist in the air.

Julie stands, picks up her wine glass, and goes back in the house.

Gray waves a drunk arm after her, throws back his head, and begins to sing along with the radio.

It's been four days since the diagnosis. The pathology report arrived on Wednesday morning, but an emergency surgery prevented the doctor from calling Julie and Gray as he'd promised, leaving them to spend the day staring at the phone, terrorized. By late afternoon Gray could no longer stand the suspense and called the office. The nurse was apologetic, helpless.

"Bullshit," Gray'd yelled into the handset. "I want the goddamn results right now!"

"I'm sorry, sir, the doctor doesn't give results over the phone."

Gray'd slammed down the receiver and appeared a short time later in the doctor's office. He'd refused to leave the receptionist's window until somebody told him something. He'd begged God to make the tumours nothing. But they had been something, and Julie knew it. That's why she'd stayed home in a dark room staring at a blank television set while Gray ran after the doctor.

JULIE REAPPEARS carrying a fuller glass of wine and a fistful of napkins and forks. Gray watches as she walks down the steps, around the table, lowers herself into a chair.

"Stevie, put that down," she calls across the yard. He's sifting through a patch of dirt near the garage and has unearthed a worm.

"I love you, baby," Gray says. His eyes are at half mast, soft and wet.

"That's nice," Julie says.

"Why're you being like this?"

"Why am I being like what?"

Gray doesn't say anything for a minute, as if he's thinking. "Mad," he says. "It's like you're all mad or something."

Julie makes eye contact. "Maybe it's because I have fucking cancer, Gray. Maybe I'm not real happy about having fucking cancer."

Gray falls silent, walks back to the grill. He sways over the kettle of hot coals as if the world is moving and he can't keep up. With a long pair of tongs he carefully turns each piece of meat. Julie watches her husband pull long drags off his cigarette. Their daughter, fifteen-year-old Sara, appears at the back door carrying a potato salad that she places in the centre of the table, sinks a serving spoon into.

"Honey, I forgot the buns," Julie says.

"Do we have everything else?" Sara asks.

"I think so," Julie answers, and begins spreading paper plates and silverware in front of each seat.

"Hey, babe, can you get me a platter for the meat?"

"Sit down, Mom. I'll get it." Sara walks into the house. Stevie chases after her, begging for a drink.

Once the meat is done, Gray picks up each piece and places it on the platter. The brats are stacked on one side, pork chops on the other.

"This is way more than we'll ever eat," Julie says.

"I couldn't make up my mind," Gray says.

Julie fixes a brat for Stevie, asks him if he wants ketchup. Sara spoons salad onto her brother's plate.

"I don't like this stuff," he says.

"Eat it anyway," Sara says. Then she spears a pork chop and puts it on her plate.

Julie scoops some salad and, after considering the platter of meat, saws a brat in half and a pork chop in half. She takes the smaller portion of each and puts them on her plate.

Gray is leaning forward in his seat, looking lost. His plate is empty. He sucks down the last of his beer, then crushes the can in his fist. Without prompting, Sara fetches another from the cooler, opens it, and sets it before her father. He does not thank her.

"You need to eat something," Julie says. "You've had too much to drink."

Gray does not respond. He leans on his elbows, mouth slightly open. A tear slides down his nose, drops to his paper plate. He looks at his wife and children. They appear not to have noticed.

Julie stabs a brat, puts it on a bun, squirts mustard and ketchup across its length, and dollops on a spoonful of relish. "Eat," she says as she sets in on Gray's plate.

He looks at the brat and takes another drink of beer.

"You can't die," Gray says.

"For cryin' out loud, can't we eat without this shit?" Julie smacks her fork onto the table. The kids stop chewing.

“I love you so much,” Gray says. This time his family sees the tears. “I don’t want to lose you.”

“I’m not going anywhere,” Julie says, looking at the kids.

She glares at Gray, willing him to regain composure. He looks back at her as if divining the synapses inside her head. He picks up the brat she’s fixed him and takes a bite off one end. Before swallowing he takes a second and a third.

The family finishes their meal in silence.

After dinner, Sara helps Stevie punch holes in the lid of a mayonnaise jar that he will set beside his bed tonight. Inside it fireflies will glow and glow before they fade toward daylight. The food will stabilize Gray, and he won’t seem quite as drunk. Soon he will pass out. It will be his first night’s sleep since the diagnosis.

In one short week he will drive Julie to the hospital where a doctor will remove her right breast. After surgery she will begin a regimen of chemotherapy that will scrape forty pounds from her small frame, inside out. The doctors offer cautious optimism about her prognosis.

After chemo their lives will drift back toward normal. Julie’s scalp will take on the fuzz of new growth. She will shed her bandana. Sometimes she will sit outside in the sunshine, wearing a tank top, no bra. The family will resume the normal rhythms of existence. There will be work and holidays, obligations and quarrels. The trash will go to the curb every Thursday. Gray will paint the house.

There will be one night, after walking home from an outdoor concert, that Gray will lead Julie behind an abandoned house, and they will make love for the last time. It will feel like the old days, when they were young and their blood ran hot and bright. Afterward, they will lie in the tall grass behind that abandoned house, not caring about the creatures making sounds in the weeds or the cars passing by on the street. They will tease one another, giggle, and make sounds that drift off into the night, across front porches, into bedroom windows, slipping through the trees and disappearing down the railroad tracks that wind through town and disappear over distant pastures. They will talk about the future—a family vacation, the holidays, Stevie’s first day of school, and Sara’s first driving lesson. They will toy with the idea of one more baby. They will talk about the virtues of persistence and faith and willpower.

But the following week they will learn the cancer has continued its relentless assault. The doctor will say that he's sorry, shake his head, and measure Sara's life in days. They will mount the same old defences, but the allied forces will have come back stronger. The assault will be fast and violent. Gray will not leave her side, and when she slips away in her sleep one night he will stay by her until the dawn of a new day peeks above the rooftops, and the sounds of night have long since faded.

Cyn Kitchen teaches fiction and non-fiction writing at Knox College in Galesburg, IL. She is at work on her first novel, Forty-Six Chromosomes of Dysfunction*, an exploration of the infirmities and pathologies of family.*

Two Emilys

Joan Givner

When Cindy MacKenzie, a former colleague at the University of Regina, sent a message of condolence on the death of my daughter, Emily, she included a poem by Emily Dickinson. That was not surprising, since Cindy is a leading Emily Dickinson scholar, who has published extensively on the poet and edited a concordance of her letters. However, the gesture was more appropriate than Cindy knew at the time, for Emily Dickinson was one of the goddesses in my daughter's small pantheon. She often carried a volume of Dickinson's poems and handed out copies to her students in Korea and Poland.

The aptness of the poem Cindy chose became evident three years later. Friends had warned me that working on the posthumous publication of my daughter's fiction would only prolong the grieving. Yet I went ahead and placed several stories in literary journals. *A Heart in Port,* a collection of eight stories and a novella, was published by Thistledown Press in 2007. When she read it, Cindy saw that Emily Dickinson's influence went beyond the title, which my daughter had taken from Dickinson's poem "Wild Nights—Wild Nights!" Cindy explained that influence in an essay/review[1] and, in doing so, she illuminated aspects of my daughter's life and work that I had not previously understood.

No one has spoken more often or eloquently about grieving than Emily Dickinson, whose preoccupation with death gives her work a "haunted" quality. Cindy theorizes that Dickinson's heightened sense of mortality derives in part from a concern for the immortality of her art, an anxiety intensified by the sparse publication of her work during her lifetime. Only a few of her 1,775 poems appeared while she alive.

My daughter too had a heightened consciousness of mortality, the result of the allergy and asthma problems that dogged her from birth and eventually caused her death at the age of thirty-eight. In spite of the gaiety and humour of her stories, an ominous premonition of death runs through them, often signalled by the titles. "The Bereavement Team"[2] is a story about music, morality, the importance of maintaining dignified domestic rituals amid chaos, and above all about death. At the end of the story, Mrs. Kaminska, a music teacher, lies on her deathbed. She has taught her student to play Rachmaninoff, and now she tries to impart a different kind of knowledge. She tells Lee Anne, who is struggling to accept the dissolution of her parents' marriage,

> For a long time in Poland we blamed the Russians for everything; the persecutions, food shortages, the intolerable pollution. And the Russians were to blame for a lot of things, but not everything. We blamed them for things simply related to the human condition . . . [G]rowing old, a bad tooth, lack of talent, falling in love with the wrong person. It wasn't healthy for us psychologically. After a while, we couldn't tell the difference.[3]

Lee Anne struggles to decipher the message. She asks herself a series of questions: "How do you know whom to blame? How do you know what is just the human condition?" And most significantly, "What is the human condition anyway?" The story ends inconclusively with the questions hovering in the air. The answer is clear but unspoken: The human condition is that we all must die.

My daughter wrote a great many stories but was reluctant to submit them for publication and, in fact, they appeared only after her death. I often fretted over that reluctance, fearing that I would never live to see her work come to fruition. Looking back now at our dialogue on the subject, I see that neither of us fully understood its complexity. I assumed simplistically that she feared rejection, even though in "Freedom Holes" she mocked that fear:

> Writers only stand in rejection's shadow. To experience true rejection is to walk around door-to-door, driving a stake through people's peace and quiet in order to drum up enough money for a meal at the end of the day.[4]

When I urged her to send out her work, she quoted my own literary foremother, Katherine Anne Porter (also a writer closely acquainted with death), who said, "I think it is the most curious lack of judgment to publish before you are ready." Perhaps Emily believed that her own reluctance stemmed from the scrupulous perfectionism of an uncompromising artist.

It was not until Cindy linked the two Emilys that I fully understood the nature of my daughter's anxiety and connected it to her sense of life's fragility. Cindy drew a parallel between the irresolution of Emily Dickinson's poems (expressed in her line "I dwell in possibilities") and my daughter's refusal to reconcile contradictions in her stories: "The irresolution of Givner's stories often leaves them with conclusions that are little different from those that were unfinished, such as 'The Graveyard.'"[5]

Every writer knows that anxiety of authorship is never greater than at the moment of publication. This is not as popular wisdom would have it, because the author dreads the negative reviews, but rather because the act of publication constitutes the end of the process. It is the point at which the author must let go and hand over what she has created to the reader. As Roland Barthes noted in a different context, "The birth of the reader must be at the cost of the death of the Author."[6] Little wonder, then, that any author would dread that moment and defer it, but especially an author with a heightened awareness of her own mortality.

Emily hung onto her stories, writing endless drafts and revisions and changing titles, even when the stories were manifestly finished. Sometimes, as in "Canadian Mint," her tinkering resulted in a story's decisive conclusion being replaced by irresolution, a practice that made the editing of her work particularly challenging. Often the reluctance to let go was aggravated by the sense that she was abandoning her characters, cutting off their lives prematurely. A letter she wrote some months before her death shows that her feeling for her characters was similar to that described by Barthes: "The author is thought to nourish the book, which is to say that he exists before it, thinks, suffers, lives for it, is in the same relation of antecedence to his work, as a father to his child":[7]

> When I leave stories half-finished, I feel as though I've abandoned the characters, that I owe them more than that. If I can somehow finish, at least they have a place to live, for a while. Granted, it may only be a shack in the middle of nowhere. But, at least, they aren't screaming

> from the bottom of boxes, "Why don't I have a ceiling? There's no roof to this house! What have you done to me? In time I can always go back, and turn that shack into a bungalow, that bungalow into a mansion, but until then . . . at least the poor creatures have somewhere to live.[8]

As I read that paragraph now, I suspect that the feeling of abandonment was even stronger when her stories were finished. She yearned to go on adding rooms to her characters' homes and expanding their lives.

A book Cindy subsequently co-edited with Barbara Dana addressed a different aspect of my relationship with my daughter. *Wider than Sky: Essays and Meditations on the Healing Power of Emily Dickinson* is the eleventh in the Kent State University Press series, Literature and Medicine.

The book consists of essays by sixteen writers—novelists, poets, scholars, journalists, filmmakers, actors, and a Unitarian minister—on the healing properties of Dickinson's poetry and letters. Between the formal essays, the editors have interleaved brief testimonials to Dickinson's power by a variety of artists—Maurice Sendak, Joyce Carol Oates, Richard Wilbur, and Julie Harris (the actor who played Dickinson in *The Belle of Amherst*).

As might be expected from such a diverse group of authors, the essays vary widely in their approaches. Some contributors analyze the technical effectiveness of the poems; some find consolation in having their grief so clearly articulated; others discuss the relevance of her beliefs, expressed in both poetry and letters, to specific losses. Quotations are used extensively, with certain ones, such as "After great pain, a formal feeling comes"[9] appearing repetitively to form a leitmotif throughout the volume. As a consequence, the book might well function as an introductory text for those coming to Dickinson for the first time. It might also serve as an anthology for those who consider a copy of Dickinson's poetry a necessary vade mecum. Most importantly, it can serve as a guide to the work of mourning.

If friends had warned me earlier about the pain involved in editing and publishing Emily's work, the prospect of continuing that process after the launching of one book only increased those warnings. Words such as *unhealthy* and *morbid* hovered in the air. Shouldn't I move forward and get on with my own work rather than remaining preoccupied with hers? Hearing their concern, I find myself in the strange position of replicating Emily's reluctance to publish her work. At the same time, her many unpublished stories make a strong claim to my attention, as does my own desire to keep her memory alive. Emily Dickinson's poetry and letters, with their strong affirmation of maintaining a continuous dialogue with those who have died, help to resolve this tension.

