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The Art of the Diary

Picasso is reputed to have said that painting is just another way of keeping a diary. Many artists and writers keep a diary, if only to jot down a thought, sketch an image, or capture a lyric moment. Drawing a picture or journaling a series of words retains a more vivid impression than leaving the scene unwritten and unrecorded and therefore potentially forgotten. Whether the diary is composed of images or words, or whether it is real or imagined, a diary is an invaluable collection of personal experience. Indeed the word diary is derived from the Latin, *diarium* (daily allowance of food or pay) which came to mean a daily written record of the writer's own experience. The word *journal,* derived from the French *jour, journal,* meaning a daily record of happenings, can be applied to newspapers, magazines, and periodicals. In this sense, *Ars Medica* portrays the daily human struggle of life, the precarious and protean balance between wellness and illness recorded by its contributors—artists, scholars, health-care workers, patients, and family members.

Our hope is that *Ars Medica* reveals its pages much like a personal diary, exposing the private, at times hidden and silent, yet deeply lived moments of life to be shared in the larger community of readers.

This issue of *Ars Medica* includes the art of a revered Canadian physician-scientist Sir Frederick Grant Banting, whose oil paintings, reminiscent of the Group of Seven, appear on our covers. Banting, together with Best, was awarded the Nobel Prize in 1925. Their discovery of insulin remarkably alleviated the symptoms of diabetes and altered the course of the disease for millions of patients. Less known was Banting's abiding desire, after working diligently as a physician-scientist and serving in the Canadian forces through two World Wars, to devote his life to art after the age of fifty. Sadly, Banting never realized his wish, dying in a plane crash in 1941.

The art of Robert Pope, a dedicated Nova Scotia artist, forms a sensitive and touchingly observed diary of the struggle against disease. Pope, who died at the age of thirty-six of Hodgkin's disease in 1992, wrote and painted his illness narrative in *Illness and Healing* (1991). We are grateful to the Robert Pope Foundation and Jock Murray, a member of our advisory board, for permissions to reproduce their work in *Ars Medica*. Seeing images of Pope as ill patient and reading of his attempt to be optimistic and creative in the face of disease informs us of his courage and enhances our empathy for the sufferer.

Amanda Forrest-Chan's Cicatrix Project details in art-work the engraving of trauma on her body. In an image that seems at first nebulous and enigmatic, we see a foreground series of tracks coursing across a background—is this an aerial outline of a railway in remote tundra? No, it is the revelation of a traumatic scar etched into the bare skin of a woman's abdomen.

What do we do with these scars of life? How do we represent them to ourselves and others?

In "My Left Eye," a personal narrative of Jo Ann Miller, the writer details her symptoms—a "stabbing sensation in my left eye" and her voyage of terror and discovery as she travels from doctor to doctor seeking pain relief. Paul Hostovsky's ironic poem "Pleasure" describes the apprehension of someone recovering from pain, while Jennifer A. McGowan in "Vertigo" poetically reveals the spiralling disequilibrium of this treacherous affliction.

Life's scars are not simply embodied in physical pain but leave a devastating emotional memoriam in Mary T. Shannon's "The Last Secret: Breaking Silence through Story and Art," a searing narrative of sexual abuse at the hands of her mother. Diane Helliker, in "The Forgiving Nature of Sand," writes of her humiliating dyslexia and her use of a sandbox to practise writing letters and numbers. Mary J. Breen's "Holy Anorexia" is a grim recollection of her grade twelve sojourn of isolation in a Catholic boarding school run by nuns. Isolation is also a theme in Christine Fischer Guy's new novel, *Moose*, where an intrepid nurse works in the remote north near James Bay and canoes across a stretch of water to find herself isolated and alone as the sun sets.

These diaries of suffering include graphic art, personal narratives, poems, and creative fiction. We urge our readers to pass their copies of

Ars Medica to friends and family, to patients and health-care workers alike, so that the personal voice of these contributors can be heard in the larger community. As Mary T. Shannon writes, “Art and literature provide a voice for the disenfranchised, a link from one world to another through the power of story.”

Pleasure

Paul Hostovsky

When you're in pain
you take
pleasure in nothing
but pain's
diminishment,
if pleasure
you can call it,
testing
the thinness of it,
disbelieving,
distrusting,
tiptoeing
down into the kitchen
where a few dirty dishes
that aren't yours
wait in the sink,
and you begin
washing them
slowly,
thoroughly,
gratefully,
the warm
water on your wrists,
the sweet-
smelling soap, the clean

dishes stacking
in the dish rack,
dripping,
glistening,
solid.

Paul Hostovsky is the author of four books of poetry, most recently Hurt into Beauty *(FutureCycle 2012). His poems have won a Pushcart Prize and two Best of the Net Awards. Visit www.paulhostovsky.com.*

Waiting

Pamela Hull

No more dear sweetness of morning's grace
scanning the news and sipping tea
as if the air moved like the day before
guiding the hand to night's nimble touch,
its tender knot, its staying peace.
Frozen, done and gone, this love, his gift.
So do not say the wing can mend
or the eye will see again,
nor even that the ear will turn as Mozart enters,
eager to please.
Vanished now, the glow of light
as memory's embers fuss and flare,
melting mind's islets,
salting heart's pain.
A breath's worth of peace is all I ask,
yet the answer is no and no and no.
Just so I await my turn
to enter his world
of the hallowed dead,
the eternal void.
Like stone I sit at ocean's edge,
an ode to tears, to endless tides.
Yet even the afflicted soul pays heed
as far beyond the greening lawns
I hear I hear the balls, the balls,

the thwacking balls on summer courts
rebounding now the whole day long
as cries of victory take my sadness.

Interior designer, painter, and essayist, Pamela Hull is the author of the memoir Where's My Bride? *and* Dandelions Endure*, a novel*. Walking into Firenze (Making an Adventure of Living Alone after Sixty) *is forthcoming.*

Road Trip

Pamela Manché Pearce

We shiver in the chilly car
I drive the October night
Air still alive with burning

My mother beside me in the dark
Wrapped in a blanket
My reverse papoose, a diaper, too.

Her hand, freed from the
Woollen shroud, tells me
What the night denies,
Her look that says
This ride will be
The last

The last time I will sit beside
My mother
The last time she will sit

Holding hands
Her grasp burns me with the
Blood knowledge of love

Next to me my same flesh
Her only other flesh
And mine, too
We have made it enough for us

My passenger apologizes for her
Un-coiffed hair, chipped nail polish
Long white hairs on her chin,
Like a mandarin

Her travel costume not couture,
A bathrobe
And untied black suede walking shoes,
Over bare feet,
Stained with relief maps of B. M.

Her slippers, all lost to pee,
Matched her robes and boudoir,
I order new ones, cut-velvet,
Three colours so she can choose
Or keep them all

I hold the steering wheel tight
And reciprocate her hand
I am so small now
So tired

Our fingers link, and like
Sex, I can't tell where her
Body ends and mine begins
This is how we began, after all

The hospital lights shock us
I stop the car gently
We're here, Mommy
I know, Honey. I know.

Once inside she will leave,
Forever
Go someplace where I can
Never find her
No matter how long, no matter
How long I drive.

Pamela Manché Pearce's poems will be published in The Widow's Handbook *and* The Cancer Poetry Project Anthology. *A resident of Garrison, NY, she is PEN American Center's former director of events and publicity.*

The Forgiving Nature of Sand

Diane Helliker

It was suggested to my mother that she acquire a sandbox, so that I might learn to form proper letters in the sand. My grandfather built such a box out of scraps of wood. He collected four large, pig feed burlap sacks and filled them from the sand dunes. There were four triangular corners, two of which served as seats for me and my imaginary friend, Peggy. At the age of four, Peggy came to be, to help me cope with a stressful family life. My mother was overwhelmed with my father's penchant for alcohol, my new baby brother, and a child with a learning disability.

We lived in an apartment, above a store. The sandbox was placed in a corner of the kitchen, by the door to the fire escape, should there be need for a quick getaway. There were frequent visits from the exterminator, as cockroaches would make their way from the storage room below. During the winter months, mice would hunker under the radiator, trying to stay warm. I began to understand what happens to creatures that were unwelcome, unable to contribute to a smoothly running household.

When I began a book, I would begin with the last page, approach the end of the sentence first, the last letter before the first of each word. Each letter was transmitted to my brain completely reversed. With the index finger of my left hand, I carefully formed the letter *D* in the sand. My brain preferred the round, roly-poly belly facing left. "It is that dang south paw," my grandmother would say. "It is the root of this nonsense.

I never heard of such a commotion." My mother would periodically glance over, balancing my brother on one hip, while she stirred the soup. "No!," she screamed. She put my brother in his playpen, put the pot on simmer, and came to my aid. With the end of the wooden spoon she made the letter *D*. "Copy this exactly like mine," she directed. I made the letter reversed again and again. I felt my mother's frustration, I felt the hardness of the wooden spoon against my tiny frame. *D* for *Diane, D* for *Difficult, D* for *Despair*. What she didn't understand was that I was copying the letter precisely the way I saw it.

To her, my disability was a ploy for attention. The supper would be boiling over on the old Westinghouse next to the sandbox, my brother cried for his mother's attention. "Do you want to spend the rest of your life in grade one?," my mother shouted from the other room. I turned to Peggy: "What a stupid question." In spite of a learning disability, I looked forward to school. The name for this impediment to learning to read and write was "mirror vision." If I had fallen through the mirror with Alice in *Through the Looking-Glass,* this diagnosis would have seemed odd to those who lived in the looking-glass world, yet not to Alice, as she tried to read "Jabberwocky": "'For it's all in some language I don't know,' she said to herself." She puzzled over this for some time but at last a bright light struck her. "'Why it's a Looking-glass book, of course! And if I hold it up to a glass, the words will all go the right way again.'"

Unfortunately, during my sandbox years, I had not yet come across Lewis Carroll, and the characters from the Looking-Glass World, where I could find solace. These make-believe inhabitants could remain in their world. But alas, I could not.

Some of my classmates had sandboxes in their backyard. We didn't have a backyard to put a sandbox in. "Sand belongs outside," my mother would lament, as she swept the linoleum floor. When sand was in its proper place, it became a place to play, building statues with a shovel and pail and a bit of water, so that they could hold their shape. Sand once gave me great pleasure when I visited the cottage of my great aunt and great uncle at Constance Bay. I sat on the beach with my cousin and built castles. Miniscule plastic figures inhabited the castle: knights, dragons, and a princess. I would never regard sand the same way again. I began to wonder if sand had feelings, if it cared that it was removed from its natural environment, trapped in a square box as a place for children to play or to unravel the inside-out backwardness of a six-year-old girl.

Along with letters printed backwards in the sand, so it was with numbers. Once I had somehow managed to print letters the proper way, it was numbers that presented the most difficulty for me. Deriving meaning from numbers became impossible.

Roman numerals I could master: VI + II - III = V, whereas 6 + 2 - 3 drew a blank. While my classmates were in math class, I would be in the principal's office being tutored. I wasn't able to give numbers the same respect that I had reserved for letters. The principal would place three paper clips on his desk add two more, take away one, and multiply by six. Paper clips would find their way to the floor. Not once did I give the correct response. Even now, it stresses me to come up with twenty-four. Each grade was a bare pass, with warnings that if I didn't learn to apply myself, I would fail.

By grade four, we had moved to another town, but the sandbox did not follow. I was still struggling with the upside-down, inside-out backwardness of letters.