A continuing dialogue means for me an ongoing engagement with my daughter's written legacy. I approach her stories first with a maternal eye, cherishing her vivid presence and the family history preserved there, albeit transmuted into fiction. Then another self takes over—the critic and biographer—who studies the recurring themes and patterns of imagery, all the underpinnings of literary fiction that reveal more than the writer intended. The conversation is rich in itself, but publication allows it to expand still further. It opens up our exchange to a wide range of readers that includes Cindy MacKenzie and the contributors to her collection of essays on Emily Dickinson. Thus, in an ever-widening circle, we address each other in our different roles and across our various disciplines—mothers, daughters, writers, readers, scholars, critics, and two Emilys.

Notes

1. Cindy MacKenzie, review of *A Heart in Port,* by Emily Givner, *Wascana Review,* forthcoming.
2. *Ars Medica* 3, no. 2 (2007): 47–55.
3. Ibid., 53.
4. Emily Givner, *A Heart in Port* (Saskatoon, SK: Thistledown, 2007), 89.
5. MacKenzie, review.
6. Roland Barthes, "The Death of the Author," in *Modern Criticism & Theory: A Reader,* ed. David Lodge (New York: Longman, 1988), 167–72.
7. Ibid.
8. Emily Givner to Joan Givner, personal communication, 19 October 2003.
9. Cindy Mackenzie and Barbara Dana, eds., *Wider Than the Sky: Essays and Meditations on the Healing Power of Emily Dickinson* (Kent, OH: Kent State University Press, 2007), 18, 34, 52, 71, 96, 119, 123.

Joan Givner is a former University of Regina professor who has written two biographies, an autobiography, two novels, several collections of short stories, and, most recently, the Ellen Fremedon series of YA books.

Hope Is the Golden Spine of the Sun

Barbara Crooker

World's End, Moonrise

We were sitting there on the rocks, my husband and silent son,
down by the Loyalsock Creek, a thick black night,

away from our cabin with its woodstove fire,
the only sound, water over rocks. So quietly,

the thinnest glimmer slipped up
from the farthest hill, the one that looked

like a sleeping bear, unstuck itself from the dark
and rose, a quivering bowl of light.

Back home my mother lifts a bowl, fills her nebulizer,
inhaling the hot steam, breathes again more easily

for a little while. Here, the woods have turned
solid gold, as if Midas had tromped ahead in the leaves

and the sky burns its backdrop into our retinae.
We aren't looking for miracles, only short

reprieves, before she sets out on that last
trip, alone. When the sun slides down

behind the mountain, cold sinks back
in the bones. We bring in wood

from the porch. The cast-iron jaws of the stove
swing shut, the clanging of closing doors.

Acupuncture

She sticks the needles in, gives them
a little twist, tries to engage the nerve,
to release the blocked chi, to let the stopped-
up energy run like a river.
She sticks in another silver needle,
turns it once, and my arm jumps
like a frog's in 10th grade Biology.
Balance in all things, Dr. Ming says,
will give you good health and a long life.
She pushes the next needle deeper.
Cold/hot, dark/light, moon/sun,
all the opposites struggle
to line up inside me.
Yin and yang,
the wax and the flame.
Wood, earth, fire, water
compete for attention.
She says *relax, lie still,*
this pain is not real,
let go of unhealthy influences.
My back bristles, a human porcupine.
I want my fingers to return:
the mute pinky I never appreciated,
the numb ring finger
that used to wear my wedding band.
But I must be blocked
in every meridian.
Dr. Ming says *practise patience.*
Open your heart
like a many-petalled lotus.
Hope is the golden spine of the sun.

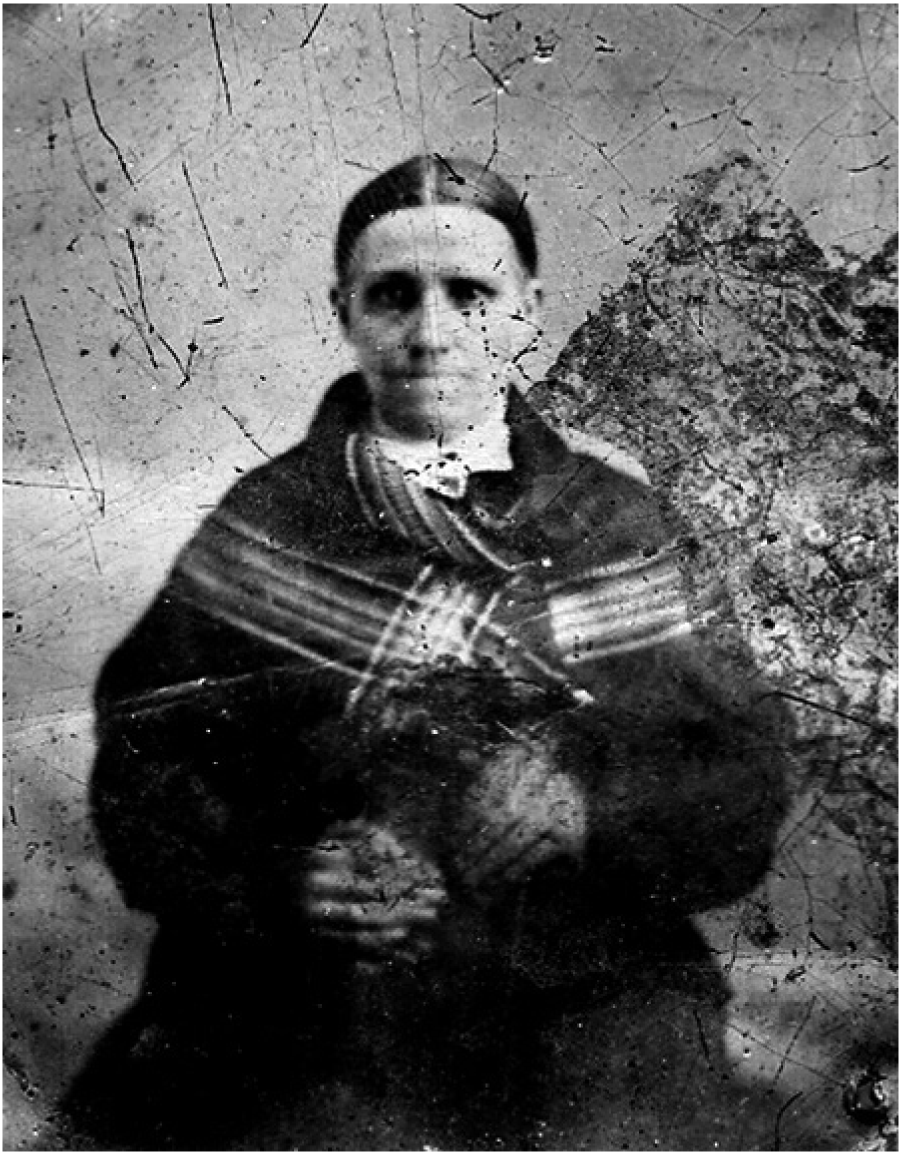
The Sun Lays Down Its Light

This cardinal's a scolding French *maman,* going *vite, vite, vite,*
telling us that time is running away, slipping quickly,
like the sunlight-laced water in this stream,
laughing as it runs over rocks, twists
around the gravel bend, where the chartreuse fans of skunk
cabbage are lazily swaying. There's a catbird over there
in a charcoal grey business suit who's just stepped outside
for lunch break to take the air, thick with birdsong
and longing. The sun is laying down its light like a jazz
saxophone lays down its golden line, threads
in and out of the melody, notes spreading thick
as honey. My old friend and my mother begin
their last days; neither will see another spring.
I don't know how to say goodbye. Time should be
more elastic, we should be able to pull it
like molasses taffy, stretch out its tawny sweetness.
Vite, vite, vite, the cardinal sings again.

Barbara Crooker's collection Radiance *won the 2005 Word Press First Book Award and was a finalist for the 2006 Paterson Poetry Prize.* Line Dance *came out from Word in early 2008.*

Distortion

Randy Thurman



The Stare, 9 x 12 inches, mixed media

Reluctant Angels, 11 x 14 inches, mixed media

Randy Thurman's work explores the complexities of human nature. His goal is to communicate the multiple dynamics that condition how we view ourselves and others as well as how our individual experiences condition such perception.

Reading between the Lines

Mary Hutchings Reed

Later, when she couldn't, he remembered fondly the day both mother and son forgot their lines.

He opened his mouth to sing the first line of his big solo and realized he had no idea what it was. Occasionally during his career he'd seen fellow actors freeze, not knowing know to cover for themselves, and he'd helped them out, asking a question that included the answer—Q: "Were you insane?" A: "I was insane, I tell you." He knew the audience had been none the wiser, but now he was the lead, he was alone onstage, and, to make matters worse, his mother was in the audience.

She hadn't seen him act in three years. When he first moved to New York, she'd made an annual pilgrimage to see whatever show he was doing, but when she turned seventy, she'd said Manhattan was too much for her. Then, shortly after his thirty-sixth birthday, he, too, tired of the city and found himself homesick for the Midwest. A few months ago, he'd moved to the Chicago suburbs, not far from the small town where he'd grown up.

"La da, de dah-or," he sang authoritatively, as if it meant something. His mother used to say, "When in doubt, remember the feeling. It doesn't matter what you say, as long as you say it with feeling."

His mother was an actress—had won awards in college—but she hadn't acted since Roger was born. Instead, she'd trained him. From the time he was twelve until he graduated from high school, every year, for the Memorial Day ceremonies at the Lillian Lake Cemetery, she turned him into a little Lincoln. Costumed in a top hat, morning coat, and an adhesive-backed fake beard that took his young skin with it when he peeled it off, he recited the Gettysburg Address from memory for the ladies of the Historical Society.

Afterwards, she always accepted the praise for his recitation. "We know where he gets his talent," the society ladies would say. "You should've been a star." The way they looked at Roger, they made him feel it was somehow his fault that his mother never made it to Broadway. Since he'd been born when she was thirty-eight, her failure couldn't realistically be blamed on him, but at the time he didn't know that.

Despite the hours of rehearsal, as a youngster, he'd liked the crackle of his voice through the microphone, liked the respectful silence of the crowd's rapt attention, liked the whiff of tension: Would he stumble? Would his voice hold? Would he remember all the lines? Especially he liked the sigh of relief at the end, the applause.

The applause. It was only slightly soured for him by his mother's reserved and mildly disappointed, "Good job," followed by a series of notes or "pick-ups" on how his performance could've been improved by a change in emphasis, a longer pause, a more subtle gesture.

"Have to be honest," she'd say. "Artistic integrity is everything."

Uncertain of the limits of honesty, he'd asked her, right before he left for drama school, how he could be both honest and polite if a friend was in a show and either the show or the friend stunk. "What do you say then?" he asked.

With theatrical aplomb and a grand wave of her hand, she'd answered, "You say, 'Congratulations.'"

Backstage, Roger removed his false moustache, splashed some water on his face, and changed into a long-sleeved white shirt and a pair of khakis. His mother'd come to the theatre with her girlfriends, but he was going to take her out for Sunday supper. Because of his job search and rehearsals, since moving back, he hadn't seen her as much as he'd intended.

He'd been looking forward to having dinner with her, but now his flub cast a pall on the entire evening. The newspaper critics had loved him, and, other than the missed line, he'd been happy with the afternoon's performance, but he hadn't been perfect, and he knew he'd disappointed his mother. What he wanted more than anything was for his mother to say something more than "Good job." He wanted her to say, "Great!" and, "You should've been a star!" Once, he'd overheard her say, "My son, the actor," with the same pride as her friend Mrs. Youngquist, who was fond of boasting, "My son, the doctor," but she'd never given him such praise to his face.

Reluctantly, he made his way to the theatre lobby, where his mother and her friends were waiting to greet him.

"Thanks so much for coming," he said to each of them, giving the friends each a peck on the cheek.

"You were marvellous," Mrs. Youngquist said.

"Terrific."

"So enjoyable."

"Yes, congratulations," his mother said, and the friends smiled. She was studying the show poster, mumbling the cast names. "Marilyn Steele. William Rutherford. Roger Hayes."

"We had a great cast," he said, and the ladies agreed. They kissed him good-bye and patted his mother on the shoulder.

"Well?" he asked. She'd said, "Congratulations," so he wanted to hear her critique and get it over with.

Her citrine green eyes were as bright as ever, but she stared at him as if she didn't understand his question. "Did you like my love scene in the second act?" he asked.

"Yes, I did," she said.

It was odd that she didn't add her specific notes, suggest more action or more vocal variety, something.

"Did you notice I flubbed that line?"

He thought she took a double take. "With a new musical, it's harder to know for sure," she said.

"'La da de' wasn't my most creative cover," he laughed, amazed that his mother apparently had mellowed so much. "If the author were here, she'd kill me."

"It was *loud,*" his mother said.

"I thought the sound guy did a pretty good job," he said.

"Too *loud,*" she repeated, herself too loud. Even though he didn't agree with her, he was relieved, in a way, both that she had a criticism and that it wasn't directed at him.

He helped his mother into his car and she snapped the seatbelt, settling herself in the way people nestle themselves in a favourite chair in front of the TV. She didn't say anything more about the show, and he decided to let the subject drop. Maybe later, after her usual Manhattan straight up, she'd tell him what she really thought.

He turned out of the parking lot and his mother broke her silence. "Main Street. Stop 4-Way. 14 North/South. 36 East/West. You can go whichever way you want."

"Thanks!" he said. His mother had a terrible sense of direction and even in her youth had been known to get lost when she drove him to a friend's house to play. "I remember."

"35 MPH."

"I know."

"Detour Ahead. Men Working. Bump." She read each line evenly, without particular feeling, like an exercise in word recognition, a computer sounding out the word but not comprehending the meaning. "Regular 2-4-9-9. Super 2-5-9-9. Free Car Wash. Brakes. Mufflers." Past the gas station, there was the local middle school, "Go Badgers, Beat the Knights," and a few old houses, "The Week. The Week. The Week." He saw a few houses with mailboxes and special boxes for the newspaper, which, it dawned on him, was called the *Week*.