There was improvement, in that I could read a book from the beginning to end. By grade six, the mirror vision became a problem, as it does now, if I was severely stressed or fatigued. My report card showed a failing grade in English literature. "Diane gets an idea, the wrong one, and it is impossible to sort this out." My interpretation of a story was not the same as what the teacher's manual suggested. I would not call this a disability. Rather, it was a way to see the written word in a different way. It was bound to happen.

During grade seven my family life became significantly worse. My father left, tossed out, along with his belongings. I didn't know for the entire school year whether or not he was alive. He told me many years later that he spent those days on skid row, begging for money to support his alcohol addiction. When report cards were handed out at the end of the term, I would close my eyes and wait for a spot of courage to look at the back of the card. "Diane has *not* successfully completed grade seven." I ashamedly repeated my year.

After grade eight, I was sent to what I called the Dummy School. "She isn't now and never will be university material," I heard the teacher tell my mother. I was the only student in my class who travelled to the next town, to a school that had a program for students who didn't show much promise. We were a collection of academic misfits with not much of a future. It didn't seem worth the energy. The subjects were not academic. We studied typing, business practice, sewing, and physical education. I spent my Saturdays in the public library. I read books on psychology to try to understand how my life had gone so wrong. To my learning disabilities I had added on a new set of disabilities: emotional and psychological development. I was barely coping with the demands of classes that in no way challenged my intellect. I felt doomed. I thought of death. I was given phenobarbital by my family physician, along with a warning that suicide was against the law. "But what could the law possibly do to me if I was already dead?," I pondered. The heavy dose of drugs only worsened the situation. I was constantly lethargic. My mother objected firmly to psychiatric intervention. She didn't believe in psychiatry.

Not surprisingly, I left high school without direction, confidence, or one good reason to live. I wasn't at my graduation, not only because I thought it wasn't worth celebrating, but because I was in a psychiatric hospital diagnosed with an adolescent crisis. It became necessary to adjust the diagnosis as I moved into my twenties and beyond, as my psychiatric symptoms became noticeably worse: atypical schizophrenia, depression with psychotic episodes, borderline personality disorder, and most recently complex post-traumatic stress disorder.

Ten years after I left high school I decided to see a career psychologist. It occurred to me that perhaps this was the best way to determine my abilities and disabilities in a clear way, so that I could embark on some sort of meaningful and rewarding career. There were tests, interviews, and evaluations over several months. Dr. Shepell was the first to suggest that there was no reason I could not attend university and do well, as long as I remained in psychotherapy. He explained evaluations of my disabilities during my school years. In a booklet outlining the results of our work together, he wrote, "Your ability to deal with numbers and to derive meaning from them is at a below-average level." I remembered the many hours spent with the principal. Dr. Shepell also noted, "You are able to look at situations and see them in ways that are different than most others." I harkened back to the failing mark in grade six English. I had narrowed my research to the area of drama and proceeded to look at universities and colleges that offered programs. I chose the University of Toronto, because I wanted a well-rounded academic approach to theatre as well as the practical. There wasn't a mature student policy. It was necessary to take an intense bridging program. After completion with a high average, I could then apply to university. I was accepted and spent the next twelve years working towards my degree.

Sand filled the Playhouse at the university. It was the final production of Euripides's *The Trojan Women*. I was nearing the end of a degree. I was chorus woman. During the first dress rehearsal when I stepped into the sand-filled room, I froze. I flashed back to the sandbox in the kitchen. I thought of the expectation to print proper letters in the sand. I now found myself ankle deep, once again with expectations that I would not fail the others, that I would not fail myself. This was not a place to play. It was a place to learn lines, perfect body movements, stay in the moment, not as myself but as a nameless woman trying to survive a war, in this playhouse, in the desert, in 415 BC, in the city of Troy.

I delivered my lines with force and clarity:

"The dark is starving; it eats the stones. But dawn will come."

My character shifted from despair to hope and back to despair again. I found in my life the wisdom and truth that lay within her words. Dawn would come, it always had. I proved after eight performances that I could do it.

A few years later I was a patient in a psychiatric hospital. The art therapy room boasted a wide assortment of materials to unleash one's creative spirit, including a grand sandbox. I sat on the edge with legs swung out as I did with Peggy. The art therapist handed me a small plastic figure to play with. "No," I said, "I don't play in sand." Did I need to learn to play in sand to ever become well? I sat quietly and watched the other patients. One remarked, "It takes me back a long time ago, before all the troubles began in my mind. Us kids had a sandbox in the yard. We played in there for hours. Sand is forgiving. If you make a mistake, you can rub it out and begin again."

I thought sand had a bit of a magic to it. Twice a week, I would visit the art therapy room. For three-and-a-half of the four months that I was there, I would approach the sandbox with trepidation. I continued to watch how easily the others played, as they returned to a long-lost world of child's play. The sounds became familiar, like those of children in the playground. "You took my GI Joe." "No, I didn't. You have one." The art therapist gave me a pink faded mermaid figure. She said nothing. She watched, waiting to see if I was ready to commune with the others, if I was willing to be a child again. The session was over. "Can I take this to my room?," I asked. I took the mermaid figure. I placed her in a cup of water on the table beside my bed.

The next time I was in the art therapy room I placed the fin gently on the sand. I searched for another figure that would elevate her, so that she would not be submerged. I found a plastic stallion. I attached her to the horse and rode through a carved roadway to the makeshift house made by the patient next to me. I had relearned how to play in the sand.

My late psychiatrist of many years gave me a wedding gift of a cup and saucer, made of bone china, named Persian Rose. "I gave this to you because you are like a rose in the desert. You continue to grow and flower despite insurmountable odds." I hadn't realized how sand kept reappearing as a measure of my abilities and disabilities. I can now walk on a beach and know that I can carve a story in the sand, perform a monologue from war-torn Troy, or sit cross-legged with a shovel and pail and build a tower. A tower of hope for all those with disabilities.

Diane Helliker has been published in anthologies in the United Kingdom and Australia. She writes memoirs with a focus on mental health. Her story "Desert Rose" appeared in Tales of Psychotherapy *(Karnac, 2007). She lives in Toronto.*

The White Plague: An Excerpt from the Novel *Moose*

Christine Fischer Guy

As often as I tried to turn my mind away from the idea, I'd never convinced myself that Lachlan's offhanded mention of a trip on the survey boat was anything more than a careless remark, evidence of his preoccupied state. But it had to be. He couldn't be serious. However different this place, certain rules still applied: I wasn't a doctor, and if I pressed the point, Lachlan would be forced to remind me of that. I might lose ground in his estimation for raising the issue. He'd expect me to know better. No, it was better, and safer, to avoid that possibility. I wouldn't mention it again.

The book was another matter. He'd loaned it without reservation, even though I'd detected a hint of surprise in his voice, as if he hadn't expected that. And why would he? None of the other nurses on the ward were doing extra study that I knew of. Most had romance novels on their bedsides and movie magazines in the common room, if they read at all. I'd subscribed to and was intermittently receiving *Canadian Nurse*, but apart from a recent issue dedicated to tuberculosis nursing, the depth of discussion was limited.

But this book was a text written for doctors, just out this year. I'd promised him that I'd have it back by the end of the month, but after the latest boatload of new patients I'd been working double shifts, able only to dip into it during my lunch break and for brief moments before sleep claimed me each night. It hadn't helped that two of the newest nurses had left to go home last week, finding the isolation of the place more than they could bear, and it wasn't unusual; staying here required a constitution that about half the nurses sent from Ottawa found that they lacked within the first couple of months.

But things had finally settled down, and for the first time in more than a week I had finished work for the day at the official end of my shift. I pushed open the back door of the hospital and stepped outside. The air carried the mild green perfume of the river a couple of yards away. The first full breath was a tonic, its organic sweetness a sharp counterpoint to the manufactured air inside the hospital. The watch pinned to my uniform said 6:05. On the water ten feet away, the sun declared itself in a glittering relay of light from one ripple to the next. Plenty of time before the sun went down.

A single row of poplars marked the hospital's southeast perimeter, leftovers from the forest that had been cleared when the hospital was built. I stepped between them and faced the water. If the island was small, the river was shimmering compensation: its restlessness was an unconditional offer of escape. Where I stood it cleaved the distance between Moose Factory Island and the next one, Sawpit Island, and only just. Most of the other nurses and orderlies used Sawpit during the summer for picnics and year-round for overnights in the cabins, but until then I'd never made the short canoe trip across.

Pulled up on the shore below me were two hospital canoes. The river was calm, sunset hours away. I could be across in minutes. It did occur to me, as I dragged the canoe toward the water, that I ought to tell someone I was going.

The canoe was made of birch bark, simply designed, and easy to paddle. I set the book and my notebook under the seat and launched the canoe without getting my shoes wet. The rock and pitch of the river was a buoyancy I hadn't felt for months. Each stroke of the paddle seemed to connect with my gut and send me across the water, a bowstring drawn and released. I was almost disappointed to feel the scrape of the shore on the hull.

Motion on the hospital dock caught my eye as I stepped out of the canoe and dragged it high on the beach. A figure waved, trying to get my attention. Henry, I assumed. It would be unlikely that he'd been sent out to find me, as he rarely spent time inside the hospital; curiosity made more sense. He must have been near the dock when I paddled across. Let him wonder, I thought, and started up the slope.

One of the three cabins I'd heard about was directly up the slope ahead and half-hidden by the trees, a clapboard green-roofed structure. Judging by the blanket of pine needles against the door, it was not only empty now but had been for weeks. Even so, I stepped heavily up the steps to warn anyone inside before I pulled the screen door open. Whatever I might have seen through the front window was concealed behind a drawn red gingham curtain. I rapped on the door several times and then turned the knob.

So this was it. I pushed the curtains aside and the single room filled with dappled light. To the left, a squat wood-burning stove, door open on a small pile of ash. At the front window, chairs and a simple table, a pale blue cloth laid across it. At the far wall, under a window that opened on the thick poplar wood behind, a double bed, stripped of linens but covered with a quilt. Hand built and sewn, all of it, by the first wave of staff at the hospital. Moose Factory was just over two miles long and less than a mile wide, and home to 100 staff and 700 natives. It wasn't solitude they wanted, it was privacy. I assumed I was the first person to arrive alone. I closed the curtains and stepped back outside, pulling the door closed behind me. Summer was so brief. Mosquitoes be damned, I'd sit outside.

The top step was still warm from the sun. I laid Lachlan's book on my lap. Gold lettering spelled out *The White Plague: A History of the Tuberculosis in Canada*, by W. H. Thomas. I set the spine on my knee and let it fall open where it would, a game I hadn't played in years. Only the cover fell aside, but the breeze lifted the first few pages and something handwritten on the title page caught my eye. In blue ballpoint and a looping script almost as familiar as my own, *L. M. Davies*. The inscription was a surprise. Lachlan didn't seem the possessive type. That he might lend something out and forget whom he'd given it to seemed more likely.

I flipped to the centre of the book and stopped at a full-colour illustration, the human lung at high magnification. These drawings were the best I'd seen: on the left were the bronchioles, atria, ducts, and alveolar sacs of a healthy lung. On the facing page, the same constellation of parts jostled for space with tubercles, the colonies of waxy beads that grew from the TB bacillus and shifted shape as they invaded lung space. I reached for my notebook and slid my pencil from the coil spine, turned past the drawings I'd made of collapse therapy, and sketched the smooth symmetry of the healthy lung, the branching trees of breath. "That's the nice thing about the body," Lachlan had told me once. "Everything comes in twos. We can compare." I'd always found the balance in the body's architecture soothing.

But in the uneven, disordered beading of the disease, there was a terrible beauty. My pencil lingered on the tubercles in the second sketch, adding shadow and dimension and fine detail with enough pressure to engrave the shapes on the paper. In ravaging the calm uniformity of the lung, the disease had created a compelling landscape of frenetic movement and sculptured chaos. My drawing of the diseased lung eclipsed the one I'd made of the healthy lung in every way.