He began to scan both sides of the street, looking for the source of his mother's words. Road signs, billboards, signs in store windows—she was reading everything in sight. Why was she playing this silly game with herself rather than talking to him? Even criticizing the show would be preferable to her babbling like some woman who was out of her mind. He sped up, just over the limit; perhaps he could drive faster than she could read.

"Caring. Quick. Convenient. Healthcare for Young and Old." Without missing a beat, she added her own words, "I'm Old."

Like an actor who'd forgotten his lines, he froze, then turned full face to his mother's stoic profile.

She was leaning slightly forward. "Lillian Lakes Nursery. Two for One Close-out. Come In. Lillian Lakes Cemetery."

"You okay, Mother?" he asked.

She ignored him, intent on her signs.

"I asked if you're okay?" he said, louder.

"What?" she looked at him.

"Are you okay? You're reading all the signs."

"So?" Her eyes sparkled blankly.

"Nothing," he murmured. When had this happened? He searched his memory, not completely sure that it could be trusted, but certain that three years ago she hadn't been acting like this, not even a few months ago. She was only seventy-four, too young to forget her lines.

"I just thought that if you were going to read the signs, you'd do it with a little more feeling," he said lightly.

A wonderful smile crossed her face, as if she were taking her curtain call. "Ah," she said. "My son, the actor."

Mary Hutchings Reed, Chicago, is the author of a novel about the status of women lawyers, Courting Kathleen Hannigan*, a musical about golf,* Fairways*, and other stories. Get to know Mary at maryhutchingsreed.com and fairwaysthemusical.com.*

My Mother

Myra Sherman

It's December 26. I'm sitting on the right side of my mother's hospital bed, away from the tangle of machines on the bed's left—the cardiac monitor and respirator, the suction tubes and IV. The room smells of lotion and disinfectant, dried blood and urine. A portable dialysis machine is just outside.

I hold my mother's swollen, bruised hand. I squeeze gently and hope for a response that doesn't come. Her hand feels dead to me, the jaundiced skin tightly stretched and cool. The remnants of her white pearl nail polish are leftovers from a time when she read fantasy novels by the dozen, played with her grey tabby cat, and went to the North Berkeley Senior Center.

My black fleece tights and charcoal sweater are too warm for the overheated room. Without central heating, my Oakland apartment was frigid last night. Dressing this morning, I felt I'd never be warm. I shivered then. I'm sweating now. I'm trembling now. Letting go of my mother's hand, I remove the vermilion-framed glasses that match my hair and wipe my damp eyes.

I look at my mother, a too-small figure under institutional sheets. Just five feet tall, her once-round body is shrunken and diminished. Her dentures were removed prior to the surgery. She wore them until the last minute. Does she know she's toothless? She seems unaware. Except for the time her Haldol wore off, when with flailing arms she tried to sit up, her frantic eyes despairing and questioning, a disturbing horrible episode I witnessed alone.

This is the Medical ICU at Kaiser Hospital, in San Francisco. My mother was transferred here four days ago, after three weeks in Surgical Intensive Care. She didn't recover from her bypass surgery. Her heart isn't working properly. She needs a respirator, but not the high-tech interventions of the Surgical ICU with its bustling, rushing, strained staff.

Here the pace is slower, the staff calmer, the atmosphere one of hopeless resignation. The rooms circle the nurses' station. The patients are extremely sick. Most of them are dying. The nurses are very professional and kind. Each patient has her own RN. The doctors' visits are occasional. Relatives visit day and night, with few restrictions.

Through the open doorway I see my mother's nurse approaching. She's wearing purple and pink flowered scrubs. In the Surgical ICU the nurses' scrubs were plain blue. We exchange greetings. She checks my mother's machines.

"Any change?" I ask.

She shrugs, then smiles thinly and shakes her head no.

"I have the shampoo," I tell her.

During yesterday's visit, the nurse told me to get a special shampoo for my mother's long, matted, grey-blond hair. Even at eighty-two, Mom dyed her hair blonde. She liked to be stylish and wore long black skirts with colourful tunics. She favoured short boots and dangling arty earrings. This morning, before coming to the hospital, I went to three beauty supply stores before I located one in south Berkeley with Klorane Extra Gentle Dry Shampoo, at nineteen dollars for three ounces.

"It's good stuff. Wait 'til you see," the nurse tells me. Then she suggests I leave. "So I can tend to your mother, clean her up."

"I'll be back in an hour," I say.

"Don't rush," she says.

I TAKE AN EMPTY ELEVATOR to the first-floor cafeteria. When my mother transferred from the Oakland Kaiser, before her surgery, I was impressed with the varied menu. I was happy with the vegetarian selections. But since the surgery, I don't care about the food. I don't care about a lot of things.

I order a grilled black bean burger and go to an isolated corner booth. A group of nurses at a large centre table are laughing and talking. I feel angry and resentful. I want the world to stop and comfort me.

I've been a social worker for twenty-five years. I understand grief. I studied Kubler-Ross in grad school. I wrote a paper on *Death and Dying.* I know my anger isn't rational. Understanding doesn't help.

My mother can't die. I need her too much.

I keep telling myself Mom will recover. That she'll breathe on her own and her cardiac function will improve. Was her colour just a little better this morning? Did she open her eyes for a second? I search my brain for signs she's getting well, but come up cold.

My burger is bland and dry. I've had too many hospital lunches since my mother's surgery, usually alone, but sometimes with one or both of my brothers. My father died at fifty-four, twenty-seven years ago. There's just the three of us. The last time we were here together, we had a painful conversation.

"It could be worse," I said.

"How?" my brother, the gynecologist, asked. He lives in wealthy Hillsborough. He's been a Kaiser doctor his entire career and has a reputation here.

I didn't know how. It's like I was channelling my mother, looking for something positive to say.

"What if she doesn't get better and has to stay on the respirator?" my other brother, the lawyer-musician asked. He lives in liberal Berkeley.

"She wouldn't want that," I said.

We all agreed. We decided together. When the time came, if the time ever came . . .

AFTER LUNCH, I leave the cafeteria through the side exit to Geary Boulevard. I have nowhere to go and nothing to do. A couple of weeks ago, I walked all the way to Ocean Beach. I had to take a bus back to the hospital. Today, I don't have the energy for a long walk but head west anyway.

The outside air feels fresh and cold. The sunlight is dazzling, the cloudless sky winter blue. Geary is bustling with cheerful post-Christmas shoppers.

Step by step, I trod along. I flash to an image of the jail where I work, to the mental health inmates in their small outdoor courtyard, walking in circles and going nowhere.

Four teenage Latina girls, walking arm-in-arm, giggle as they bump into me. I smell heavy vanilla-musk perfume. They're all wearing lavender hoodies. I envy their youthful good looks and exuberance. They're at the plush stage of life. When they walk into the Cost-Plus World Market, I aimlessly follow.

The store is crowded. The air smells stale. I get jostled and pushed. Sale items are prominently displayed, with huge after-holiday discounts. People seem frantic to buy.

"Look at these bangles. Do you think they're real bone?" a middle-aged blond asks her balding, bearded companion.

"It says they're from Africa on the tag," he tells her.

I wander the store, feeling superior. Then I remember my mother and realize that if she wasn't sick we'd likely be shopping ourselves, taking advantage of the sales. I wonder if we'll ever go shopping again.

"Yeah, all the Christmas ornaments are half-off," a sales clerk reassures three elderly women with full shopping baskets. The clerk has blotchy, sallow skin and keeps yawning.

I close my eyes to shut out the world and see orange-sparked blackness. I think of the Amtrak tickets for my mother and me, sitting on my desk at home. We'd planned a February trip to celebrate her birthday, taking the California Zephyr to Chicago, then the Lakeshore Limited to Penn Station in New York. I was going to sight-see while Mom visited her younger sister in New Jersey.

We both knew she was too sick, weak, and debilitated from a September bout of meningitis, but couldn't admit it. Or maybe it was just I who couldn't. I bought the tickets in October, as if having them would ensure her recovery. "You'll be well enough by then," I kept telling her.

My mother loved our "trips" during the ten years she lived in the Bay area. She was seventy-two when she left the San Fernando Valley after forty years, to be near her children. Because I lived just south of Napa, she settled there.

At least twice a year we'd driven to L.A. to visit relatives. Mom loved any kind of travelling. We usually stopped at the Harris Ranch Restaurant in Coalinga. Because I'm vegan, she always worried I wasn't getting enough protein.

Mom never minded the long, tedious ride down Highway 5, the flat brown dryness, the cattle stench, the glaring sun. I did all the driving, first in my white Toyota and then in the green new Beetle Mom encouraged me to buy. We both loved that car.

Although my mother usually avoided emotional conversations, something about being in a car in the middle of nowhere made her open up.

"I worry about you. Get out and make friends. Not spend all your time with an old lady. I won't be around forever," she'd say.

"I'm fine," I always answered.

Our last trip, just six months ago, was hard. Mom was testy with our relatives. She seemed fragile and exhausted. She wanted to be home. On the drive back, she kept falling asleep, sitting up in the passenger seat, with her head back and her mouth open. I kept checking to see if she was breathing. I was afraid then. I'm more afraid now.

I feel so lost and alone, as if my life is crumbling. For the first time, I regret not staying married and having children. Maybe my mother was right to worry about me.

A loudspeaker-voice announcing a reduction on holiday fruitcakes brings me out of my reverie. Although it doesn't seem possible, the store is even more crowded. People are grabbing Christmas ornaments. The combined smells of perfume, popcorn, chocolate, espresso, sweat, and pomade are nauseating.

"Excuse me, I'm feeling sick," I keep apologizing as I rush toward the exit. Nervous sweat trickles from my armpits.

I'm almost at the front door when I see the mask on the wall. I stop cold. There's no tag that says where it's from or how much it costs. The hollowed wood is painted tan and peach. The eyebrows and pursed lips are black. My heart tightens. I swallow hard. It's a woman's face, with a long narrow nose and deep-set eyes.

Although it seems impossible, the mask looks like my mother. The resemblance is uncanny. I grab it from the wall and rush to the long check-out line. I have to buy it. I need the mask to save my mother. "Please God," I mumble aloud, "if I buy this mask, let her recover." I know I'm being irrational but don't care.

After an endless wait, I reach the cashier, who calls the store manager for the price. The manager takes the mask and leaves. The cashier touches up her lipstick. I'm impatient. So are the grumbling people behind me.

Finally the manager returns. "It's eighty-five dollars, not a sale item," he says. He wipes sweat from his forehead with the back of his hand.

I don't care about the cost. "I want it," I say.

I remember being with my mother in Sonoma, in a shop with Zuni artifacts. As if it were calling me, I was drawn to a soapstone bear. I would've paid any price for it. I still keep the bear on my coffee table. When I feel stressed, I stroke it for good luck.

I feel the same way about this mask. Finding a mask with my mother's face has to mean something.

BY THE TIME I GET BACK to the hospital there's been a shift change. My mother's evening nurse is a pleasant middle-aged woman who works weekends and holidays.

"How's my mother?" I ask the nurse.

"Done some shopping?" she asks, looking at the Cost-Plus bag I'm carrying.

"I guess she's the same then?"

"Resting quietly," the nurse says.

It's a practised response that means nothing. I feel like shaking her to get at the truth. My ears pound with suppressed rage.

But it's not until I'm in my mother's room that I feel like crying. I look at her lying there, with her head supported by two pillows. Her eyelids flutter lightly. She's heavily sedated. And her hair . . . Her hair is in a ponytail on top of her head, with a pink ribbon tied in a bow.

I'm sorry I bought the goddamn shampoo. Better off with tangled hair, better off with no hair, than this. My God, how she'd hate having her hair done up like an infant, or a senile, ridiculous old lady.

I go to my mother and remove the ribbon, then smooth her hair back on the pillow. A lone tear trickles from her right eye. I'm shaking, trying not to cry.

When I get home that evening, I hang the mask on the living room wall. It still looks like my mother. I trace the mask's features with my fingertips and kiss its lips.

IT'S DECEMBER 29. Like every day this week, I'm at the hospital with my mother. My brothers have visited in the past two days but now I'm alone. We're all discouraged and exhausted. My one brother and his wife have a music gig New Year's Eve. They should be excited about it but instead are stressed. My other brother has his wife and three children to consider. I have nothing else going on.

The past two years have been hard for my mother, having to admit she couldn't handle living alone, leaving Napa for Berkeley, moving in with my brother. I moved to Oakland then, but there was no place for her in my one-bedroom apartment.

Every Saturday, I'd take her out for lunch and grocery shopping. Her health kept getting worse, especially after the meningitis. She had trouble breathing and walking. We didn't talk about her deteriorating condition. It was too hard.

I'm sitting by my mother's bed when the resident enters the room. She introduces herself and asks if I'm the daughter. We go into the corridor to talk.

"When will my mother get off the respirator?" I ask.

The resident shakes her head. Her dark eyes look sad. "She won't," she says.

"Not ever?" I ask. As if I'm the one with heart problems, my chest is tight with pain.

"Her diaphragm is paralyzed. I'm sorry. I thought you knew." Her face twists with embarrassment.

My mind fills with questions I'm too upset to ask. How do you know her diaphragm is paralyzed? How long have you known? Wasn't anyone going to tell us? But I can barely breathe, never mind talk. And in the end, what does it matter?

The resident tries to comfort me. "Can I do anything for you?" she asks. "Call someone?"

"No," I tell her.

I go to my mother's bedside. I've never felt so empty and alone, so emotionally dead. I can't believe this is happening.

ON DECEMBER 30, we have a family meeting with my mother's doctor—me, my two brothers, and my Berkeley sister-in-law. The doctor confirms what the resident said. My mother's diaphragm is paralyzed. One side was paralyzed before surgery, the other during the surgery, from the cold metal instruments. It's a complication that happens sometimes. If there's talk about how long the staff has known, I don't hear it.

We agree on taking Mom off life support. We know it's what she'd want. Still, it's impossibly hard.

We decide there's no use waiting. We don't want to prolong her suffering, or ours. At first, I don't think I can stand to watch her die. But in the end, I know I have to.

The doctor leaves. We wait to be called into my mother's room. They've removed the respirator but have her on the cardiac machine. She's sedated. We stand around her bed, holding hands, crying, hearing Mom's laborious breath.

It's the most intense, overwhelming, excruciating experience of my life. More than an hour goes by. My doctor brother makes an awkward joke about how long it's taking. We laugh hysterically. We watch the beats of her heart register on the cardiac machine and obsessively watch the numbers. Her heart doesn't want to give up.

My mother's doctor returns. He asks if we want to speed *the process* up. He doesn't say her death. We leave briefly. When we return, Mom is quieter. A friend of my doctor brother, a nursing supervisor, comes into the room. She turns off the cardiac monitor, so we won't watch the numbers.

"You can talk to her," she says. "Tell her it's okay to go."

I look at my mother, really look at her. She's trapped in a body no longer hers, hanging on and suffering. I have to let her leave. I think what I can't verbalize. *It's okay Mom. Just let go. I want you to. We all want what's best for you.*

Then I say my final words to my mother. "We're all with you. We love you."

My mother's eyes open for a brief moment. I see her looking at us. Then she dies.

We leave the hospital. I can't stop crying. We're all crying, my brothers, my sister-in-law, and me. I spend some time at my brother's house in Berkeley. Then I go home.

I feel afraid as I park in the carport. With weighted legs, I climb the steps to the front entrance. My hand shakes as I unlock my door.

My apartment is cold. It feels empty. I feel empty. I get undressed and open a bottle of Zinfandel. I sit on the living room couch. I don't listen to music or watch TV. I sip wine and cry.

The Zuni bear sits on my coffee table. My mother's mask is on the wall. But I'm still alone.

Myra Sherman is a clinical social worker who is now writing full-time. Her fiction has appeared in numerous literary journals. She has recently completed a linked short story collection and is working on a novel.

Sunday Shame

Murray Bernstein

It always starts on Wednesday, a slowly building discomfort in my stomach, and the realization that Sunday is only four days away. The queasiness disappears rapidly as I return to work. In fact, except for those few seconds, this day and Thursday are rather good. Everyone at home is well, no repairmen are coming to fix broken appliances, I have more that enough money until my next paycheque, my job is secure. If not for that short pang, I never would have thought about Sunday.

On Friday the uneasiness returns as I walk to the subway on my way to work. Getting a seat on the train only confirms that I have to prepare for Sunday, no excuses. With closed eyes I start to think: shoelaces, stockings, sweater, and toothpaste. Some items I rule out immediately, as I remember having them at home. That leaves only stockings and shampoo to be picked up between today and Sunday. I have the list down pat, and with two days to go it should be a snap to put together.

Saturday, the stockings and shampoo take only an hour to buy, and the rest of the day is mine. A bacon omelette on toast with two cups of coffee and rice pudding leaves me warm and content. After such a lunch, a trip to the bookstore makes for an enjoyable afternoon. But the evening becomes sombre and depressing.

As usual, I awake Sunday morning with a sudden start. In the dark I have difficulty seeing the time on my watch, which I have been wearing to bed every Saturday night for the past fourteen months. Once again I get up too early. Am I afraid of being late? Sleep does not return, despite the quiet warm darkness. Not wanting to disturb anyone, I pull the covers over my head and slip my transistor radio under my ear.

The sleep that was eaten away by the rising sun suddenly comes to an abrupt end. My watch is right, it is nine o'clock. The Sunday ritual begins: get up, brush my teeth, shave, dress, eat breakfast, go for the paper, skim the headlines, have lunch, pack my weekly purchases, and proceed to the bus. I find a seat near the window and a trance envelopes me. I begin to imagine the inhabitants of the apartments and stores I pass. Why must this fantasy end with such abruptness? But end it does, as the bus jerks to a halt in front of the tall, windowless, brown building. I dash for the exit with my large white plastic bag.

The bronze doors feel heavy as I pull their handles open. No one is in the lobby, and I feel myself standing in a noiseless frightening vacuum. "Why the shock? You've been here before. Get with it: the sooner it starts, the sooner it ends" I tell myself as I press the elevator button. Instantly, the arrow lights and simultaneously my head snaps down to my watch. It's official, 2:17 p.m., the clock starts now.

At the fifth floor, the stillness is even more heavy as I proceed slowly down the hallway to my mother's room. "What time is it?" I ask myself. "Lousy watch. Why so accurate? Only 2:18. Why not 2:20?"

In her old stained wheelchair, I find my mother asleep. Looking around, I see balls of wet tissues and strips of paper on the floor of the dimly lit room. The place still smells of urine and applesauce. Things haven't changed.

I sit in the chair across from Mom and just stare. What time is it? Only 2:21. Will she wake up during my stay? Should I leave her alone? What would make the time go faster?

At 2:28 Mom's eyes slowly open and stare at me quizzically. Her body and features are frozen. "Hello Mom, it's me. How are you?" No answer or movement. "What's new? Were you outside today?" I continue, and suddenly the mouth in the upturned face opens. "I did all my shopping and cooking and just got home. I'm so tired I could go to sleep," sighs Mom.

I feel better now, knowing my course of action for the next forty-nine minutes.

Unpacking my shopping bag and picking up the wet tissues, bits of paper, and scraps of food from the floor, I proceed to "put my mother together" by buttoning her blouse, pulling up her stockings, lowering her skirt, and tying her shoes. She looks so much better that I now begin the next phase of my visit—asking questions that will cause some resemblance of a conversation. This is the hardest part.

"So what's new, Mom?" On and on I fire the questions as each preceding one is answered with daydreams of the past. It soon becomes a challenge. Can I pose questions that will cause my mother to speak for long periods, giving me time to rest? The challenge becomes exciting and I forget to look at my watch. How long can we continue? Who will be the first to fall silent?

At 3:04 Mom becomes tired, her voice starts to crack and gets hoarse. "I've won again, this time it only took twenty-three minutes," I say to myself as she starts to nod. Getting up very slowly and quietly, I proceed into the bathroom as the feeling of survival swells in my chest.

Coming out at 3:08, I sit down in the chair opposite Mom and stare at her. Shame rises in me for what I have done today. Would she have treated me in the same way? I know the answer as I tiptoe out of her room at 3:17. Walking to the elevator, I nod to the nurse who comes to wheel Mom for her snack, and try to hide my face. The trip down is fast. I find myself at the bus depot at 3:21.

I have given Mom her one-hour visit.

Murray Bernstein, a New York attorney, has represented the mentally ill in the criminal courts. Published work includes "Yiddish Radio," a memoir in Jewish Currents, *and "What Are We Gonna Do?" in the* New York Law Journal.

Two Poems

Dennis J. Bernstein

Notes from a Freewheeling Orderly

Last Load

Mother says she's had enough.
She wants to throw in the towel—
But not until it's washed and folded
with the rest of her dirty laundry.

Preventive Medicine

The doctor on duty
the night my daddy died,
mispronounced his death.
Momma isn't taking any chances.
She paid her own specialist
to pre-record hers, in Yiddish,
with a Brooklyn accent.

Methuselah

She called the cops today
when I tried to drop off her meds.
She described me
to a desk clerk named O'Rourke,
as a short, pudgy intruder, with a shiny head,
and a beard as long as Methuselah.

Passover Questions

Momma takes her food
through a feeding tube now.
She wants to know
if it's been blessed properly
for Passover.
She also wants to know
how you steal the matzo
from a feeding tube.

Role Reversal

I'm the baby of the family—
I change my mommy's diapers,
and rock her to sleep in my arms.

Last Hours

Her skin crumbles underneath my fingertips.
I anchor her down with a feather
to keep her from floating away.

Strong Medicine

The night before he died he craved
for ice cream on a stick. He swore
he heard the bells outside, the truck
across the street—Could I sneak out
and buy a round for all of us? His treat!

There was no truck across the street,
no crisp bells crackling, but
the canteen in the basement did have
two dusty old machines
dispensing pops and cones and cups.

I filled the slots with coins.
At fifty cents a shot,
those two machines unleashed
more vital pain relief that night
than the steady drip of morphine
clouding father's final scene.

"Ah, the loot," he beamed, and drew
a shallow breath, and then another—
"I toast to the bitter and the sweet!"
He tore the wrapper off his treat
before he lost his breath completely:

I watched him eat—I watched him eat
like a kid on the sneak before dinner,
that night, as death took a brief back seat
to a chocolate-covered ice cream bar on a stick.

Dennis J. Bernstein is the executive producer of Flashpoints *on Pacifica Radio. His articles have appeared widely in newspapers and journals. His poems appear regularly in the* New York Quarterly.

Pneumonia is the old person's friend

Blanche Farley

Pneumonia is the old person's friend, some said

before
and some said after my father
fought for breath
for four and one-half final days to his last hard pull
on the oxygen

We kept a vigil by his bed, breathing deep, breathing
with him hoping still
for as long as the hospital let us stay People said it
with the best intentions *Have you ever heard that saying?*
After all, he was old and not so well His life
was good And . . . Yes, I know and Please don't
tell me any more

Death is hard, and life? Well, that, too
It's been a long year

I prefer the Dylan Thomas quote somebody offered
after one of many times my father climbed from bed
and fell
—still at the nursing home then,
thinking surely he could walk that little distance
to the bathroom

(Oh yes, he'd ring for them next time, he told the harried nurses
He kept on trying, though. He stood, and struggled, and fell again)

Truly, in the end, my father did not go gentle . . .
despite the morphine and the seeming calm I think he raged
inside I think he fought like hell to gulp the air

We watched his breaths grow fewer, watched his Adam's apple
moving now and then,
until the screen above his head blinked out the news:
No Pulse No Pulse No Pulse

and he left his tired thin body on the bed
and went off with his friend

Blanche Farley, an academic librarian in Dublin, Georgia, has published poetry in literary journals, as well as in several anthologies, including At Our Core, Regrets Only, *and* The Bedford Introduction to Literature.

The Letter *S*, by Steven Ward

Dessa Wander

By the time that I arrived
you could not say my name
for the aphasia.

The bleeding stopped,
they told me in the hall,
but you had lost the letter *S*.
You couldn't name the shape on paper
or press the sound against your teeth.
They explained it as a loss of data,
as if the program of you crashed
then restarted incompletely.

Or, I thought privately,
as if the hand of some indifferent angel
had held a magnet to your disc.

You greeted me
in a terror of apology,
hysterical to demonstrate
you knew me still,
although you could not find the word
to designate your second son.
In a panic you recited
a slew of scattershot details—
my birth weight, current address,

my affinity for word games,
my allergy to dogs—
my life a scattered deck of cards.

I tried and failed to calm you, garish
with a crisp bouquet in crackling paper
and a voice I'd practised in the car.
But you could not be distracted,
were only driven to a fresh distress
on finding yourself helpless
to fashion even an apology
from the words left at your disposal.
The ideas were falling fast inside your head,
but their parachutes would not inflate.
You regarded me, unblinking,
palms pressed against your cheeks.

I was ushered out the door
to relieve your agitation.

In the hallway,
sitting in a plastic chair,
I had the very strong impression
that my name itself had broken.
Mechanically, like an overburdened axle.
A name that can't be spoken
by the person who conferred it
has plainly failed its purpose,
outlasted all utility.

If I could relive our episode entirely
I'd hand the flowers to a passing nurse,
march into your room with an alphabet beneath my arm,
escort the doctors to the door,
dispense with all their Latin chatter.
"Here," I'd say and lay each shape against the bedsheet,

"find some combination
of our twenty-five good letters
and make me a new name."

Dessa Wander is a rapper and a writer in the fiercely independent Doomtree collective. She's indefensibly sensitive—which is alternately a source of pride and embarrassment. To hear and read more, visit myspace.com/dessa.

Loss of a Friend

j. k. larkin

I saw Charlie 1.5 legs today.
I told him the saga of
Kevin and the Alzheimer's.

He started the
"Life with dementia would not be worth . . ."
Thing.

I said
"Kevin lives in the physical world;
Not the intellectual."

A bike ride . . .
Twenty, thirty miles is not bad
For a seventy-three-year old.

Coffee and small talk at the end.
"That hill was long, have we been here before?"
Yeah,
Last week, last month, last year.
It doesn't matter, it was a good day.

What would I be?
Is the question we all ask ourselves.
Would I remember my friends?

Would I have emotional or intellectual pain?
Crap myself?

I would miss
My black dogs to pet
My wife to kiss.

Not so much
Arguments with myself
Or God.

Not so much
Patients and egos and
Random medical tests.
Mammograms and tits gone bad
Rotted colons and clogged coronaries.
High blood pressure and low HDLs.

I would miss
My wine to drink,
As surely it would be taken away.

And a warm wool sweater
Steaming in the rain
Atop January's Spencer's Butte.

Not so much
Worry about money or
Spenser's *Faerie Queene.*

I would miss
The ropey feel
Of my hammock.

A jump into Brice Creek
The ice-melt water
On a hot August afternoon.

A five bicycle mile climb to Bill's Bench with a friend, then six miles down
Into the Lorraine Valley.

Not so much
The names of things
Or people.

Jeffrey Larkin practises geriatric medicine in Eugene, OR. His passion is dementia care. He believes understanding the individual is the key to treating behaviours and the education of their loved ones leads to acceptance.