I swatted at a sting on my calf and noticed that the sun had begun to set. I held my arm out, fingers stacked above the horizon. Another hour. I'd have to go soon, but I wanted a little more time. The next page showed a magnified cutaway drawing of one of the tubercles. The notation read, "Liquefaction of caseous centre, advanced stage of the disease." I sketched its cavernous interior. How would these lesions look on a chest X-ray? Would they absorb or reflect light? Could these be the nodes of darkness that told of advanced TB?

As if anticipating my question, facing plates on the next page were X-ray photographs of healthy and diseased lungs, but the minimal notations didn't connect them with the lesions on the previous page. Nor was it obvious what I should be seeing, even with the tiny white arrows that were meant to indicate disease. When Lachlan pointed to dark cavities in the lung, I'd always thought that the disease announced itself in unmistakable terms. But without his guidance I was less certain. I tried again. On the left page, four X-rays of normal lungs. I stared at them, intending to absorb the features that signalled normalcy, commit them to memory. On the right page was tuberculosis in order of its advance on the lungs, the final plate showing the most advanced case. Here normal, here diseased. I felt that I could discriminate between the absence of light that denoted a cavity in an advanced case and a clear lung space. But in its milder forms the signature of the disease was far less legible, and I doubted that if tested I'd be able to distinguish a healthy lung from a diseased one on an X-ray. Was that woolly tangle in the upper lobe a nest of tubercles that choked out the air, or a branch of bronchioles that carried it? Not even the trios of arrows helped. I drew hasty sketches in the failing light, trying to understand.

When I looked up from the page, the sun had already begun to intersect with the water. I rose almost involuntarily, the book and my notes sliding from my lap and down the stairs. It would be foolish to be stuck here after sunset, no matter how brief the canoe journey back. The tides shifted without warning. I hurried down the stairs, picked up the books, and edged down the slope to the beach.

The canoe's stern bobbed in the river. Within the next half-hour, it would have been carried away by the rising tide. How careless. I might have been caught here overnight, and even if I could sleep in the cabin, there was the matter of the return trip in the morning. I pushed the boat from shore and climbed in.

The swift current caught the canoe and carried it across the channel with little effort on my part, and as it approached the dock I noticed a figure slumped against a corner post. Henry, his cap pulled low over his eyes and his knees folded against his chest, nodded to me as I reached for the dock. He didn't get up, even as I guided the canoe to the beach and dragged it high on the shore.

"Everything OK, Nurse MacPherson?"

"Absolutely fine, Henry." I should have just walked away, but I didn't. "How long have you been here?"

"Since you paddled across."

"You can't have been sitting here the whole time."

He shrugged in his infuriating way, stretching his arms and pushing himself to standing. "Strong tide tonight."

Dusk almost hid the cabin on Sawpit Island now, but he'd have been able to watch the river rise and lift the canoe from safety. "You did this on whose authority?"

Henry's smile was crooked. "Mine. My idea."

"Yes. Well. I'm fine, as you can see. Thank you for your concern."

I walked up the dirt path between the maintenance buildings and the hospital, not sure whether I believed him and, aware of that, I preferred not to. Ridiculous, of course, as I'd chosen to inform no one that I was going, nor desired to be watched over that way. In nursing stations along the coast of James Bay—Attiwapiskat, Fort Albany, Povungnituk, and communities smaller than these—in any of these places I could be the sole medical resource for an entire community. In the previous six months, I'd frequently considered doing just that. Ruth talked about it, too. All of the RNs in Moose Factory did as we watched other nurses pass through the hospital on their way further north.

You couldn't buy that kind of experience. If anything could draw out a passion for this work, that would. Either that or kill it off for good. One way or another, I'd find out what I needed to know. But with beds flowing out of the wards and into the hallways, and with nurses deserting for the resources and the communities of southern sans, it was an idea that seemed self-indulgent. If I was going to make a move, I could wait until this epidemic was under control. Maybe by then I wouldn't need to.

I'd reached the corner of Centre and Thurston. Some of the lights in the residence had already been switched on. I heard voices through the kitchen window punctuated by shrieks of laughter. Ruth had to be involved, no question. Her skill as a mimic was the stuff of legend. She stepped into the main hall just as I crossed the threshold.

"Oh! Hazel!" She wiped tears from her eyes. "There you are. Missed you at dinner." She noticed the book I was carrying and raised her eyebrows. "Working late?"

"You could say that." I'd tell her about this, but later. It was enough that she'd remarked on it. The handful of nurses in the kitchen made their way to the door behind her and stood, silently assessing the situation.

"Right," Ruth said, sending a meaningful glance my way. I willed her to be silent. "If only we were all as dedicated as you."

Christine Fischer Guy's fiction has appeared in Descant, Prairie Fire, *and* Grimm *and has been nominated for the Journey Prize. Her debut novel* Moose *will appear in September 2014. Please visit christinefischerguy.com.*

Putting On His Socks

Marie Reynolds

She doesn't like to touch his feet—
limp, floppy as fish. Only after
she has dressed him—
white cotton socks over cold purple skin—
does she linger, caressing
one foot, then the other, uncurling
each toe—slow—while he moans
at what passes for pleasure. Only then
does she lift his foot to her lips, press
the sole to her body, recall
their first winter together—
the snug double bed, his elegant limbs—
how she could not swim inside him
long enough nor deeply, could not drink
the last drop of him without thirsting for more.

Marie Reynolds is a registered nurse who lives in Sacramento, California. She facilitates a weekly writing group for individuals coping with illness and loss. Her work has appeared online and in print journals.

Birth

Asha Khaladkar

I'm pretty sure I'm going to die at this point. That's the morphine talking. Tiny oranges are bouncing around my room with little curly tails. People who aren't there walk in and out of my room.

Our son is 5.5 hours old. He has been cut out of my body and taken to Intensive Care because he is too little to breathe. He weighs 2.5 pounds. He is 2.5 months early. We haven't found a decent place to live and our apartment is full of cat hair.

11:21 p.m. *A nurse.*

How are you feeling, on a scale of 1 to 10?

(So far this week I have walked myself into an ambulance in a prairie blizzard, passed blood clots the size of my hand, been in labour, unnoticed, for eighteen hours. Scales of 1 to 10 mean nothing at this point.)

Oh, about a 4.

Are you feeling sick?

I feel sick and itchy. And I hurt.

I'm to give you this.

This is the last time I will feel that there is anything normal about childbirth.

11:26 p.m. I start to puke. Violently. My husband goes into the hallway to tell someone there's something wrong. The nurse gives him a towel.

11:30 p.m. There is no towel big enough for the blood filling up my belly where the internal stitches have ripped apart.

11:35 p.m. We are not hysterical; there is definitely something wrong. *Five more nurses, doctors, interns.*

My husband says, "Her pupils are different sizes."

He says, "Stay awake," and hits me in the face. A part of me way inside finds this funny. The outside part doesn't care.

He makes me talk but the things I say aren't the things I am thinking. I am telling him to take care of our son, because I won't be here. Whatever my mouth is saying, it makes no sense. He looks more and more surprised.

The doctor with the red hair says something about my blood pressure. As in, I don't have any.

I die. Twice.

The Naloxone, a drug used to counter heroin overdoses, hits. And with this the knowledge hits that I have to *make* my heart pump, force my pupils to do what they're supposed to.

The red-haired doctor inserts an arterial line. Without anesthetic. I tell him I'm going to fuck him up tomorrow. He tells me to get to tomorrow. I feel only relief as the world goes dark. Now keeping me alive is his job.

I HAVE TO LEARN to walk again. If I walk, I can see my red-haired, red-faced boy in the NICU. It's a million miles away and I do it. I have a wheelchair but I walk it down the hall. It is a double-wide wheelchair and, when I sit in it, people always make comments about how tiny I am. I don't want to be tiny. I want to be big. I want to make them understand that it's just because of the huge wheelchair that I look small. I try not to sit in it. My legs have swollen like sausages and I have no ankles. I have a path of bruise that goes from my sternum to my knees, and looks like a purple-yellow-black wishbone. I walk.

I AM DISCHARGED, while my son stays in the hospital for forty-eight days. He is too little to eat. I can't touch him much because it agitates him and his heart stops beating or he forgets to breathe. So I talk to him; he likes to hear my voice. When I run out of things to say, I read. By the time he is two weeks old, he has read all of Beatrix Potter and much of *Alice in Wonderland*. Parents aren't allowed to look at the other babies in the NICU. Sometimes, something bad happens, and they chase us all out to deal with it.

No, we aren't allowed to look at other people's babies, but I talk in secret with the girl at the next isolette. Her daughter weighs one pound and wears doll clothes from Walmart. She lactates whenever she sees a breast pump.

I begin to obsess over clothes and, particularly, hats. The NICU has beautiful sleepers, and women donate time to make tiny, tiny hats, using a mandarin orange as a model. But I can't feed him. I can't hold him. I can only change his diaper with permission. I can make sure he has his own fucking clothes. I trawl the city for hats small enough, order them online; they are still too big.

I am so happy he's alive; then I wonder if everything is OK inside. They scan his brain, and it's fine. They scan his liver, his lungs; fine. I sneak glances at the ones whose livers and lungs aren't fine. And whose brains aren't fine. And still others who aren't at all fine. Sometimes they chase us all out to gather around one lonely isolette. I have a little celebration every time another tube or wire is removed, am happy that my baby isn't one of those. And for that, I rip myself apart again.

Asha Khaladkar lives in Regina, Saskatchewan, with her husband and son, where she works as an editor. Her writing has appeared in journals such as Grain, Opium, Anon, *and* Poetry Quarterly.

Under the Microscope

Carrie Visintainer

I am twenty weeks pregnant, and I lie on an exam chair in a semidark room at the Women's Clinic, T-shirt pushed up to my bra. Sterile paper rustles under my back. For a second, the shape of my belly reminds me of an almost-full moon piercing the night, but then I remember that it is 10 o'clock in the morning, and I am simply in a windowless room with the light clicked off. My husband, Chris, squeezes my hand.

"Stop worrying," he says.

"I know," I whisper, half-smiling.

He stares at the rectangular screen on the wall. "This is going to be cool."

I inhale, but my breath is not calming. The air smells like antiseptic and bleach. I think of my friends and acquaintances who have recently been pregnant. Like Chris, they've all looked forward to the twenty-week ultrasound with joyful anticipation, because it is the time when one can find out the gender of the baby, confirm the due date, and see the growing fetus.

But for me, things are different. Gender and due date seem frivolous. In my early twenties, I spent two years working toward a master's degree in genetic counselling, which means that I learned everything that can go wrong with human chromosomes and genes. The memories, between the families I saw in the genetics clinic and the litany of conditions that were present in my textbooks, are still vivid. I consider the list of the fetal abnormalities the technician could detect in the next twenty minutes: congenital heart defects, spinal cord issues, cleft palate, missing fingers or toes, markers for Down syndrome or other genetic disorders. This is just a partial list. I know there are things I've managed to forget.

On top of this, I'm thirty-five years old, labelled "advanced maternal age" by the medical community, and this makes me feel like a glowing red statistic. According to my genetic counselling binder, my chances of having a baby with Down syndrome are 1 in 385, and my chances of having a baby with any chromosome abnormality are 1 in 200—relatively low. But the term exists because of its statistical significance, and as much as I try to ignore it, I can't help but feel I am under the microscope.