The Turn of the Wind

Dorene O'Brien

I was sixty-four, stubborn, unprepared. I'd been tired, disoriented, and irritable for months, although the last was nothing unusual. When I finally visited Dr. Ludrow, he promptly ignored my request to go easy on the tests. He ordered a spinal tap to see if it was meningitis, an MRI to check for tumours or strokes, and psychological and cognitive tests to uncover depression. "And if it's none of those," he said without batting an eye, "then it's probably dementia." Two weeks later I sat opposite Dr. Ludrow in his oak-planked office holding a form that summarized the test results, one that diagnosed a high probability of Alzheimer's. I made a copy and gave it to the research supervisor at the lab where I had explored the complex nature of solid matter for the past forty years.

"I'm not giving two weeks' notice," I said. "I hope you understand."

"But Ben," she said, "your project is just taking off. We can accommodate your treatments, your schedule, whatever."

She watched as I emptied desk drawers and carefully loaded crystal specimens into a cardboard box. "You can continue my research," I said. "I don't object."

"But Ben—"

"Really," I said.

"I don't think we know how."

Of course I knew that no one at the lab could pick up where I'd left off. No one had my expertise or understood my procedure. It's easy to act generously when you aren't giving anything away.

"Sure you do," I said. "The techs have watched me countless times."

But it was the times they didn't watch—when I rushed to the lab at night or during weekends—that made me secure in my blessing to proceed. I was bitter; I was still in my intellectual prime, and my research was consistently bearing fruit. Why me? Why now? Why should I let some young upstart take credit for my work while I sat, glassy eyed and drooling, unable to comprehend my former genius?

"Ben," she said, her hand squarely on my shoulder, "you know we need you."

I stared at her with a blank expression to add weight to my lie. "I can't even remember your name right now," I said.

I HAD BEGUN my ground-breaking research two years earlier by testing environments that favour crystal growth—first water, then sediment, and finally gel mixtures—and found that the crystals prospered in outlandish materials. I grew calcite crystals in peaches, lead iodide in grape jelly. I found that growing crystals in gel is disarmingly simple, inexpensive and effective, as gels allow crystals to grow while offering enough resistance to keep them from mutating out of control. Crystals grown slowly and thoughtfully, I learned, were almost always more perfect than those grown in haste. My method had opened new avenues for research on many substances that had never before been grown in single-cell form. My project even fostered the discovery of how to make drugs found only in plants and microbes synthetically, by learning the drug's growth pattern, which, like all solid matter, begins with a single cell. Things were, as my supervisor so eloquently stated, *taking off.*

It was painful to leave behind the hope of impending discovery, I admit it. But the bigger problem was that I couldn't allow anyone else to do it. Being selfish and proprietary are traits not uncommon in scientists, but I knew that I was acting like the angry child in possession of the only ball on the playground. It was *mine,* after all. For weeks I stared at the cardboard box, convinced that tucked into the crystals' translucent folds and angled pleats were answers to age-old medical questions and refutations to long-held theories that could be extracted only by someone fully connected to his intellectual and emotional faculties. But if that someone couldn't be me, it would be no one. I hid the box in the barn; I tried not to think about it.

I HAD ALWAYS LOVED working with my hands, crafting airplanes as a child, later creating crystal models for investors from Sony and the American Medical Association. Dr. Ludrow recommended that I take up some sort of craft, saying that the concentration required in the physical act of creation would relieve my stress and focus my attention on something other than my deteriorating brain.

"So I can slip into mental oblivion unawares?" I asked.

"Something like that," he said absently.

He was a busy man, but I resented being dismissed while still in possession of my rational mind.

"Young man," I said, "let me tell you something: I am a research scientist. I have contributed to the perfection of the instruments you shove down peoples' throats and up their asses in the name of medicine."

"I'm sorry," he said. "I didn't mean—"

"You didn't mean what? To tell a man who has explored the geometry of order for forty years that his brain is scrambled, that his career is over, that the only certainty in his future is disorder?"

But that very afternoon I decided there would be no harm in making weather vanes as therapy. After all, how precise do you have to be with functional art that sits far beyond the scrutiny of the naked eye?

Years ago, when I lived on a small farm in upstate New York, my father, an artist and a member of both the Preservation Society of Newport and the New York State Historic Trust, was commissioned to make a very detailed weathercock that now sits atop the Museum of American Folk Art in New York City. I remember rolling the glass eyes of the five-foot, 172-pound legless rooster in my hand, admiring not so much the size and shape but the lustre of the globes, the way the sun refracted through them to create rainbows on the barn floor. I even thought about stealing one, telling my father that I had lost it, but I had been inducted into the project and had, somewhere along the way, developed a greater loyalty to the rooster than to my penchant for shiny objects. I'm not sure if my sudden desire to again make weather vanes was induced by nostalgia or by a misfired synapse, but there it was.

BORED BY MY SUDDEN RETIREMENT, I decided to reacquaint myself with the town in which I'd lived for most of my life, shyly contemplating the people who frequented the beauty salon, the hardware store, the quaint shops. I started eating at the local diner in Pittsfield, and I was sorry I didn't lie when asked by Esther, a veteran waitress who persistently delivered meals to the wrong tables, what I did for fun.

"You don't say! Listen to this, Loretta," she yelled to one of her pink-aproned cohorts. "He makes weather vanes. You know, them things on the roof."

I realized then that it did not take much to impress Loretta, who rushed over, eyes a-bulge, sneakers squeaking across the linoleum. "You mean with the roosters on 'em?" she said.

"That's right," I said, "but I don't make roosters."

"Right," she said as if catching on to the obvious after her initial mistake. "Chickens."

"No, I make weather vanes with mythological figures," I said. "You know, Circe, Zeus, Minerva."

"Oh, like Cleopatra," Loretta said proudly.

"Cleopatra was not a mythological figure," I said.

"You mean she was real?"

"Yes."

"I'll be damned."

So this is it, I thought. *This is where I am: alone, in Pittsfield, losing my faculties among people who think that Pluto is nothing more than a cartoon character.*

Later that week when I met Mrs. Winston at the diner to discuss the specifics of her weather vane, I was immediately exposed to the trials of human indecision, something I seldom encountered at the lab.

"It's a surprise for my husband," she said. "What do *you* think we should have?"

We stared at each other for several seconds. I did not tell her that she was my first client, or that I had lost all confidence in my ability to deliver what my newspaper ad had promised: to mould any figure the customer desired.

"What type of building is it for?" I asked.

"Oh," she said. "What a good question! It's for the granary. We grow corn. Our old one blew off last year. My husband jokes that the rooster just up and flew away." She laughed, her delicate fist over her mouth, and that's when it occurred to me.

"How about Ceres?" I asked. "The goddess of the harvest."

"What does she look like?"

An odd question, I thought, since even the most detailed weather vane appears only in silhouette. "She'll have windblown hair and an armload of cornstalks. I'll make sure you can see those."

When Esther delivered the next table's ham and eggs to us, I asked for an extra napkin and drew on it what I promised would be a one-of-a-kind model. Mrs. Winston gave me a cheque on the spot. The waitresses huddled near the fan, stared at us, and whispered, and they didn't break until Loretta crashed into them like a well-aimed cue ball and unlocked the mystery of our rendezvous.

"Aw," she said, "they're just drawin' pitchers."

The weather vane, made from local sheet iron, towered with great majesty over the Winstons' cornfields, and soon orders trickled in from all over the county. Orpheus now cradles a lyre atop the music school, Neptune rides wrought iron waves on the fishery, and Mercury, whose winged feet had to be recast several times, sits on a cupola above the Pittsfield *Gazette*. I was interviewed for a story the paper ran the day the vane was mounted, and in it there is a quote that I do not recall giving: "A knowledge of the past provides a sense of the continuity of the human struggle. Our heritage lies in legends, tales, and myths." I like the quote, even though I don't remember saying it, until the final line: "My weather vane is a story on a stick."

Of course I never stopped thinking about my crystals, foolishly tucked under a workbench in the barn as if the *Out of sight, out of mind* adage could bear on my long-term connection to them. Sometimes I even thought about my ex-wife, for she is inextricably bound to the crystals, the images pairing themselves through a convoluted process I figure to be more historical than emotional. The memories come to me through sounds, mostly, and the images are more real than our wedding photo, which still hangs on the living room wall. She didn't want it, and I never bothered to take it down. When I open the barn door, I recall the wooden planks creaking under my weight as I knelt on Millicent's front porch and placed the ring, still in the unopened box, into her outstretched hand.

"Yes," she said, although I had not yet said anything.

We did not proceed slowly and thoughtfully. We were married within a month. We were twenty-four years old. We moved from New York to Massachusetts so I could accept a tenure-track teaching position at MIT and I listened to those wooden planks groan once more when we said goodbye to her parents.

I taught for only two years before becoming so engrossed in research that I lectured only occasionally and instead grew crystals from floor to ceiling in a dedicated lab. Millie always complained that I worked too much, but she never griped about the emerald earrings or the ruby pin. Once, though, when I gave her an opaline bracelet as an anniversary gift, she'd acted as if I'd proffered a severed finger. "What's this *made* of?" she asked sheepishly, but I was already well aware of her ability to discriminate between the expensive and the merely beautiful. "It's a moonstone," I said, "powerful for bringing good fortune in love." To my knowledge, she has never worn the bracelet.

UNLIKE CRYSTALS, weather vanes, once "grown," were dead to me. Charming, certainly, but simple, empty, inert. They were not revealing or resplendent like crystals, which are the flowers of the mineral kingdom. Scintillating colours in rocks, reflections from polished faces of cut glass, the brilliance of diamonds are all gifts bestowed by crystals, which are precisely ordered walls of atoms, like translucent panels in a funhouse that are erected at predetermined angles to amuse and delight us. Even though the internal structure of a crystal is a testament to orderly repetition, every crystal maintains a slight error in its pattern, a naturally occurring and unavoidable flaw, like a mole on the cheek of a beautiful woman. This knowledge was my permission to strive for perfection in crystallography, to live and work in an imperfect world knowing I could extract perfect solutions from imperfect models. Weather vanes, however, offered beauty without the hope of anything more: cures, answers, discoveries. *What can I do,* I wondered as I sat on the lumpy bench at the diner sipping from a cup of cold coffee, *to make the construction of a weather vane akin to the growth of a crystal, to make the work more meaningful?* My thoughts were held hostage by this obsession until Opal, always Opal, sat across from me and broke that dark, dark spell. Opal, she's lovely; she radiates like a blue star sapphire, and when I'm in the diner I can hardly look away. She always pulls me from those circular thoughts, the wind tunnel of my mind, the roar of the void.

When we first met I said, "Opal, let me tell you something: The external shape of any crystal is merely a manifestation of the arrangement of the component atoms."

"Excuse me?"

"I think that you must be very beautiful inside," I said. When she blushed and dropped into an awkward curtsy, I fell in love.

A widow who'd recently taken the waitressing job because she was lonely, Opal doesn't grow glassy eyed like Loretta when I speak; on the contrary, she has a genuine interest in the building blocks of this planet. Sometimes when she isn't too busy we'll spill salt onto the table and inspect the simple cube-shaped crystals with a magnifying lens, or we'll study the angles of cleavage planes in ice cubes. I gave Opal a small microscope after she'd expressed an interest in crystallography, and it isn't unusual to see her propped against the counter, her eye fixed to the metal shaft.

"Look at this!" she'll shout, and her excitement is customary for someone newly introduced to the micro-architecture of the world. Baking soda, concrete, aspirin—Opal is interested in everything.

For days I mulled over whether I should ask Opal out for coffee, what I'd do if she refused. When I concentrate, my senses grow acute—the buzz of a circling mosquito sounds like a band saw, the fibres in my lettuce resemble a network of ropes, the angled surfaces and wedge-shaped corners in sugar crystals stab my tongue when I sip coffee. It is horribly distracting and makes me uncertain about everything until the morning Opal sets down a glass of water and says, "You know that *crystal* is Greek for 'clear ice'?" I took this as a sign, and I asked her something, although I'll be damned if I can recall what it was.

OPAL IS NOTHING LIKE my ex-wife, who only pretended to be interested in my work. Millie would say things like, "Pass the sodium chloride," or, "Don't take me for granite." It is difficult to laugh at comments like those more than once. I often worked long hours, and sometimes when I crawled into bed in the middle of the night and ran my fingers along the silken folds of her Givenchy nightdress, she'd say, "Go to halite."

In time, Millie picked up on more sophisticated lab terminology. She'd stare into an ice cream container and say, "There is an unwelcome manifestation of the crystallization process in here," or she'd squint at a mouldy round of Brie and say, "This cheese is saturated with tartrate."

"That's my girl," I'd say.

It was no longer cute, however, when I, doubled over in pain from chronic gallstones, heard her talking on the phone to her sister Chloe.

"He has calcium carbonate deposits in his organs," she said. "They've grown up to five millimetres in six weeks. His bladder is quite the crystal conductor."

Millie's vocabulary may have grown, but her patience with my schedule and my devotion to the study of crystals remained small, strained, stunted. Maybe that was *our* point of communion: impatience, for I was in a perpetual rush to discover or to be discovered. In my ardour for results I botched experiments, alienated colleagues, and angered supervisors, even after I had become a minor celebrity in crystallography circles. Millie always sided with the offended party.

"You take your job too seriously," she said.

"I am altering the course of civilization."

"Walt Disney altered the course of civilization," she said, "and he didn't take himself so seriously."

LAST WEEK, as I watched a geology documentary on public television, I flew into a rage, pitching a china bowl into the kitchen wall and flattening my claw-foot coffee table. Has a filmmaker ever credited a crystallographer with *anything*? Did you know that it was not geologists or physicists but crystallographers who uncovered the mystery of how a glacier can flow over mountains without splitting apart, why a hair stretches before breaking, why just one ounce of gold can be hammered thin enough to cover a football field or stretched into a wire thirty miles long? I took my pills—two blue and a small green—and shut off the television. I was appalled by my sudden fury. I then considered how much I knew about the world around me and how little I knew about myself: I could save a coral reef, but I couldn't save myself; I could understand a crystal, but I couldn't understand my wife.