AS A GENETIC COUNSELLING STUDENT, I spent much of my time looking at others under a microscope, sometimes in a literal way. I remember one assignment in particular, in a cytogenetics lab, involving a black-and-white photo lying on my lab bench. The photo showed real chromosomes from a skin cell of a sixteen-week-old fetus, extracted from the amniotic fluid of a pregnant woman. My job was to clip out the chromosomes and arrange them into numbered pairs; there are twenty-two pairs, plus the X and Y chromosomes that determine the gender of the baby. The completed genetic map allowed me to search for abnormalities: an extra chromosome, a missing portion of a chromosome, a partial chromosome tacked on to another one. Sometimes the tiniest missing section of DNA, no bigger than a speck of dust on the photo, could be incompatible with life.

After a good hour, I stepped back and stared at the completed map. The chromosomes looked so beautiful, stained in dark and light bands, curved and kinked on the page. They were like ballet dancers, initiating a cascade of steps that produced every trait, and every function, of a living being. More than anything I wanted to know about the human created by these chromosomes. There were two X's, so this was a girl. What was her name? What did she do every day? Did she have siblings? But my job was to focus on the disorder, not the person.

After much scrutinizing, I noticed a tiny band missing on chromosome 15. According to the Internet, this was the genetic defect seen in Prader-Willi syndrome. The disorder is rare—it occurs in 1 in 12,000–15,000 births—and although the baby's life span would be normal, she would likely have mild to moderate mental retardation and feeding problems in infancy that would turn into an obsession with food as a child and adult. She'd be at risk for morbid obesity.

Because these were real chromosomes, I knew that someone, at some point, had given the expectant parents this news; maybe a genetic counsellor. I imagined a shocked look on the father's face, and tears rolling down the mother's cheeks. I considered the hopes and dreams that the parents held for this child, even at sixteen weeks gestation. I wondered if they'd terminated the pregnancy. Maybe the fetus had never grown up to taste real food.

Even as a twenty-something student who was popping birth control pills every morning, the full weight of the situation settled onto my shoulders. If I were the mother, how would I cope?

These questions intensified as I continued through my program, especially as I began observing and counselling patients of my own. I encountered so many unsettling disorders. One ten-year-old girl was only about as tall as a one-year-old. Her intelligence was normal, but her pixie voice and stature made her seem like a baby. Another patient had a sex-linked disorder, and although his genitalia were male, at the age of seventeen he felt more like a girl than a boy. Each parent I met was focused on improving the child's quality of life, and this required complete dedication in every aspect of life.

Eventually, the day-to-day immersion in the world of genetic disorders became a burden for me, and I chose to leave the field. I closed the door on a career that was, for me, a tangle of ethics and emotions.

TODAY, as the technician rubs the wand on my lubed-up belly, I am aware that there are just a few layers of skin, tissue, and fluid between my baby and the medical world. I consciously tried to avoid this by choosing a midwife for my prenatal care and declining all other prenatal screens: no maternal serum tests, early ultrasounds, or amniocentesis. I was drawn to the twenty-week ultrasound because I wanted to see the baby in my belly, the life growing inside me.

But as soon as I stepped into the waiting room of the Women's Clinic, my breakfast clogged in my throat. It was as if I'd walked through the glass doors and become flattened onto a microscope slide, frozen under the fluorescent lights. Everything about this reception area—the pale carpet, mirrored elevator, even the smell of coffee wafting from a nearby break room—brought me straight back to my desk in the genetics clinic. I wanted to run into the bathroom and vomit.

Now, I grip the edge of my exam chair and watch the technician's facial expressions as she scans our baby. She measures the circumference of the head and then makes a note in my chart. The corner of her mouth moves. Is that a slight smile? A grimace?

But I know the technician is trained to stay neutral. Her job is to check things thoroughly: the baby's organs and limbs, the volume of amniotic fluid, oxygen flow through the umbilical cord. When she's finished, a doctor will come in to share observations. Her matter-of-fact nature only makes me more anxious. When she clicks on both ends of the femur to measure it, I almost scream, "What is the length? Is it normal?" A short femur is one marker for Down syndrome.

Instead I croak, "Is everything looking all right?"

The technician doesn't look up from her wand. "I'm just making notes," she says. "The doctor . . ."

"Right."

Chris squeezes my hand again, and I look at his face. His eyes are glued to the screen, like a child watching cartoons. He lets out a "Wow," as the baby kicks a leg high and ends up in a pike position.

"A little yogi," he says, pointing. "Like Mama."

Tears fill my eyes. I want to share his joy.

WHEN CHRIS AND I began talking about having children, part of me did share his unclouded excitement. I, too, imagined how wondrous it would be to touch little fingers, sing lullabies, and hike in the woods with a toddler. But as our conversations got more serious, I found myself reluctant to stop birth control. Despite our healthy family histories, I couldn't help digging out my old genetic counselling notes and textbooks from dusty boxes in the basement, looking up statistics, staring at pictures of people with rare disorders. I obsessed about the age of my eggs.

Chris was able to shrug off the fears. "I think we just have to trust," he said, over and over. And then he would remind me of the dozens of unknowns in everyday life: car accidents, plane crashes, heart attacks, aneurisms. He'd list things until I'd put my hand up to stop him. Of course, I knew he was right. I'd have to stop thinking and just jump.

Once I found out I was pregnant, I stopped researching and talking about genetic disorders. I had dozens of statistics rolling around in my mind, but I forced myself to turn them around, just like they'd taught us in school.

"At the age of thirty-five," I'd say to myself, "my chances of having a child *without* a chromosome abnormality are 199 out of 200."

Chris and I didn't talk about "what ifs." We declined prenatal screens that can sometimes be more stressful than useful, and we decided that we would take things one day at a time. Chris focused on supporting me in the things that were under our control: nutritious eating, exercise, stress reduction, rest.

AFTER THE TECHNICIAN finishes her work, Chris and I sit in silence for a moment, waiting for the doctor to arrive. I shift on the table to face him, the paper crumpling under my hip. He is beaming.

"That was awesome," he says.

I smile.

"Can you believe that little heartbeat? Did you see the tiny nose?"

"Yeah," I say. "Amazing."

And I mean this. It *was* amazing to see the baby in my belly: five tiny fingers, wiggly feet, vertebrae stacked like blocks from bottom to skull.

He leans toward me. "Could you see the sex?"

I can't help but giggle. "No."

As Chris rambles on, I find myself rubbing my hand over my belly, reliving the scan with him, wondering what the baby is doing right now. Maybe sucking a little thumb? Peeing? Flipping from side to side? I focus on Chris' voice, the details he describes. And I realize that no matter what happens in the next five minutes or five years, we will always have this moment where we got to see the early life of our baby.

When the doctor walks in, I swallow. Part of me wants to wave him away. I don't want his observations to muddy the moment. But before I know it we are shaking hands and making small talk, and then the doctor picks up the wand and starts a scan of his own.

Chris and I stare at the screen. The baby has hiccups now, the whole body pulsing in a quick rhythm. And then, with a quick brush of the wand, the doctor says, “Everything looks fine at this point.” Immediately he begins a list of disclaimers, about how this is simply a screening tool, and how it is all a calculation of risk. He quotes the statistics I already know. I turn to look at Chris. He shrugs. I place my hands on the sides of my belly and hug our baby tight.

At the end of the appointment, the technician comes back into the room. She hands me a paper towel to clean off the gel and makes some notes in my chart. For the first time, I realize she is about the same age as I was when I was a genetic counselling student. I wonder how she feels about her job, and if she is better able than I was to handle the ups and downs and the stark realities of her daily routine.

As we leave, she hands us a CD containing pictures of our baby. My heart thumps. It’s a way to preserve this moment. I can’t wait to download the photos onto our computer and email them to friends and family. Chris and I walk out of the clinic, the pictures secure in our intertwined fingers, into an uncertain future.

Carrie Visintainer is a freelance writer, focusing on science, travel, and art. She received an MS in genetics from the University of Minnesota and lives with her family in Colorado.

Illness and Healing: The Art of Robert Pope

T. Jock Murray

The last time I saw Robert Pope was about six weeks before he died, and the experience remains with me like a scene in one of his paintings.[1] It was just before Christmas, along the harbour front in Halifax, and we saw him coming out from the Farmer's Market, a tiny Christmas tree tucked under his arm. He was pale and thin, but greeted Janet and me with that ever-present, slight smile and twinkle in his eye. Robert would have noticed the scene as well; the verticals in the stone buildings signifying strength and healing and the horizontal and slight curve of the street, with the young man adding the contrast of illness and health, fear of death and hope, dark and light, reality and dream. He would have liked the shapes, contrasts, opposites, and multiple feelings.

I first met Robert after hearing that there was a young artist who had cancer and was devoting his work to the experience of illness. I called him, explained that I was at the medical school at Dalhousie University and asked if we could visit his studio. We arrived at a warehouse near the waterfront and knocked on a dingy door. We were met by a quiet, polite, frail-looking young man who showed us into a crowded, cold room with huge canvases and panels leaning in stacks against each wall. At first he just pointed out a picture or held up a panel. As Janet and I alternately

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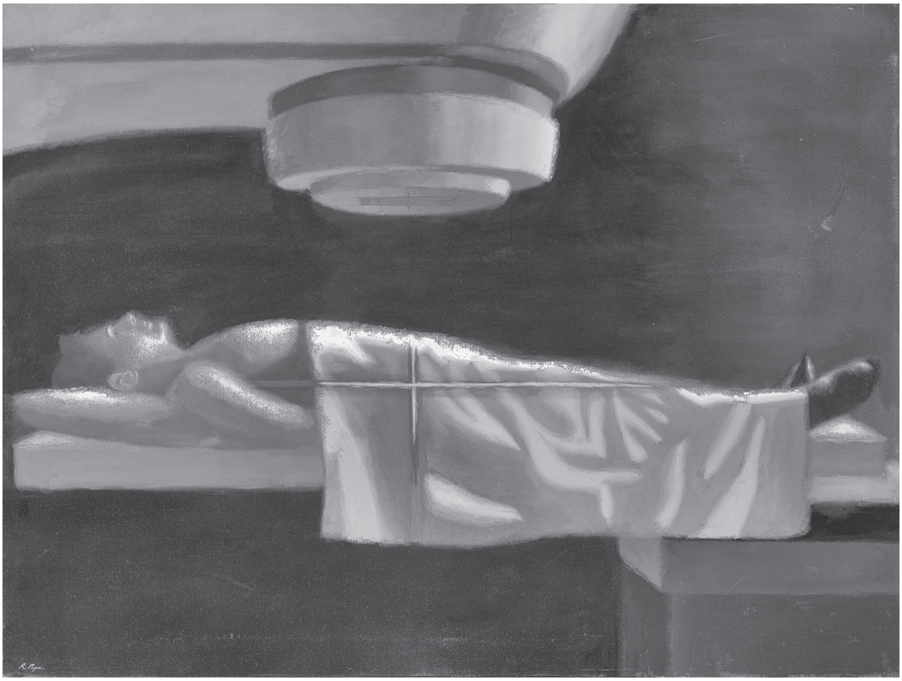
[1] This article is reprinted from Jock Murray, "Illness and Healing: The Art of Robert Pope," *Human Medicine: A Journal of the Art and Science of Medicine* 10, no. 3 (1994): 199–208.



Radiation, 1989, acrylic on canvas, 76.2 x 101.6 cm, Collection of the Art Gallery of Nova Scotia

commented or asked questions, I could see he was watching our reactions. By the time we left, we felt a connection.

Later, Janet and I worried about Robert in his frigid studio. I don't know if he minded the cold, but other things were clearly more important. He had come to a vision of his life-work, and although it might be inappropriate to describe how this quiet, gentle man worked in his cold warehouse as "feverish," he certainly was determined, relentless, and driven. Robert had something to say, and he was always conscious that there may be a limit on the time he had to say it.