I sat back down on the sofa and stared at the wall to avoid looking at the debris scattered about the floor, and Millie hijacked my thoughts again. She had insisted I help choose wallpaper for the restored farmhouse in which I now stewed, and I recalled how I stood, awestruck, in the home decor showroom as she pored over three-ring binders containing custom samples.

"We have no imagination," I said.

Millie, who was honing what would be an exemplary ability to ignore me, hummed as she flipped the pages.

"Can I help you, sir?" asked a young salesman with baggy pants and tufts of red hair that jutted from his scalp like a fountain.

"All of this wallpaper contains precisely repetitive designs."

"Yes."

"Why is that?"

He seemed confused. "That's what people want."

"Exactly," I said. "Man is a three-dimensional creature who surrounds himself with two-dimensional objects adorned with repetitive motifs. Did you know that the pattern of a crystal does not differ from the pattern of a carpet in any significant way? The two patterns are distinguished *only* by the additional dimension in the crystal."

"I'll get the manager," he said.

When I tried to special order three doublewide rolls of wallpaper with a minor flaw in the flower pattern, the manager pointed and said, "The defective rolls are in back."

We did not buy wallpaper that day, and Millie accused me of embarrassing her as we drove home.

"Why can't you have normal conversations with people?" she said.

"I had a legitimate question."

"Why can't you leave your work in the lab?"

"My work isn't confined to a lab," I said. "Look at this." I tapped the car's radio display, held up my wristwatch, touched Millie's earring. "These are products of crystal formation," I said. "Should *they* be confined to a lab?"

Millie stared blankly through the window. "Stop," she said. "Just stop talking for ten minutes so I can pretend you and your crystals don't exist."

"Then who's driving?" I laughed. "Can you go without music—"

"Stop," she said, and I did.

In time Millie became a darting electron, bouncing from one affair to the next during the final phase of our marriage. I, of course, was too busy sketching calcite rhombodehedra or splitting mica flakes to stop her from driving her boyfriend's Volvo to the airport and boarding the first available flight to Vegas, where she promptly filed for divorce. In her defence, she called from a pay phone in Caesar's Palace to say she was sorry (not about the divorce, but about the fact that I drove her to it). We volleyed accusations long distance, during which she had to deposit coins several times, and in an accelerated argument covered ground it takes most couples a lifetime to travel. She ran out of coins just as we ran out of steam.

"I've got to go, Ben. The papers will arrive in the mail," she said. "Please don't hate me."

"What the halite," I said and hung up.

I continued to sit on the sofa until my breaths came evenly. Then I rose and slowly made my way to the barn by starlight, working hard to stay rooted to the present when the door creaked open. There it was: my box of crystals, one side ablaze in a moonbeam refracted through the barn's uppermost window. I reached under the workbench, slid my hands along the dusty cardboard, worked my fingers around the sharp edges. Then I sat on the floor and opened the box before holding each crystal to the light, allowing the moon to set their facets blinking across the walls like a thousand untold thoughts, a flurry of withheld secrets, a distant constellation of hope. My mind spun and, like a roulette wheel, I let my thought fall, unimpeded, into the slot that chance had selected. It did not land on a memory of my supervisor or my colleagues at the lab, or even Millie or the dumbstruck salesclerk at the wallpaper store, but on Opal. I thought about her as I sat on the dusty barn floor, clutching the crystals to my heart, staring through the window at the dark, dark night. I watched the stars crawling across the sky, tried to locate Pleiades, Cassiopeia, Orion, but they fell together and broke apart as if in a shaken beaker. So I simply renamed them: The Dominoes, whose movements affect every other cluster in the solar system; The Biased Tunnel, which draws in and irrevocably alters all cosmic matter; and Benjamin, the prophet, a scroll containing the secret stories of the constellations balanced on his arm.

WHEN THE COUNTY COMMISSIONER requested a weather vane for the courthouse and asked if I could do something with scales, I was thrown into confusion.

"I think we've veered into astrology," I said gently.

"Ah."

We stared at each other. "But I can do scales," I said, momentarily relishing the easy symmetry of a project, one that would be child's play compared to some of the complex contraptions I'd assembled over the past several months.

"What was on top of the Parthenon?" he asked, and I don't know if I chuckled aloud at the unwitting parallel he'd drawn between the meeting quarters of a great civilization and the judicial centre of a town where pigs had the right of way.

"There is a triton atop the Tower of the Winds that still stands in Athens," I said. "I could make that."

"All right," he answered in a way that made me certain he had no idea what to expect.

The vane was mounted on Founders Day and I, along with a cast that included practically every resident of Pittsfield, was asked to give a short speech on a makeshift stage near the courthouse lawn. I told the crowd that the Greeks had invented the weather vane as part of their investigation into natural phenomena, because to them the winds had personalities and vanes were oracles portending a fruitful harvest or a deadly famine. I then, more and more the savvy businessman, spoke of vanes nostalgically.

"Weather vanes, like friends, always tell the truth," I said. "We may not like the turn of the wind, but the weather vane foretells the future in no uncertain terms."

I spoke for awhile before I noticed the confused, almost stricken, faces in the crowd.

"Under appropriate circumstances, a crystal may extend its boundaries and grow," I said. "Unlike living things, the crystal grows by the addition of atoms to its external surface. When this does not take place too rapidly, the new material is added in layers along rational lattice planes."

Then someone was tapping my shoulder, and I was escorted off the stage by a gentle hand on my elbow.

THE FOLLOWING AFTERNOON when Esther brought me a bowl of lime Jell-O I didn't order, just before announcing her retirement, I was thrown into a quandary. I cannot eat lime Jell-O. I cannot eat any Jell-O, for that matter, for I can see crystals writhing in the muck, fighting the Jell-O for space, engaging in a savage expansion war.

"Esther—"

"I'm moving to Jersey to help my daughter with her new baby," she interrupted. "He's thirty-four pounds if he's an ounce, and he's only three months old. The doctor said Dwayne's the fattest baby he ever saw. Said he's gonna be in kid's clothes before he can even crawl. Said he's a mutant baby. He was on the news and everything."

"That's wonderful," I said.

"I got a good back," she said thoughtfully.

"About this Jell-O. I'm afraid I can't eat it."

"Why not?"

"Esther," I said. "I didn't order this."

"Sure you did," she said before trotting off to poke a photo of her new grandchild into another customer's face.

Opal came to me then. "Here you go," she said, winking as she slid a white plate with wheat toast and a pot of black coffee onto the table. *Things can change,* I thought. *A single cell can blossom into a diamond, lime Jell-O can become wheat toast, my research can save lives. Was it always this simple?*

THIS MORNING the shower awakened me, and I was startled to see a pair of white support hose dangling from the bedpost. This wasn't a dream; I made sure of that by tugging my hair, licking my lips, running her pink apron strings through my fingers. Opal was beautiful but, more important, she was kind. She'd understand that I remembered nothing of the evening before, and she would walk me through the sequence of events that ended with her orthopedic shoes strewn under my bed.

After breakfast I held Opal's hand and led her to the barn. We opened the box. I removed the citrine crystals, the bismuth, the aventurine. When I stared at them I did not see answers and refutations, solutions and equations, angles and planes. I saw something that was, simply, beautiful. I couldn't perform a simple cleavage calculation, so instead I held them up to Opal and said, "Look." I stated the obvious: "Citrine is lemon-coloured, bismuth is blue, and aventurine is speckled with glistening scales of mica. This, as I recall, is important." Opal lined the bottom of the box with my notes, nine thick, college-ruled books cramped with calculations, formulas, hypotheses. She wrapped the geodes, the agates, the crystals in tissue paper before placing them carefully onto the tablets, then poured in Styrofoam pellets before resealing the box with reinforced tape. We addressed it to my former supervisor at the lab, and Opal promised to mail it the next morning.

We spent the rest of the day at the park observing sand crystals, and that evening we lay in bed together, her back pressed to my ribs. I saw Opal's tourmaline earrings glinting in a moonbeam on the window ledge where she'd purposefully left them, a gift for me. "Thank you, Opal," I whispered, and when she kissed my fingers gently in sleep, I knew that I could grow a new life, that I could gather words and love and thoughts into myself until my story radiated brightly from a scroll that hung, fixed, in the nighttime sky.

Dorene O'Brien won the international Bridport Prize and received a creative writing fellowship from the NEA. Her story collection, Voices of the Lost and Found, *won the 2008 Best Book Award. Visit her at www.doreneobrien.com.*

senseless
(for Blanche Letendre)

Melissa Morelli Lacroix

> *Strawberry, smoke, soap, menthol, clove, pineapple, natural gas, lilac, lemon and leather: People with mild cognitive impairment who cannot identify these scents will develop Alzheimer's disease . . .*
>
> Jennifer Harper, *Washington Times*

we picked strawberries in early July
hunted in the bushes
bent at the waist
looking for angel food topping
jam and preserves

the wild ones
ones the frost did not kill
were savoury but small
hard to find in the shade
of the overgrowth

your sharp eyes
always spotted the good patches
your strong hands
always pulled the berries loose
without bruise or stain

their smell was strongest
in our mouths
and on our hands
when we plucked their hulls
and washed them

angel food preserves
those summer days
round plump hearts
scents and memories
in a broken jar

~

your legs swelled those hot days of summer
bending over beans and peas
weeding flower beds
standing over boiling pots
of blanching vegetables

the days were long
winter always approaching
with its faded sun

if we watered the forget-me-nots
they would continue to bloom
well into June

some nights the air did not cool
our tired bodies did not rest
in the sticky darkness

you had a remedy
for oppressive heat and swollen legs
a cooling balm of distilled peppermint
harvested before the frost
fermented in winter's darkness

* * *

smoke enveloped you for years
we could smell the burnt oak
and weeping willow veil you
flames ravage slowly
in confined spaces

* * *

faces
on cameo soaps
that smell of sandalwood
dissolve
when submerged

* * *

the thoughts in your mind
flow from your mouth
odourless without meaning
or the sulphur scent
of memory

* * *

you called them nails
those spiced thorns
pushed into the flesh of our Christmas hams
mulled in wine and cider
with nutmeg and cinnamon

the sweetness of the air
suspended on the windows

you have never seen the pink of a gillyflower
though you once smelled its dried brown buds
brought to you by strangers
from Madagascar and Brazil
your womb and yesterday

~

I wanted to bring you lilacs for Mother's Day
but they did not bloom until weeks later
when the sun warmed their buds
released their mauve perfume
into the thawed air

you used to delight in the clusters
of the delicate four-leaf flowers
gather a bunch in your palm
bury your nose in their fragrance
draw out the early summer nectar

the tangled bush still grows
by the front step of the house
green tear-shaped leaves
remain after the flowers
wither and brown

such flowers are not allowed here
so I brought you carnations
store-bought and colourful
they brightened your room
but did not perfume the air

~

you always picked the pineapple out
of fruit cocktail and jellied salads
only ate the peaches, pears, and grapes

you said it was too sweet
            too sour
            too pulpy
yet you stared
at the spiked fruit at the supermarket
admired its tall green plumage
remembered the smell of sun-hot sand
family summers at Waskesui
February sunsets in Waikiki

they served Hawaiian pizza for lunch today
you did not notice the pineapple
in your mouth

~

you liked lemons best
on long grey winter days
trudged through the snow
to buy fresh ones from Mexico

rolled them in your hands
rubbed their thick skin with yours
squeezed and sniffed each one
chose those that smelled of sun

tucked them inside your jacket
carried them home safe from the cold
pulled them out
a proud Pomona

I bring you lemon drops
on winter afternoons
pass them through your faded lips
and watch you smile

* * *

your hands
soft worn leather in mine
wet eyes in the dimming room
when I bend to kiss you
goodbye

Melissa Morelli Lacroix has an MA in creative writing from Lancaster University. Her work has appeared in Canadian, British, and American print and online journals. She lives and writes in Edmonton, AB.

Of Memory and Loss

Steven R. Weiner

Sometime after the Mountains

Sometime after the Ambassador Hotel fire—
The chimney standing and the hotel dead,
A stone flue spine outlived the wooden bones—
And like a lonely pharaoh's monument, the concrete handball court,
A giant grave, proclaimed in red faded painted letters, its given name,
The Ambassador, the last hotel where my father worked
Before my birth.

Sometime after the corn was harvested,
Across the paved state highway from
Morris Sondak's colony of Jews,
They permitted us to pick the unplucked ears
(Even then machinery picked the corn),
Fill our wooden bushels with the gleanings, rush them, new
To my mother's boiling pot, with salt and butter,
One of the sweetest things you'll taste in a long life.

Sometime after my father, Sondak's camp director,
Made me swim in the deep water, I failed my test again.
Why, Dad, did I stop halfway across the pool?
Because instead of cheering. you screamed at me
And called me names 'cause I got scared.
It wasn't the water; it was the sun on your face and your eyes like they
    got sometimes,
When you got mad. Staring straight ahead, bloodshot, not seeing me,
When you got mad.

Sometime after another pool
Was converted to a mikveh, wrapped in black, you drove us past
The line of women, staring at the distance, faces blank and hair in snoods,
My mother, so unlike her, spat out words,
"I wish they wouldn't move here," followed by the sadder
"It always made me so embarrassed and so mad,"
The mikveh and *mechitzah* and the whole religious deal,
The men still standing deep in study of their beards—
How much she loved her mother
And how far from Mama's life she ran away.

Sometime after my father stopped his summer jobs, we bought a house,
A small one, after years of flimsy Jewish Sukkot in those hills,
At least one bungalow away from concrete heat and sweat.
Sometime after buying the first real estate you'd ever owned,
The basement in a Best Natural Gas inferno burst in flames,
Blew you out the door to a kingdom not yet come, we saw you fly.
After that, a frightened bird, you never flew again.

Sometime after my father's legs melted, he was saved
By a doctor who in the army in Korea learned to heal fire with water,
And a nurse for whom silver was most precious in cream,
Laid up for weeks in the oldest hospital I've ever seen,
They said you'd never walk again.
My father, relentless silent hero, you never let them tell you what it was
you couldn't do.
I watched you walking out their wooden battered doors,
One foot before the other, one step following the next,
Into a pale blue Chrysler waiting there for you,
Each hard step a poke into the eye of anyone who ever told that you
wouldn't
And you couldn't, and like the man you knew you were
You walked into the real estate, the first you'd ever owned,
And sold it.

Sometime after the ambulance took his ashen soul and body,
And I hitchhiked with my brother to his bed,
The technician from Best Natural Gas returned
To fix the leak in the control box that they'd missed the month before,
To take the whole darn shooting match away.
I told him, "No, I think we'll keep that," and he stared at me,
A 13 almost 14-year-old son, stepping between him and our new white
cellar door,
When my father's best friend, walking up behind me, said,
"I think you'd better listen to the boy," and so he did.

Sometime after I grew up in summer mountains
Where my father worked his fourth job every year,
Sometime after I put one foot before the other in his way, kept going,
Across the mountains, I looked back
And saw my father, lying down.

I Have Forgotten the Smell of Lemons

We can predict the loss of memory from the initial loss of the sense of these odours: strawberry, smoke, soap, menthol, clove, pineapple, natural gas, lilac, lemon and leather

I have forgotten the smell of lemons
But the air seems fresh and new

I have forgotten the smell of lilacs
The heavy sweetness has gone
Up like smoke,
I remember the smell of smoke
I remember the fire
That took the barn in Queens
Down my street when I was a child.
They built a school in its place
For all of our parents
Who moved from Brooklyn
And had kids.

There were lilacs in the yard
Of what used to be the farmhouse
Next door to the barn that burned.
There were peacocks there
And peahens.
I remember them.

How would you describe
The smell of smoke? Or leather?
They smell like what they are,
Some essence never lost.
If the child is fire, the man is smoke.
Today,
I sat in front of the fireplace
And remembered everything at once,
But I couldn't smell the smoke.

I washed my hands,
And sniffed the bathroom,
And the kitchen,
And the contents of my pockets,
Stuff I've never seen before.
My daddy's menthol,
My mother's cloves.
Nothing.
I lost the sense.

I have forgotten
That I have forgotten
The lilac smell, the lemon
Scent of washing dishes with Palmolive.
I remember Palmolive still,
A lovely name.

I have forgotten
That I have forgotten
The smell of
That Flower, the name of that
Colour.
Lavender, I think.
My clothes
Used to smell of a lavender sachet.
It reminds me
Of being
In someone else's house
When I was young.

Tuesday, December 14, 2004 @ 7:00 AM PST
Study finds lemons, lilac among top 10 smells that predict Alzheimer's disease
The inability to identify the smell of lemons, lilac, leather, and seven other odors predicts which patients with minimal to mild cognitive impairment (MMCI) will develop Alzheimer's disease, according to a study presented today at the American College of Neuropsychopharmacology (ACNP) annual meeting. For patients with MMCI, the odor identification test was found to be a strong predictor of Alzheimer's disease during follow-up, and compared favorably with reduction in brain volumes on MRI scan and memory test performance as potential predictors.

Steve R. Weiner is a nurse practitioner, senior director of Patient Access at NYU Langone Medical Center, a father, and a writer, published in Bridges, Sacred Journey, Poetica, and Central Conference of American Rabbis' Journal.

May We Share This Dance?

Nancy Diamante Bonazzoli

Becoming
You stand before me
knee-deep
in the karma
of illness.

You may not soon
be over it,
it may take eons
to be over it
completely.

But along the way
if you're careful
you will slip
steadfastly
out of yourself
and into the arms
of your long-lost lover.

You ask, How can I know this?
For life's fever
has veiled
your seeing—
created clouds
of ashen dust
to suffocate your soul.

I answer
that you must merely sit—
and be
        the illness.
Let it sink you,
without struggling,
far into your
        own
                murky
                        depths.

Sense the heaviness,
the stench,
accept its current.
For in the muck
of tangled weeds
you will find
that, though teardrops
feel like oceans
to those drowning,
they cause the eyes
to sparkle.

We can't always
choose
our times
of silence—
can't always
force
a wait
upon the tears.

But we *can* decide
how
we will cry,
and when

it's time
to trade
it all
for bowing.

Refuge (for Andrew)

Does it really help
when I steal deftly
into your shade-darkened room
and clasp your warm limp hand
steadfastly,
while you are off
exploring distant lands?

Does it really help
all that old training
in ministry, psychology
when I sit
with no words
but send my wavering smile off
to float behind
the fevered glaze
of your eyes?

Sometimes we pray—
at least I do—
not for things, mind you,
or even for
a change in plans,
a new itinerary,
but for help
with humility, acceptance, patience.

Sometimes I feel
so vulnerable—
ego wanting some proof,
some reward
or confirmation
that any of this matters.

You shift, slightly.
I place a pillow under the small
curve of your hip
(a bit of a burden eased,
or so it seems),
my hand sweeps,
tempting the loneliness from your cheek.

I shift, slightly
uncross my legs and begin to breathe
with you
quietly
and reverently
facing dawn.

Nancy Diamante Bonazzoli enjoys writing in a secluded forest cabin. A Zen Buddhist lay minister with a doctorate in ministry and an MA in clinical psychology, Nancy aspires to assist others through her contemplative writing.

What

Deirdre Neilen

What I Don't Miss

Doctors. Nurses. Therapists. Appointments. Tests. Diagnoses. Prognoses. False hope. Bad news. False positives. False negatives. Platelet transfusions. Injections. Steroids. Seizures. Medications to prevent seizures. Medications to handle the side effects of the medications to stop seizures.

Tumour growth. Learning new names like *glioblastoma astrocytoma multiforme 4*. Seeing you struggle for the right word, watching you unable to sleep on your stomach, hearing you say, "I can't taste the goodness of wine anymore."

You at our dining room table unable to wait for me to sit with you, your hand fumbling for the fork and bringing food to your mouth, even as I tease shyly, "What about me? Don't you want to say grace?" You cock your head, eyes tracking vaguely, put down the fork, reaching now for memory, searching for a time seemingly long gone, when we rejoiced in being thankful, for each other, for this food, for our health, for candles you lit for family and friends, for cloth napkins containing a story each, for herbs gently shaken on plates you prepared so beautifully.

Canes and wheelchairs (one for the shower, one for outside) and walkers, all of which you fought so hard against, even as you accommodated their stiff demands. The halting walk we came to accept as speed and proof that you could come back to all that once was. We said goodbye to the grace formerly embodied in your every movement; I close my eyes remembering with pain how you ran with me through our courtship, waiting until I was firmly captured before confessing your boredom with it. As the years rolled on, we both switched to walking, up and down the hills, every flash of cardinal's red, every sunset receiving its own comment tucked neatly into the ongoing torrent of words that was us.

Silence. Sadness. Staring. Sighs. The hundred ways each day proved that life as we knew it was gone. Perseveration. A made-up word by the psychologists and therapists who seemed almost bored with the banality of your new social tic. The frustration of seeing you take their stupid tests and answer "Lobelia," only to hear the flat tone of the therapist say, "Wrong." You (forever patient?) just smiling slightly, me telling him *lobelia* is actually a colour and a flower and quite appropriate to the question he was asking, while inside I'm screaming, "She's forgotten more in a month than you'll know in your entire life."

Pain. Your face twisting with it, your body swollen with it, my mind obsessed with it. The conversations we had about it with the doctors and nurses. The articles I researched about it. The way your eyes begged me for relief from it.

And my failure. My abject inability to prevent (what I was told afterward) the inevitable. Scientific objectivity. Medical compassion. Hope. Clichés piling up faster than the January snows. Questions with no answers. Answers with no solutions.

What I Miss

The way mornings happened twice, first my rising alone, early, your form visible only by touch. I run through the hills surrounding our house or face down the spiders in the basement while lifting my weights, all of this just a prelude to my real task, brewing coffee, the French roast aroma curling its slow way upstairs until your "ooh, ooh" signalled the second and better start. How to describe those two syllables? The first slightly higher in tone and held just a fraction longer than the second, mellifluous and so inviting. I climbed the stairs smiling. Every time. This is not a lie. This is not even an exaggeration.

Your eyes. Even after twenty-seven years they followed me with interest, tracking the progress of the mug set near you, the sections of the paper, and then my bending low to kiss and be kissed, hear your whispered question about time. The rich leisure of those thirty minutes, me in the wingback chair we had dragged from apartment to apartment during the lean years of curbside shopping, its faded blue and black flowered upholstery a testament to your inability to throw anything away. You sat relaxed against the pillows, your mind jumping from horoscope to sports, from crossword to a quick casting of your *I Ching.*

Those sounds. That peace. The coins, copper and zinc, tinkling from your hands to the open notebook. The scratch of pen as you wrote the numbers, the riffling of pages as you looked for three in the second line. You knew K'un and Kieh, but would read as if for the first time, shaking your head sadly when the hexagram did not announce good fortune. I teased you, "the superior man" indeed, and you smiled as easily substituting our gender as we had subsumed the conventions of love.

The taken for granted: health and years to come. We were not complacent, however, about what we had or who we were. That fact was infinitely praised, blessed, prayed over; each day its existence was greeted with reverence and gratitude. Buddha, Jesus, Muhammad, Mary, Kali, Inanna. A litany of gods to appease and adore because they had given or allowed or intended the miracle of us.

The mundane. How Monday led to Tuesday led to the weekend and each one accepted, noted, consumed by ordinary activities. Writing, meeting, driving, eating, shopping, dreaming, talking, always talking. Thousands of times, our car passes the hospital where we will hear your death sentence pronounced and carried out, and each time we rolled by in innocence and ignorance. When I drive past it now, my stomach heaves, my heart twists.

You. Me with you. Us. The world we created, shaped, inhabited, stamped as our own and loved without limit. The known world gone now wherever you have gone, leaving this person I barely know to face a singular morning, the tedious, leaden day.

What Remains

Pictures. Notebooks. Poetry. Candles. Families. Yours, mine, and ours. Together and separately, we limp towards the unknown. Life without you.

Cards and notes and letters pile up, each one an anguished cry to add to my own. Buddhist priests in South Asia, Jesuits in Oklahoma, Jews outside the Wailing Wall, Baptists in Tennessee all chanting, ringing bells, sprinkling rosewater, tasting bread, offering wine. Each one promises me perpetual remembrance, your name their mantra. Websites arrive uninvited on my desktop, their soothing music and clichéd puffy clouds studding a static blue background; an innocuous voice insists that all will be well.

Our home. Is it only a house now, since one essential heart has been stilled, cut out, burned? I seek you in every scrawl of writing I come upon when cleaning. I inhale the nothingness left in the closet, in the drawers, in the sheets and towels and blankets. I clutch the books you last read, searching for the lines you quoted me aloud, and I recite the poems you wrote. I pick up your brush and pull just one strand; this hair is from the good times, black and fine and long. I touch the newer baby's brush. Bittersweet. Although your hair was coming back, and we gloried in the small curls, it was white and short and coarse. So different, you said sadly, everything is so different.

Memory. In one second I experience a year: this time last year the bad news delivered, the operation completed, the prognosis falling as snow does in this part of the world, relentlessly, indifferently. I juggle images of you trying to shake away the fog of tumour, medication, radiation, chemo, pain. Insisting you would triumph, begging me not to despair, occasionally feeling almost yourself again and delighting in the adventure of an afternoon's drive, with me the chauffeur now and you taking over my navigator's seat. I remember swallowing hard when you hesitated and looked almost scared, should we turn left or right to get home, have we really lived here twenty years?

Fear. Passed in the end from you to me, you growing lighter by the second as your ragged breaths released it finally, me becoming slower, more uncertain the farther from me you travel. It lives here, filling the house the way our laughter once did. My heart pounds but not from love's solidity, not from the unexpected and so doubled delight of chancing upon you. It is this heart-stopping thought—gone, forever—that creates an arrhythmia, a staccato of sorrow.

Absence. How can nothing be so heavy? How does nothing craft such agony? Everywhere I look, your absence mocks space, violates the dimensions of the room. Your absence brushes up against these poor remains and tosses them easily aside, insisting upon its primacy over them and me. In its presence rage is an impotent whimper. You are gone, but I am the one who is lost.

Deirdre Neilen is an associate professor in The Center for Bioethics and Humanities at Upstate Medical University in Syracuse, NY. She also edits the university's literary journal, Healing Muse.

Terminus

Shane Neilson

How to say to you, *You will die*?
I try not to speak in third person,
mentioning statistics.
I'll look you in the eye.
The word terminal—impersonal—is forbidden.
I have news, I'll say.
Like an editorialist, I'll preface:
It's not good.
I'll summarize:
All the results are back.
Then, like a reluctant god,
I'll change your life:
You have a disease that kills.
Then, like a chaplain,
I'll pause after my delivery,
and wonder about the real suspense:
How will you die?

Shane Neilson practises in Erin, ON. A book of medical poems is coming out with the Porcupine's Quill in 2010. Meniscus *is set to appear with Biblioasis in 2009.*

Un Paradis perdu : L'art, la vie, et son compagnonnage avec l'artiste Betty Goodwin

Roger Bellemare

> *Celui qui sait ne parle pas*
> *Celui qui parle ne sait pas*
> *—dit Zen*

Si la condition humaine impose un *point final* à toute existence – peu importe sa longévité, sa transparence, ses succès ou au contraire sa misère, ses malheurs ou son anonymat – la densité, le poids des mots, phrases, paragraphes, chapitres ou volumes sur une vie – il est toujours trop tôt pour perdre un être cher.