Over the next two years Robert became involved with Dalhousie's medical school, the university, and the medical students. A major show of his work at Dalhousie Art Gallery was well attended and received unanimous acclaim, particularly by those who had experienced cancer. Robert spoke to our students in a hushed lecture theatre and then took them on a walk around the gallery, explaining the scenes and feelings in his works. They were deeply moved. During the weeks of the show it was

Hug, 1990, acrylic on canvas, 182.9 x 78.7 cm, Collection of Kellogg Library, Dalhousie University common to see visitors standing in front of a picture, with tears running down their cheeks, hugging each other and remembering an experience of dealing with life threatened by cancer.

Hodgkin's Disease

Soon after graduation, while shaving, Robert found a walnut-sized lump in his neck; Hodgkin's disease was diagnosed. He regarded the diagnosis as a death sentence. The response to repeated courses of therapy wasn't as hoped; each time, his cancer recurred. His physician, Ross Langley, was supportive and honest. The odds for survival dropped, eventually to 20 per cent. He spent time at the Princess Margaret Hospital in Toronto under the care of Dr. Simon Sutcliffe.

Robert turned to methods for taking some control over his own health and destiny while cooperating with his medical advisers. He immersed himself in the philosophy of the macrobiotic movement, incorporating the diet, lifestyle changes, and mental attitudes recommended by that approach.

He accepted and believed the medical model of cancer as the enemy, with therapy as the ammunition to blast it and destroy it. When he switched to macrobiotics he changed his approach and concept; he began to strengthen his body so the cancer would not thrive there. He liked to quote Hippocrates: "Let food be your medicine." He did not disparage or criticize medicine and continued to communicate with and follow the advice of his physicians.

He wanted to have as good a quality of life as was possible, for as long as he could. "Hopefully that will be until I am ninety," he added with a smile. "I find that is best for me. I can't dwell on 'Do I or don't I have cancer?' The real question is 'Do I feel good today?'"

He continued to paint, and his work was gaining attention.

Pope wrote, "There were certain points in my illness when I was in a lot of pain and I can remember thinking at times that if only I could live without pain that would be wonderful. But then, if you just start to look at all the things in life there are to enjoy, just to be able to breathe air or to enjoy food or to enjoy the company of friends or the people that you love, the possibilities just multiply. There is so much richness in the world to enjoy. A feeling of rebirth, a sense of the almost overabundance

Sparrow, 1989, acrylic on canvas, 61 x 76.2 cm, Collection of the Art Gallery of Nova Scotia

Visitors, 1989, acrylic on canvas, 81.3 x 121.9 cm of good things, is the feeling that comes to me."[2]

And in his book he concludes, "Art is powerful preventive medicine. Looking at a picture is like walking through an endless series of doors, with each succeeding door leading us deeper and deeper into a rich experience. This journey stimulates our minds, our emotions, our souls; it makes us more alive. Ultimately the esthetic experience heals us and makes us whole."[3]

Sickness and Health

"Sickness, I believe, carries with it thoughts of possibilities being closed off, of senses being shut down, of feelings of reluctance in engaging with the world. Health, in contrast, involves an expansion of possibilities, and an opening-up cycle that might be likened to a blossom unfolding in the warmth of the sun."[4]

Facing Death

"Living in the shadow of cancer makes every day action an affirmation of life. I see the importance of accepting death in a non-fearful way and the importance of finding joy in life. For the present I continue to live in a complex world with an uncertain future, the same as everyone else."[5]

Gratitude

"There were certain points in my illness when I was in a lot of pain and I can remember thinking at times that if only I could live without pain that would be wonderful. But then, if you just start to look at all the things in life there are to enjoy, just to be able to breathe air or to enjoy food or to enjoy the company of friends or the people that you love, the possibilities just multiply. There is so much richness in the world to enjoy. A feeling of rebirth, a sense of the almost overabundance of good things, is the feeling that comes to me.

"Art is powerful preventive medicine. Looking at a picture is like walking through an endless series of doors, with each succeeding door leading us deeper and deeper into a rich experience. This journey stimu-

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[2] Robert Pope, *Illness and Healing: Images of Cancer* (Hantsport, NS: Lancelot, 1991), 18.

[3] Ibid., 134.

[4] Ibid., 119.

[5] Ibid., 22t.

lates our minds, our emotions, our souls; it makes us more alive. Ultimately the esthetic experience heals us and makes us whole."[6]

T. Jock Murray is former dean of medicine at Dalhousie University, and was president of the Canadian Neurological Society and chairman of the Board of Regents of the American College of Physicians. He is president of the Robert Pope Foundation.

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[6] Robert Pope, interview, *Open House*, CBC, February 19, 1992.

Congratulations to the

Winners of the Humanities Poetry and Prose Contest

Co-sponsored by Ars Medica and CMAJ

The winners, which will be published in either *Ars Medica* or *CMAJ,* were announced at the Canadian Conference on Medical Education in Quebec City, April 20, 2013.

BEST STUDENT WORK

Leah Ellingwood, for "Day One," a sensitive and moving account of a student's coming to terms with the body on her dissection table.
Honourable mention to **Holly Delaney** for "The First Time I Died," on a series of blows life deals us.

BEST POETRY

Beverly Goodwin's "Witness," a powerful piece on the necessity for love and human connection.
Honourable mention to student **Mary Yang**'s "Dirt," on essential aspects of childbirth, from prehistory to the present.

BEST PROSE

Mary Seeman's "Reunion," a perceptive tale, with a twist, of a therapist's meeting with a former client.
Honourable mention to **Mehr-Afarin Hosseini**'s "The Silent Sparrows," a harrowing tale of the human toll inflicted by brutal political regimes.

WINNER BEST PROSE
HUMANITIES POETRY AND PROSE CONTEST

Reunion

Mary V. Seeman

On the street, a stooped, grey-haired woman addresses me by name. I don't know her, but I stop.

"I used to be a patient of yours many years ago. Do you remember me?"

"No, I don't think so. Remind me of your name."

"Jacline Joubert. I used to see you at the Clarke."

Jacline Joubert! Of course I remember. Thirty years, but I never forgot those eyes, contemptuous back then, bland now.

"Jacline, I didn't recognize you at first. Of course I remember you. How good to see you. How *are* you?"

She used to come twice a week for therapy, insisting always that we talk in French, *her* language. People who talk about asymmetry in the therapy situation should have studied us. No question but that Jacline was the one sitting in the more comfortable chair.

She treated me haughtily and I knew why. She suffered from a pain condition that no doctor seemed to be able to figure out. It defied treatment. She suffered and no one helped her; we were too inept. More specifically, I was too inept.

"I'm well. Very well. Retired now. I want to thank you. I am so pleased to bump into you because I've been wanting to thank you for so many years. You changed my life. What you said changed my life completely. It has made all the difference."

We are talking French again. Maybe I haven't understood. "What, what did you say?"

"I just said, *merci,* thank you."

What could I possibly have said that she remembers after thirty years? She had ridiculed everything that I had managed, with difficulty, to articulate. There wasn't anything I said her former therapist hadn't said better. The former therapist had been unfailingly insightful, calming, intuitive, lucid. My opposite.

"It was so wise what you said," she continues. "It changed my life."

Her former therapist had known instinctively what to say to make her pain more tolerable. I made the pain worse by insisting she talk about it. When did it start, I had wanted to know, what set it off? "I already went through all that with my first therapist," she would say. "I don't want to talk about it now. Lets talk about bookbinding. Do you know anything about bookbinding?"

She wanted to talk about bookbinding because she knew that was a word I could absolutely not pronounce in French—*reliure*—only a native French person could ever say *reliure*. This was her way of humiliating me, presumably because life had humiliated her.

Jacline was a bookbinder; she made leather bindings for old books. She restored scrolls and manuscripts. Her previous therapist thought her pain might be an allergy to the chemicals she used at work and suggested Jacline take a leave of absence. She was living on a disability pension when she came to see me. She could no longer afford a private therapist, whose fees her government insurance didn't cover. That's how she came to me with her pain.

"What's happened to your pain?" I ask.

"It wasn't pain," she says now, "It was unhappiness. I had *de la peine,* grief."

You certainly gave *me* grief and you were also a pain in the butt to me, I want to say, but I don't say it. We are, after all, two elderly women talking politely on the street thirty years after the fact.

You said you were injured. Your pain was an *injure,* a deliberate personal humiliation. When your mother died and you were no longer needed at home, I suggested your pain was a substitute for everything that was missing in your life. I said you restored other people's books, but the book of your own life remained unwritten. When I suggested your pain was heartache, a *mal au coeur,* you sneered. "That means nausea in French," you said, "My *ancien* therapist would have known better." Of course, as you told me often, your former therapist spoke a very good French.

"What you said, and it changed my life, was you said to go back to book binding."

"I did?"

"Yes, you said not working was making things worse. You said to go back to work."

I never told any of my patients to do anything. I was a very non-directive therapist. Maybe what I meant was let's get back to work, you and me. Or maybe I got so exasperated that I did say it—go back to work, earn some money, go back to your wise *ancien* therapist and leave me alone. I don't remember having said it. All I remember is that she stopped coming at some point. I never knew why.

"So you went back to work? Did you go back to your first therapist?"

She laughs suddenly, a great big genuine laugh. "There never was another therapist. I went back to work to make book covers and to fill my own empty book, just as you told me. When my mother got ill, I was devastated. I clung on to you, which I knew I mustn't do. Some people make up imaginary friends. I made up an imaginary therapist."

Mary V. Seeman is a psychiatrist interested in communication and the difficulties of making oneself understood. She knows that words can deceive. Words have meanings that change over culture and time and interpersonal space.

WINNER BEST POETRY
HUMANITIES POETRY AND PROSE CONTEST

Witness

Beverly J. Goodwin

Why is it, do you think, that people get married? says the woman
to the private investigator, in that movie,

the one in which she thinks her husband is cheating,
but he's just learning to dance.

Because we need a witness to our lives . . . and the man
across the table has no rebuttal.

And if the fear of death is that of oblivion, of not-being,
the universe closing over as though you had never existed . . .

then how deep the horror of the living death: irrelevance,
the invisibility
of the not-noticed, never-mattered.

Your strivings, so much dust.

And so you plunge into the reckless waters of communion—
the risk of shared nakedness, no longer hidden and alone.

And you entwine the tangled limbs of your inmost fears and desires
with those of your lover,
husband, wife;

And imprint your genes and your dreams and your memories
into your children and children's children;

And have names and dates carved on
grave markers—

Witnesses, all of them.

So that when you plead
your essential truth—

I was here.

They respond,
simply,

We know.

Beverly J. Goodwin is a psychiatrist whose poetry and creative nonfiction have appeared in the Canadian Medical Association Journal. *She also writes short fiction. She lives with her husband on a lake in rural Ontario.*

WINNER BEST STUDENT WORK
HUMANITIES POETRY AND PROSE CONTEST

Day One

Leah Ellingwood

I remember thinking that the fluorescent lights cast a deceptively cheery glow onto the rows of blue and yellow bags that lay on gleaming metallic trays. Uncertain, excited, and vaguely nauseated, we filed in between the numbered tables. I inhaled warily, despite an earlier lecture on the room's clever ventilation system and indisputably safe airborne chemical levels.

As we found our assigned tables, we hunted out familiar faces that were distorted behind protective goggles. We cast one another small smiles of feigned reassurance. We adjusted our latex gloves, stole glances at one another's name tags. Secretly, we worried about the embarrassment of fainting or vomiting or, worse yet, realizing that after years of preparation we weren't really cut out for this.