Le passage des artistes laisse des traces qui requestionnent des aspects de leur vécu. Ces traces sont des marques et comme pour le Petit Poucet ses miettes, elles aident à se retrouver. Je me souviens de Betty Goodwin avec gratitude. Notre longue camaraderie ne me transforme pas en expert pour décrypter sans faille les complexités de son approche unique et les moyens qu'elle choisissait ou refusait pour poursuivre son infatigable questionnement. Ma mémoire aussi, en s'écrivant, mélange réalités et souvenirs parfois confondus.

Goodwin était intense; sa détermination farouche l'incitait à suivre (après l'avoir tracée et creusée) sa propre voie, toujours poursuivie, harcelée même d'intuitions solides et de capacités dévorantes pour ingérer et intégrer un vaste réseau d'énergies venant présumément du « monde extérieur ».

Je parle de la chercheuse-coureuse au long-cours, mon amie, Betty, maintenant si loin, hors de vue, et, plus, hors maintenant de portée de mon amitié. Depuis son absence, il me reste comme à chacun des traces, ses travaux, communément appelés « l'art de ... »

Des vestes comme peaux ou abris, abris-isoloirs contre la solitude, des noyades peintes ou d'urgents repêchages, des émincés d'os liés par des fils, des cœurs bleus offerts enchaînés à leurs tablettes de métal, des *mangeurs de pierre;* sur des nids de cheveux des squelettes d'oiseaux, des tombeaux scrupuleusement tracés, ressuscités par les coups d'un fusain énergique qui n'ouvraient nulle porte. Nerfs. Cris et terreurs en plein cœur de l'intimité.

« Combien faut-il de temps pour qu'une voix rejoigne l'autre ? » Exprimée par Goodwin avec une telle force que tout regardeur se mettait intérieurement à crier avec elle. Goodwin n'est pas seule (sa première rétrospective au Musée des beaux-arts de Montréal a battu des records d'assistance); avec tout l'humain, elle clame son droit à l'espérance, la révolte, l'anxiété, offrant et demandant de l'aide en même temps, dénonçant sans arrêt *l'état des lieux* directement criblés de vibrante vie par chaque tracé de sa main fébrile sur de minces pellicules ou gravé sur des plaques de métal avec le scalpel de la mémoire.

Pendant mes trente-cinq ans en art, je n'ai jamais connu une telle franchise dans l'expression des blessures – chaque feuille, chaque œuvre d'étonnantes pages d'un journal intime.

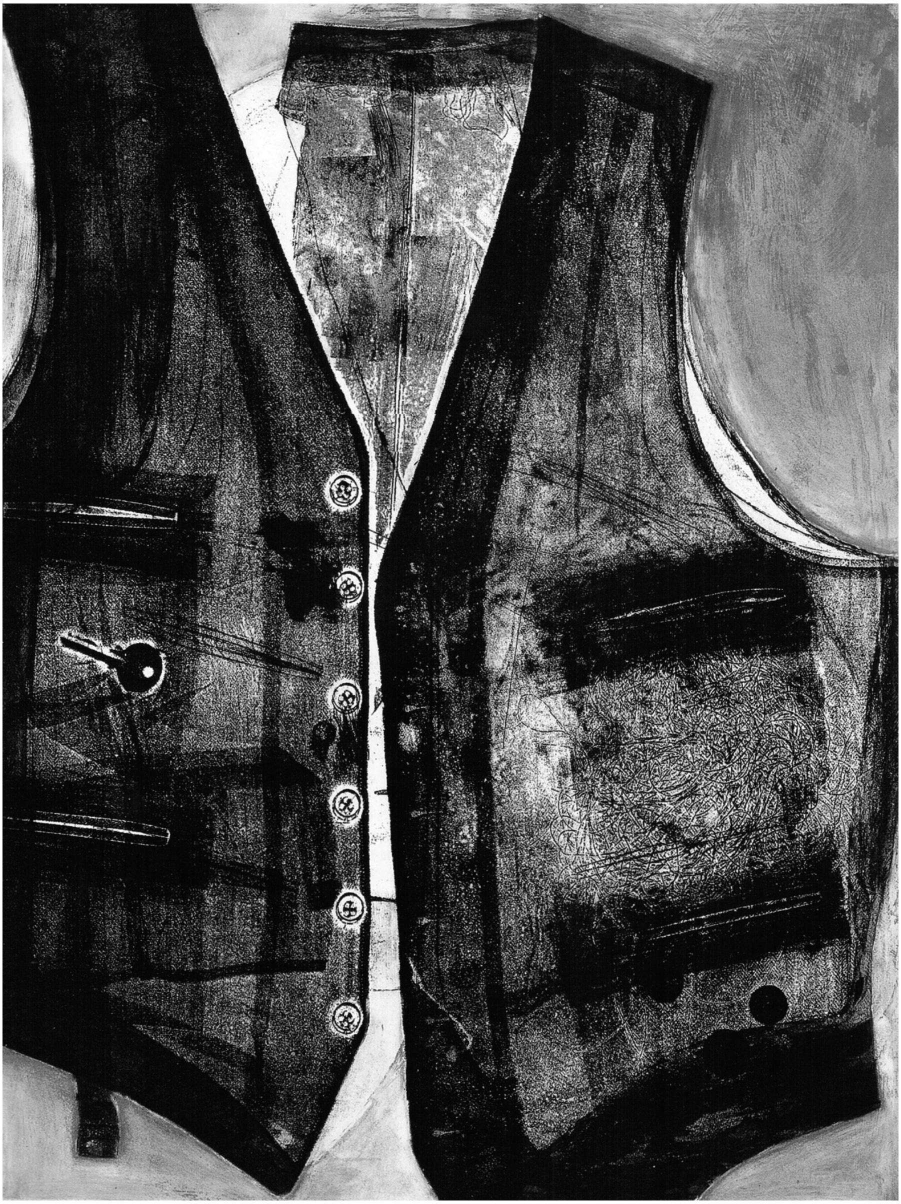
Par le partage, Goodwin cherchait un salut; sa vocation était réelle. Etonnante, sa production de chefs-d'œuvre dans des médiums variés (gravures, dessins, sculptures) à pour plusieurs un pouvoir guérisseur, pas lénifiant, mais guérisseur en sympathie profonde et vraie.

Betty et moi nous sommes rencontrés en 1971, timides et braves— une "vraie rencontre" comme elle aimait le souligner. Inconnue, la voie nous parut ouverte, assez largement en fait, pour porter nos projets et réalisations, issus de notre passion pour l'art et notre désir d'authenticité, ce qui alors signifiait être fidèles à nos aspirations, tenter de les cerner par des échanges pour les transformer ensuite en actions.

Ainsi, elle pratiquait son art que j'exposais, facilitant son rayonnement par une promotion respectueuse, non seulement de sa valeur, mais comme l'expression d'une vulnérabilité propre à l'investigation sérieuse de la fragilité de la vie et de l'art, de la vie *comme* art. Après avoir créé des ponts d'abord avec des amateurs curieux suivis par de plus fervents, touchés et dévoués, un engouement a suivi soutenu par de nouveaux supporteurs qui entretinrent les feux.

Goodwin ne cherchait pas la gloire. Elle appréciait que son travail soit connu mais chérissait avant tout l'intimité de l'atelier pour apprivoiser ses inquiétudes en les laissant s'incarner en art. Quand des problèmes de santé parurent qui diminuaient le pouvoir de ses forces vives à trouver des solutions, graduellement elle abandonna la créativité et toutes formes de représentations. Avec un corpus d'œuvres parmi les plus attachants de l'art canadien, la ferveur de Goodwin en a inspiré plus d'un à voir autrement. Son propre *soleil noir* commence à montrer son incomparable éclat.

Directeur de la Galerie Roger Bellemare à Montréal, l'auteur s'intéresse également au chant et à la poésie. Premier à reconnaître l'importance de Betty Goodwin, il a réalisé avec elle de nombreuses expositions et leur amitié ne s'est arrêtée qu'avec son décès.



BETTY GOODWIN, *Vest Three*, 1970, etching, edition of ten, 59.2 x 45 cm

A Lost Paradise: On Betty Goodwin's Art, Life, and Companionship

Roger Bellemare

> The one who knows does not speak
> The one who speaks does not know
> —Zen saying

Even if the human condition imposes on each life a *point final*—no matter how long, clever, or successful the life, or, on the other hand, how miserable, unhappy, or anonymous—the lengths and weights of words, sentences, paragraphs, chapters, or thick books on one's life—it is always too soon to lose a dear friend.

As it is, artists' legacies survive their makers and, as witnesses of their path and journey, prolong the mission to question in depth and anew aspects of those "lives lived." These legacies are "markers" like Little Thumb's crumbs—to retrace the artist's way home.

It has been a privilege to have lived side-by-side with artist Betty Goodwin. But even a long friendship and camaraderie gives this writer (the reader will understand) no magic X-ray to decipher "in absolute truth" the intricate and vast complexities of her vision, less the many means offered to or refused by her in the pursuit—if not of firm answers or solutions, at least of her own seemingly indefatigable questioning. This invitation to write stirs the brew of memory, with its not all-easy concoction of real facts and their memories, sometimes mistaken and other times interchangeable.

Goodwin always stood on the intense side of things: she had an iron-willed dedication to find and (after the tracing and the digging of it) to walk her own path. She was always courted, led, and harassed by solid intuitions and voracious capacities to take in or embrace a wide range of energies from the "outside" world.

I talk about the seeker, the long-distance runner, my friend Betty, removed from sight, and more so from my longing. Now left, like everyone, with traces, her works, legitimately called "the art of . . .": vests as skins or shelters, shelters as cabins to hide in or protect from fears of loneliness, flashes of drowning gestures with their associated rescues, emaciated bones and tiny fixtures to hold them, blue hearts chained to metal shelves as offerings, "stone eaters," bird skeletons tied up over nests of hair, tombs meticulously traced and made alive by each pulsating charcoal strike, or beats that opened no doors. Nerves. Screams and whispers of terror in the wilderness of intimacy.

"How long does it take for one voice to reach another?" asks Goodwin in such a way that any viewer feels bound to join in, forced to add his own obstinate questioning to hers. Not alone (her first retrospective at the Montreal Museum of Fine Arts drew record attendance), Goodwin stands with the whole of humanity claiming its right to hope, revolt, offering help while seeking some, denouncing ceaselessly *l'état des lieux*, unmistakably direct, vibrant, and alive, with each stroke of her shaking hand, whether on thin papers, or on steel plates etched and scratched with the scalpel of revived memories.

In my more than three decades with art, I don't recall having experienced such honest exposure of a wounded self—each sheet or piece of work an unveiled outstanding fragment from an intimate diary.

Seeking redemption through sharing, Goodwin's call was serious. Her stunning masterworks in various media (prints, drawings, sculptures) have for many viewers a healing power, not the cradling kind, but one that heals from the depth of genuine empathy.

Betty and I met in 1971 through shyness and pride—a "real encounter," as she used to say. Our path was uncertain but confident, we saw it as open and wide. And yes, it proved large enough for our joint projects and realizations stemming from a passion for art and eagerness to be ourselves, which at the time meant to be truthful to our aspirations, trying to understand them through shared thoughts, trading them for facts.

So she created the art and I showed it, helping its radiance by promoting it respectfully, not as valuable goods only, but as vulnerable means to investigate the seriousness and frailty of life and art, of life *as* art. Over the years we bridged a communication realm, first with curious and intrigued amateurs, soon followed by more fervent, moved, and devoted aficionados. Grandeur and popularity came later when joined dedication of new supporters acted like struck stones spark fire.

Goodwin was not attracted to fame. She liked recognition but preferred the intimacy of the atelier where she could face and tame her apprehensions by letting them be incarnated through her art. When health problems reduced her dynamic powers to find solutions, she gradually withdrew from creativity, then from every scene. Leaving a corpus of works among the greatest in Canadian art, Betty Goodwin's tenacity to find and explore her own voice taught many others to see differently. Her own *soleil noir* is now beginning to show its brilliance.

Roger Bellemare is a longtime art dealer, gallery owner, collector, and singer. He remained a close friend of Betty's to the end of her life, and his gallery was the first to exhibit her work.

Discussion Guide

The Clinic

How does the encounter described by Catherine Kanjer Kapphahn go wrong? What social factors inform the narrator's experience of health care?

The Two Emilys

How might Emily Givner's severe, lifelong asthma and allergies have inclined her towards the poems of Emily Dickinson? Is there a parallel between the struggle for breath and the struggle for creative expression?

The Heart Specialist

How does William Howlett blend social skills with medical acumen in the process of examining a patient?

What

The author's meditation on loss seems to suggest an attempt to balance or weigh what is absent with what remains after a loved one's death. What effect is achieved by splitting this reflection into three prose poems? What is the significance of the fact that each section ends with a turn from the lost loved one to the self?

From the Edge

Shmuel Reis writes of driving a suicidal patient to hospital in Galilee. Amid the day's sirens and evacuations to bomb shelters, doctor and patient share a moment of silence and solitude in the space capsule of the car, en route to the hospital. This silence is broken by their arrival at the hospital emergency department, and by the TV in the waiting room, which blasts evidence of the war that surrounds them. What is important about this social and cultural setting (of war, of unrest)? How are the doctor's and the patient's psychological realities illuminated through this backdrop of war? What does healing mean in this context, and how is the idea of healing unsettled?

Pneumonia is the old person's friend

How do well-intentioned platitudes delivered by others affect the child of a dying parent and how does a well-known poem allow the narrator to find her own, more honest metaphor for what has been happening?

Sunday Shame

How does a son cope with his wish to be dutiful to a mother with dementia alongside his feelings of intense dread around visiting her and the shame his ambivalence engenders?

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