Our own bodies were draped in the over-sized white lab coats we had just rented for toonies. The starch coats had also clothed the previous years' students, who, we comforted ourselves, had managed to learn the anatomy of the bodies contained in these coats and in the numbered bags that still awaited us.

We were to begin with the muscles of the back. This introduction was purposeful: trapezius and the rhomboid muscles, as their geometric names suggest, are easily identified. They're also difficult for the scalpels of unskilled hands to seriously damage. And, most importantly, a human back is relatively impersonal.

As we slowly unzipped our yellow bag at table 26, I thought about the microscopic particles being released into the air. I imagined death settling in my lungs, dissolving in my saliva, becoming part of me.

The body we had been assigned was petite, a woman's. A damp white cloth covered it, and we had been instructed to expose only the segment on which we'd be working, both out of respect and to preserve the body.

As we reviewed the dissection manual, I wondered about pronouns. Was it *her* back, *her* body if the *she* who had possessed it no longer existed? And would never exist for us to know? Was it indecent to refer to a human body as *it*? Was it wrong to think of *it* or *her* as *our* body now?

In the same lecture that we'd viewed graphs of low formaldehyde toxicity levels and been assured that the chemicals meant to preserve these bodies wouldn't damage our living ones, the lecturer had read aloud a letter written to us by a "donor." The anonymous donor had explained the personal decision for wanting to bequeath his or her body to our medical school: the desire to contribute an invaluable practical component to our education and, by extension, to play a role in the care of each of our future patients.

Listening to the letter, I had cried together with my classmates. Not only because of the immense generosity of giving the most personal possession a human can offer, one's physical self. And not only because we empathized with the impulse to give one's death, and correspondingly life, significance through those we hoped to help. There was something indescribably intimate about hearing the words another human being had carefully composed for us before we would cut open the body he or she or another donor had entrusted to us in death.

We carefully pulled back the white cloth and gently tucked it into place. Her back was wrinkled at the sides. It was speckled with small age spots. It was firm and cool to the hesitant gloved touch. I thought maybe she had died supine, on her back. I wondered if she had died peacefully, if she had been with loved ones, if she had been ready, if anyone ever really was. We were to cut along the spine and twice transversely and then peel back the skin, fat, and fascia to expose the muscles we were meant to identify.

I didn't want to be the one to make the first cut. Maybe I wasn't brave enough. Her back seemed too exposed to us, a group of strangers. It felt wrong that we would now expose it further than she had ever seen or maybe even known had existed within herself since before birth.

I thought about how she, whoever *she* had been, might have clothed this back with her favourite coloured fabrics; how she might have glimpsed this facet of herself only in mirrors; how at the beach her children might have lathered sunscreen on those parts of it she couldn't reach; how her loves might have massaged and kissed her here. Fantasies, I know, but not unlikely ones. A back is not so impersonal.

You can't think like that during a dissection. You get light-headed. You start to see your loved ones and yourself in the cadavers around you. You quickly slip into the dark, descending spiral of attempting to conceptualize the unfathomable absence of life.

Death.

I thought again about the donor's letter. It had reminded me of the unknown and unknowable person who had not very long ago been this cadaver, which had led me to ascribe personal elements onto the now lifeless flesh in front of me.

But it also reminded me that the person who had inhabited this body for years, who had grown in it and, finally, died in it, had made the choice for us to dissect and to learn from it.

I feel deep gratitude toward whomever she had been. Wanting to do this last wish justice—to do *her* justice—as we explored the thin layers of muscle, I was able to hold the scalpel, to cut her body, and to learn.

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The Happy Death of Miss Horsey

Rachel Squires Bloom

The stereotype of a young doctor having no time for sleep, family obligations, or leisure is entirely true. I married a man one week before he began a medical residency at a rigorous teaching hospital. I'd found myself at age twenty-three suddenly transplanted to a new city without the network of friends and family that I'd always taken for granted. My new husband couldn't comfort my homesickness; he didn't have time. The flip side of self-absorption is the single-mindedness that allowed Brian to probe, press, question, and intubate strangers for over 100 of the 168 hours of the week. We avoided newlywed bickering because we rarely saw one another.

I can't blithely use the phrase "he cared about his patients." In fact, the first year of his residency he was just as likely to view them as the enemy: "Mr. Adams is trying to kill me" and "Mrs. Holmes wanted to die, but I won't let her, even if it means I'm not coming home tonight." The work week of upwardly mobile, boss-pleasing stockbrokers who were all the rage in the late 1980s couldn't touch Brian's. But when his first day off in months was upcoming, he told me, "I'm going to take Miss Horsey to her son's wedding. She's staying alive just to see him get married. No one has the heart to tell her that even if the cancer doesn't eat her up by then, there's no way she'll leave the hospital alive. I have to think about his." Thinking is what he's good at, very, very good at.

Brian concocted a plan with Miss Horsey's two daughters, who patiently and animatedly held vigil over their dying mother. He arranged for nurses to have a wheelchair and IV available the morning of the wedding. He borrowed a van large enough to accommodate Miss Horsey, her wheelchair, and all of her life-maintaining and pain-diminishing apparatus. There would be lawsuits all over the place should this woman die outside the hospital fortress, so to appear official, I stretched the definition of "English major" and was enlisted as a nurse.

In the ambulance zone I waited in the borrowed van for Miss Horsey to leave the hospital. I was in no way prepared for what I saw. I'd seen the dead but never the dying; her eyes were focused inwards from pain and medication. Her brown skin was grey. Miss Horsey was larger and taller than Brian; her frilly nightgown, newly bought by her daughters, glared inappropriately in the sunny day. I thought she nodded at me in greeting, but her head had slumped when the wheelchair hit a bump. Brian and two nurses lifted her into the van, with the wheelchair and equipment taking up so much room that my eight-months pregnant self could barely squeeze into the back. Brian assigned me to the morphine drip saying, "If she moans in pain, adjust this plastic thing so that more morphine goes through the tube. If she starts to fall asleep, fix it so that less morphine drips in. Don't kill her."

I didn't. Miss Horsey, Brian, and I drove through the bumpy Baltimore streets to church. The relatives were delighted to see Palestine (Miss Horsey), but my husband and I were eyed warily. We had transported, not accompanied, the mother of the groom but were obvious outsiders at an African-American Baptist wedding. The darkest my skin has ever been is peach, and Brian had never set foot in a church except as a tourist in Rome.

The bridesmaids' dresses shone in jewel tones: turquoise, emerald, fuchsia, and topaz. The wedding program held names like Opal, Pearl, and Violet. Miss Horsey nodded, Brian kept a close eye on the morphine drip, and I cried as I do at all weddings. Outside the church a woman hugged me, saying, "You're a good nurse." The bride and groom glowed with happiness with one another and with gratitude that the groom's mother was able to attend. They left for Italy that evening. Miss Horsey left this world four days later.

Years later, Brian still occasionally hears the story of the first-year intern who broke the rules and transported a dying cancer patient to her son's wedding, what good heart that man must have, what a kind person he must be. He hates it. His primary motivation wasn't human kindness, although this must have played a part. I've known him for decades, and the reason that he carried out such an unlikely and thoughtful task is because he could.

Rachel Squires Bloom is a teacher in Quincy, Massachusetts. Her work appears in educational journals, literary magazines, and anthologies, including Hawaii Review, Poetry East, Main Street Rag, Mad Poet's Review, California Quarterly, *and* Chest.

The Last Secret: Breaking Silence through Story and Art

Mary T. Shannon

Introduction

How do we as a society bridge the gap between silence and truth, and talk about mother-daughter sexual abuse, or perhaps more precisely how do we *not* talk about it? It is a topic that defies everything we believe or want to believe about women and mothers, and yet it happens every day. Forged by the mistaken belief that mothers can do no harm, female sexual abuse of children remains under-recognized, under-reported, and under-researched, leaving survivors with no place to go and no one to tell. How can we break the cycle of shame, stigma, and isolation, and reshape our postmodern view and cultural construct of this hidden form of abuse?

Art and literature provide a voice for the disenfranchised, a link from one world to another through the power of story. It wasn't until I finished writing my memoir that I could say out loud that I grew up with a mother who sexually abused me. And it wasn't until I put colour, shape, and form to those words on canvas that I began to feel the internal shifts that come with healing. By giving pain a voice and making our stories public, we connect with and join others in thinking about mother-daughter sexual abuse differently, and then talking about it differently. It is how individual and cultural silences are banished. It is how a strong, collective voice is born.

Healing through Story

My own journey toward healing began with a daily practice of reflective writing that spanned many years. The first step was to engage in memory recall, which often triggers a string of images that we can then translate through language onto the page. "While recalling our images helps us to re-experience the past and can lead to insights about it, creating narrative from those images locates our stories outside of us, which enables us to feel that we have begun to form order out of chaos."[1] Once external form is given to internal experience, a new relationship to the experience can develop, and we emerge out of the shadows into a broader perspective of who we are and who we will become.

This process of objectification serves many functions, for the distance gained from locating it outside of our selves can facilitate the necessary separation to individuate, while simultaneously working toward a healthier integration of self within the experience. We begin to enact an "observer" self, and through that objectification we become a witness to the traumatic event—an audience to our own story. The term *witness* is used here as opposed to the more general term of *survivor* to delineate a call for action. Survival doesn't involve any particular responsibility other than continuing to survive, while bearing witness assumes a responsibility to tell what happened, to offer testimony to a truth that is generally unrecognized or suppressed.[2] Each of us can witness only from the particularity of who we are, for the lens through which we view ourselves and experience the world is uniquely ours, and ours alone.

When I began to write about being an only child of a single mother on welfare in 1950s and 1960s America, I started the process slowly and tentatively through journalling. Not unlike the field notes that anthropologists use in ethnographic documentation, I used these daily entries as a referential tool, allowing them to guide me in the dialectical rela-

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[1] M. M. MacCurdy, "From Trauma to Writing: A Theoretical Model for Practical Use," in *Writing and Healing: Toward an Informed Practice*, ed. Charles M. Anderson and Miriam M. MacCurdy (Urbana: National Council of Teachers in English, 2000), 185.

[2] A. W. Frank, *The Wounded Storyteller: Body, Illness and Ethics* (Chicago: University of Chicago Press, 1995), 137.

tionship with memory. Temporal specificity mediated the structural elements of my narrative, providing a thread that tied the fragmentary moments of my life into a cohesive whole. It was here, at the nexus of memory and identity where I engaged in a continual readjustment of past and present, a process termed "reflexive monitoring," where I maintained permeability between my role as a writer and one as a witness to a particular moment in time, constantly shifting from one role to the other to ensure a full and complete telling of my experience.

It started when I was five, late at night in the room we shared. Mom would call out for me in the sweetest voice I ever heard, my name riding the space between asleep and awake like a song. I'd lie still as stone and pretend to be asleep, but then she'd call out for me again—this time not so sweet anymore, and force me to stand at the foot of her bed and touch her in ways I never wanted, her legs spread wide and her back arched, the streetlight angled across her body like a three-quarter moon.

"You tell anyone and I'll beat ya to a pulp," she'd warn, but I already knew better than to tell and hid our secret so deep I sometimes wondered if God even knew.

On Sundays after mass and Holy Communion, I'd walk back home wondering if the church had a way of washing a soul clean, to scour it like you would a stain on a porcelain sink. I imagined the rinse water taking away the dirt on my soul and leaving nothing but a clean, shiny surface. I wanted to be cleansed like that, to be scrubbed so clean and shiny I wouldn't feel stained or dirty ever again. Grandma always made fried chicken on Sunday, and when I got home I'd grab the wishbone off the kitchen counter and run to find Mom so she could pull it apart with me and see who was going to get the bigger half and win.

"Aren't you getting too old for this crap?" she'd complain, but it was the one thing we did together that didn't send tears down my cheeks or shame running through me. I soon discovered that by positioning my thumb high enough on the bone it would almost always break in my favour, which would send me into a squealing delight—that is, until Mom would get irritated and yell at me to be quiet.

"Oh let her have her fun," Grandma would tell her, but winning the Sunday wishbone was more than just fun; it was like walking out of a movie

with hope in your heart and a smile on your face, reassured if only for a little while, that everything was going to be all right.

I lived on hope the way some people live on drugs, and could not turn away. All week long I'd carry my wishes around like precious jewels in my pocket, taking each one out to look at whenever I needed something to hold onto. I always wished for the same thing: for Mom to stop making me do those things in our room.

Over time I came to believe in the Sunday wishbone as steadfastly as Grandma believed in God, for both required a faith in something you couldn't see—something imagined, yet powerful. I developed an unyielding belief that as long as God and the Sunday wishbone were around, everything could be fixed, because no matter what happened there was always Sunday to look forward to, always another chance, always another wishbone.

I originally began writing my memoir with the intention of giving voice to the silent and the silenced, to raise awareness so that much-needed resources could be developed and the necessary services offered, but in the process of writing I found a safe harbour with which to objectify my past and try to make sense of it. As I watched my words, phrases, and paragraphs come together on the page, I could sometimes feel the weight of silence begin to lift, the burden of isolation begin to disintegrate.

Telling our stories provides a semblance of control over what we cannot control—the past. I wrote and rewrote for nearly thirteen years. I wrote in fits and starts, wrote until I couldn't write anymore, and then I'd sit back down and write some more. It was as if the words had finally found a way out and there was no stopping them. The more I wrote, the more I was able to understand. The more I wrote, the more I was able to let compassion take seed. The more I wrote, the more I was able to construct a self—a fragile, frightened and vulnerable self, but a self nonetheless. As feminist philosopher Judith Butler notes, "In the making of the story, I create myself in new form, instituting a narrative 'I' that is superadded to the 'I' whose past life I seek to tell. I am always recuperating, reconstructing."[3]

Writers such as Isabel Allende, Alice Walker, Audre Lorde, and Sapphire, to name only a few, have written about what they have lived

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[3] J. Butler, *Giving an Account of Oneself* (New York: Fordham University Press, 2005), 39.

through in order to heal themselves, but they also write to help heal a culture that, "if it is to become moral, ethical and spiritual, must recognize what these writers have observed, experienced, and witnessed. All are writing to right a human wrong—one that affected them, surely, but one that affects others too."[4] The imperative to tell, to make sense of our lives and create meaning is the impetus behind every narrative, for the act of writing is and always will be a struggle against silence.

Healing through Art

The word *art* can mean different things to different people in different times and places, but what remains constant is the intersubjective dialogue it engenders between the maker and the self, and between the maker and the viewer. Artists through the ages have sought refuge in the language of visual narratives, of sharing their innermost thoughts and feelings through pictures instead of words. We often forget that before words, there were only pictures—or more accurately, pictographs—line drawings etched into the walls of caves so one person could communicate with another. It was the first link in an emerging process of communication that said, "I am here. Recognize my presence." But what exactly goes into visual representation? What are the particularities of influence affecting the one who is doing the representing?

Susan Sontag reminds us that all imagery represents the view of someone," and yet that view may change throughout the creative process. When creating or viewing a piece of art, it is important to remember that the image does not exist solely on its own, for it is "bounded by a space-time of experience that sets it off from the mundane world. This does not imply a separation from the world . . . but the fabrication of a way of being in relation to things, so that they are imbued with meanings that previously did not belong to them."[5]

The process of making art—of objectifying and distancing oneself from the experience one is relaying—is a release of sorts. No longer is the experience imbedded within the artist's psychic/bodily space, for the objectification allows a perceptual shift in both cognition and affect

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[4] L. DeSalvo, *Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives* (New York: HarperCollins Publishers), 216.

[5] A. Radley, *Works of Illness: Narrative, Picturing and the Social Response to Serious Disease* (Ashby-de-la-Zouche: InkerMen, 2009), 189.

to occur. The maker can now "see" what was once hidden, and begin to see it anew. It is this possibility for new meaning that sets the act of creating and witnessing visual narratives apart from other forms of communication.

The discursive space created by art provides the maker and the viewer with an opening, an opportunity to co-construct a broader vision that may not have been possible through any other interaction. Through this melding of interiority and exteriority in the form of visual representation, a depth of understanding and ordering of one's experience occurs, often at a subliminal, unrecognizable level at first, but it is here, at the nexus of conscious and unconscious perception, where the important work of psychic integration of the experience begins.

When I was writing my memoir, there were often times I couldn't find the words I needed to say, and other times when I was lost in all the words. That's when I'd retreat to the language of colour, shape, form, and texture. I'd stand staring at the blank white canvas in front of me and marvel at the expansiveness it allowed, and before long I'd be sweeping my brush across it to express what I couldn't in words, for there were no words—only memories, thoughts, and feelings that needed a release. As with the blank page when I wrote, the blank canvas offered a safe container for all my shifting emotions, a welcome respite from the cluttered, conflicted space in my own head. Each is a depiction of a certain aspect of the abuse I experienced as a child. Both story and art helped me put the pieces of my life back together again.

Elaine Scarry, in her classic *The Body in Pain,* says that "pain unmakes us, and destroys our capacity to use language, while creativity reconstructs or remakes us."[6] I believe the same is true when we're experiencing emotional stress and psychic pain, for, regardless of its etiology, pain knows no boundaries. Art closes the gap between silence and truth, between the conscious and the unconscious, and helps us work toward integration by bringing light to what is otherwise inaccessible. In Rollo May's landmark *The Courage to Create,* he speaks of the many other benefits of creative work: We develop an appreciation of solitude. We cultivate our openness and receptivity to experience. We develop a sense of

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[6] 6. E. Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), 36.

loving attentiveness to ourselves and to the world. We accept our vulnerability and past suffering. Yet we learn, too, of our power to change our point of view, hence, to change our lives. Through the expressive arts we can profoundly change our relationship to ourselves, to others, and to the world.[7]

Conclusion

By bridging the gap between the conscious and the unconscious, between interiority and exteriority, self and other, maker and viewer, the expressive arts provide a depth of clarity, understanding, and empathy that provide us with a new way to see, think, and talk about mother-daughter sexual abuse. Art in all its forms has been and always will be a representation of human experience, and it is in the sharing of our experiences, even as we struggle to make meaning of them, that we create a sense of humanity. My memoir ends with a letter I wrote to my mother when I was twenty-two, the day I learned of her death. She was fifty-one years old.

Dear Mom,
I never had a chance to say good-bye to you, but I wish I had. I wish I'd had the chance to talk to you, to tell you that sometimes I feel so sorry for you and for what you had to go through in your life—sorry you didn't have any choice about being saddled with a child you didn't want, sorry that Daddy walked out on you. But sometimes I don't feel sorry for you at all. Sometimes all I feel is hatred toward you, a hate so strong it hurts. I still hate you for not loving me, for not wanting me, for using me and abusing me. I hate you for not being the mother I needed you to be.

You should know that I still have nightmares, that sometimes I have full-blown flashbacks—cuts from the past that replay themselves like two-second horror shows in my head. I have trouble trusting, trouble developing friendships with women, and I can't fall asleep at night unless I'm alone. Deep down, I'm scared to death that no one will ever love me. These are my legacies, the fabric of who I am. But it's not all of who I am. I am also the first one to fight any injustice, even when it's not in my best interest. You were the one who taught me to stand up and speak out, to be brave no matter what. And I can

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[7] R. May, *The Courage to Create* (New York: Bantam, Doubleday Dell, 1976).

do this because I have your stubborn determination, your stubborn pride. I have the same fire inside me that you had, the one that lights up my dreams and gives me hope, and I know it will never go out. You gave that to me. You gave me what you could.

I know that now.

You won't believe this, but what I think of most is how you held that wishbone for me every Sunday, saying it was a bunch of crap, but holding it anyway. You'd sigh, take one last drag off your Pall Mall, pick up the wishbone, and hold it in your outstretched hand, waiting for me to take hold of the other end. And I always did.

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Bag Valve Mask

Sarah Fraser

too little air and her lungs deflate
too much and they could collapse
so I slightly squeeze the bag
feeding her oxygen

with medical-student-anxiety
but also with consistency
timing it with my own breath
for fifty minutes

and then finally
she pitches in
beginning to breathe
and then I am the one pitching in
helping her breathe

pursuing harmony
until she no longer needs me

we reach regulation of
        inhalation
        exhalation

                respiration.

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Sir Frederick Grant Banting (1891–1941): Physician-Scientist-Soldier-Artist

The Editors

> *During the past year and a half I have not been in active practice but have remained associated with the clinics. I have also kept in personal touch with the first fifteen patients who received insulin treatment. These patients were all extremely severe diabetics for whom diet had done its best. Of these fifteen patients, seven were children under fifteen years. It has been possible through the intelligent co-operation of the parents to continue a proper balance between diet and insulin dosage, and to maintain six of the seven children sugar-free. None of these have had to return to hospital, and all have gained in tolerance, and require from one-half to one-third less insulin than when they first began treatment. They have all gained in height and weight, and for the most part have developed into healthy normal children. The one child whose diet and insulin has not been properly controlled has been back in hospital repeatedly and is steadily losing in tolerance. Of the remaining eight cases there were four women and three men whose ages ranged from twenty-five to thirty-five years. The weight of the women varied from seventy-four to seventy-nine pounds. Two of the women, although they have gained to normal or overweight and now have no symptoms of disease, have not shown any increase in tolerance, due, perhaps, to the fact*

Sir Frederick G. Banting, *Untitled* [Rocky Mountain scene], oil on board, not dated, 21.59 x 26.67 cm, University of Toronto Art Collection 1990-006, courtesy of the University of Toronto Art Centre

> *that they have not kept sugar-free. All the others, both men and women, have been able to reduce their dose of insulin from two-thirds to one-fifth of the original requirement. The one remaining case was admitted for amputation. She had had diabetes for six years, and at the time of admission, her blood sugar was 0.350%, and large amounts of acetone and sugar were being excreted in the urine. She was rendered sugar- and acetone-free by means of insulin before the operation was performed. Amputation was done at the middle third of the thigh. The stump was entirely healed in three weeks. Within six weeks of her operation, insulin was discontinued and her diet was increased without the return of diabetic symptoms. It is now three years since her operation and she is sugar-free on a liberal diet without insulin.*
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> *—Banting, Nobel Lecture, September 15, 1925*

Sir Frederick G. Banting, *Fort Resolution (summer)*, oil on board, 1928, 21.59 x 26.67 cm, University of Toronto Art Collection 1990-007, courtesy of the University of Toronto Art Centre

Banting: Physician-Scientist-Soldier

Frederick Grant Banting was born on November 14, 1891, at Alliston, Ontario, the youngest of five children of William Thompson Banting and Margaret Grant. Educated at the public and high Schools at Alliston, he later went to the University of Toronto to study divinity, but soon transferred to the study of medicine. In 1916 he took his MB degree and at once joined the Canadian Army Medical Corps, and served, during the First World War, in France. In 1918 he was wounded at the battle of Cambrai, and in 1919 Banting was awarded the Military Cross for heroism under fire. When the war ended in 1919, Banting returned to Canada and was for a short time a medical practitioner at London, Ontario. He studied orthopedic medicine and was, during the year 1919–20, resident

Sir Frederick G. Banting, *Hill Village*, courtesy of New Tecumseth Public Library and Simcoe County Archives

surgeon at the Hospital for Sick Children, Toronto. From 1920 until 1921 he did part-time teaching in orthopedics at the University of Western Ontario, London, besides his general practice, and from 1921 until 1922 he was lecturer in pharmacology at the University of Toronto. In 1922 he was awarded his MD degree, together with a gold medal.

Earlier, however, Banting had become deeply interested in diabetes. The work of Naunyn, Minkowski, Opie, Schafer, and others had indicated that diabetes was caused by lack of a protein hormone secreted by the islands of Langerhans in the pancreas. To this hormone Schafer had given the name insulin, and it was supposed that insulin controls the metabolism of sugar, so that lack of it results in the accumulation of sugar in the blood and the excretion of the excess of sugar in the urine. Attempts to supply the missing insulin by feeding patients with fresh pancreas, or extracts of it, had failed, presumably because the protein insulin in these had been destroyed by the proteolytic enzyme of the pancreas. The problem, therefore, was how to extract insulin from the pancreas before it had been thus destroyed. While he was considering this problem, Banting read in a medical journal an article by Moses Baron, which pointed out that, when the pancreatic duct was experimentally closed by ligatures, the cells of the pancreas that secrete trypsin degenerate, but that the islands of Langerhans remain intact. This suggested to Banting the idea that ligation of the pancreatic duct would, by destroying the cells that secrete trypsin, avoid the destruction of the insulin, so that, after sufficient time had been allowed for the degeneration of the trypsin-secreting cells, insulin might be extracted from the intact islands of Langerhans.

Determined to investigate this possibility, Banting discussed it with various people, among whom was J. J. R. Macleod, professor of physiology at the University of Toronto, and Macleod gave him facilities for experimental work upon it. Charles Best, then a medical student, was appointed as Banting's assistant, and together, Banting and Best started the work that was to lead to the discovery of insulin.

In 1922 Banting had been appointed senior demonstrator in medicine at the University of Toronto, and in 1923 he was elected to the Banting and Best Chair of Medical Research, which had been endowed by the Province of Ontario. He was also appointed honorary consulting physician to the Toronto General Hospital, the Hospital for Sick Children, and the Toronto Western Hospital. In the Banting and Best Institute, Banting dealt with the problems of silicosis, cancer, the mechanism of drowning and how to counteract it. During the Second World War he became greatly interested in problems connected with flying (such as blackout).

In addition to his medical degree, Banting also obtained, in 1923, an LLD (Queen's) and DSc (Toronto). Prior to the award of the Nobel Prize in Physiology or Medicine for 1923, which he shared with Macleod, he received the Reeve Prize of the University of Toronto (1922). In 1923, the Canadian Parliament granted him a life annuity of $7,500. In 1928 Banting gave the Cameron Lecture in Edinburgh. He was appointed member of numerous medical academies and societies in his country and abroad, including the British and American Physiological Societies, and the American Pharmacological Society. He was knighted in 1934.

Banting married Marion Robertson in 1924; they had one child, William (b. 1928). This marriage ended in a divorce in 1932, and in

Charles Best and Frederick Banting, 1921[?]. University of Toronto Archives

1937 Banting married Henrietta Ball. When the Second World War broke out, he served as a liaison officer between the British and North American medical services and, while thus engaged, he was, in February 1941, killed in an air disaster in Newfoundland.[1]

Banting: The Artist

Banting was a keen observer of nature, not only as a physician and scientist, but as an artist. He had hoped to devote more time to drawing and painting and had indicated that he wanted to pursue art full time after the age of fifty but unfortunately died when he was forty-nine. During his free time Banting sketched landscapes, people, towns, and apparently began watercolours in 1920 to pass the time waiting for patients.[2] He later joined the Arts & Letters Club in Toronto, where he became friends with A. Y. Jackson and over the following years went on sketching trips to Quebec and the Arctic.

Banting's oil paintings convey an appeal and appreciation of landscapes and towns seen by a physician who keenly observed nature and enjoyed the quiet and isolation of the outdoors. His sudden tragic death robbed Banting of his opportunity to spend his mature years studying and practising his art.

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[1] "Frederick Grant Banting." Nobelprize.org, 1923.

[2] J. L. Fraser, "The Determined Painter: Sir Frederick Banting," *CMAJ*, October 5, 2010, 182.

You Are So Good to Me

SuzAnne C. Cole

"You are so good to me,"
she beams.
No, I want to shout, gratitude so
cheaply obtained choking me like bile.
What she mistakes for kindness
is guilt masquerading as duty.
Her pleasure in the flimsy metal frame
meant for her latest prize—a certificate
naming her the youngest inhabitant
in this retirement village—is absurd.
How can she, BA, MS, EdD, so glory
now in merely being younger than the rest?
Does she not sense my resentment of her
existence, this life as narrow as a garter
snake? She could walk,
but fear straps her in a wheelchair,
erases her, my sister, only sibling.
Greyness fogs her hair, skin, and teeth.
"You are so good to me," she says
when I collapse her into my car,
treat her to a restaurant meal.
"I haven't been out in four years."
Not true. We journeyed forth,
three months ago, but her
memory allows no correction.

Arguing with her is as useless
as her legs, her mind, this life.
Sometimes I conjure slick, thick-bodied
pythons encircling the steel bed,
the railings controlling her sleep.
You are so good to me?
How can she not know
I sometimes dream her dead.

SuzAnne C. Cole, former college English instructor, writes in the Texas Hill Country. Both a juried and featured poet at the Houston Poetry Fest, she once won a Japanese haiku contest.

Material and Container

Amanda Forrest-Chan

> Draw not just one part of it, but the whole. Yes, even the three-dimensional way someone turns, blinking away tears. Do not think too much of surfaces (instructs Nicolaides). There's something else, but the eye alone is not capable. In any case, get it down on paper. Let's say it's sorrow. Let's say it's a little bit of death getting into it. Well, get that on paper too.
>
> —Anne Simpson, "The Human Figure"

Almost seventeen years ago my mother and I were in a catastrophic automobile accident that left us both with injuries that required hospitalization for over six months. My mother and I always say that we had similar but opposite injuries (although each of us had some soft-tissue damage and broken bones), she with her broken face, legs, and arm; and I with the degloving of my left leg and flesh wounds to my hands and face.

During my recovery, when I was able, I began doing art in the hospital. I made simple things, like painting a T-shirt and making little boxes out of clay. None of the art related to what I was going through directly, but these small gestures of creation began in me a stirring of inquiry about materiality, surfaces, and the body as a whole, that I have been exploring to this day. I began my master of fine arts degree, studying printmaking two years ago, and have been uncovering different layers and levels of the body and the experience of living through my artistic practice.

It is not art as therapy, but rather the act of creation itself that makes a safe field in my mind where I can enter and sort through my confusion,

Protect, 23 x 17 inches, 2012

experiences of pain, loss, trauma, the passing of time, death, and a sense of hope. The act of making and seeing the outcome of artistic processes has created a type of internal empathy in me—for myself and for others.

Years and years of recovery and life lived have placed a protective layer between me, the trauma of the accident, and my experience in the hospital, yet every day I see remnants on my body that bare the record of my history, and I just can't help but see my body as a material thing: a kind of container.

Amanda Forrest-Chan is an artist and graduate student pursuing her master of fine arts in printmaking at the University of Alberta. Her work explores corporeal qualities and sensibilities, and has been exhibited both nationally and internationally.

Cicatrix, 23 x 17 inches, 2012

Memoirs from the Fry Palace

Thomas Livingston

First Days at the Fry Palace

"Do you know who I am?"

"Your name tag says Nurse Ratched, so you must be a nurse."

"My mission?"

"To make people feel better?"

"My mission is to deliver pain. To delivering increasing amounts of pain until you're reduced to a panting, gurgling animal."

"A noble mission."

"You've just doubled your pain ration for today. I don't tolerate wise guys. I don't tolerate any guys. I hate men."

"Yes, Nurse Ratched."

"Think of radiation therapy for your throat cancer like frying a chicken. Your throat's the chicken and I'm a lean, mean, super-buff female Colonel Sanders."

"Not quite the image in my mind."

"When I deliver the first blast of radiation, it's like dropping the chicken in the deep fryer. It sizzles and bubbles but remains white and pink for the first few minutes. But then I deliver another dose, and the inside of your throat begins to turn brown and stiffen up. As the treatment continues, your throat turns darker and darker brown, until it becomes like chicken on the grill with big charcoal blisters. The skin turns black and flakes off."

"Sounds like the pain will be unbearable. Will I flop around on the table?"

"My mission is to bring pain to your throat, not to turn you into a spastic. Therefore you are bolted down to the table. First, we fit you with a mask that encompasses your shoulders and fits so tightly around your face that you can't open your mouth. Your jaw will be clamped shut on a mouth guard so we don't melt your teeth. Then we tighten the bolts and leave the room. We shut the concrete and lead door behind us. We protect ourselves from that radiation, believe me. Sitting in my chair at the control panel, I monitor you with three cameras. I push a button, and the table moves you into position so the accelerator can rotate around your neck, blasting the cancer cells from different positions. The first blast lasts about twenty seconds. Each succeeding blast lasts about the same time. That is the required dose. But when people fail to meet my standards of discipline, I lengthen the blast time. No one knows but me. But you will know later as the pain becomes excruciating."

"Had any fatalities?"

"Only one. A real macho pig named Randle McMurphy. I left it on so long that it melted his mouth guard and then his teeth and he choked to death on the enamel that flowed like lava down his throat."

"You've told me the truth. I can picture the consequences. I guess I'm ready for Session 1."

(To be continued in the tradition of Charles Dickens)

Week 4 at the Fry Palace

"Good afternoon, Livingshit—and you really do look like living shit."

"Thank you, Nurse Ratched."

"At least your manners are in place. Ready for your daily Shake & Bake?"

"Yes, Nurse Ratched."

"You like japs, Livingshit?"

"You mean the Japanese?"

"No, I don't mean the Japanese. I have colleagues who are Japanese. Japanese Americans. I mean japs with a small *j*. I mean those slant-eyed, yellow-bellied, small-dicked cowards who bombed Pearl Harbor and killed my grandpa. I mean the japs who worshipped the emperor and wanted to rule the world."

"Given that definition, probably not."

"'Cause today, we're going to kill japs. Tens of thousands of japs. And there'll be lots of collateral damage—mainly your miserable mouth and throat, got it Livingshit?"

"Not entirely, Nurse Ratched."

"Let me explain it to you then, numbnuts. japs are like cancer cells, small and lethal. All those cancer cells in your throat are the memories of japs who fought against us. Memories that haven't died. So, it's Hiroshima déjà vu time for your throat, get it?

When I move the Novelis Tx™ into position, it's like I'm piloting the *Enola Gay* over your throat, which is Hiroshima. I *am* Enola Gay. Gay! Get it?"

"Yes, Dyke Ratched."

"Very funny. But you know what's not funny? I control the power regulator for the radiation blasts. It takes only a flick of my wrist to up the power from Shake & Bake to Turn & Burn. I can burn right through your neck so the skin in the back gets crispy and flakes off like huge dandruff flakes. You want that?"

"No, Nurse Ratched."

"Then lie down on the table while we put on your mask and bolt you down. The first burst of radiation is like the initial explosion of the bomb. All the cancerous cells are running around your throat and screaming and melting and turning into charcoal. But wait—some of them are dragging themselves to the edge of your tongue, trying to hide from the inferno. That's when I jolt them with the next blast. Now, they're liquefying and dissolving just like the japs at Hiroshima who didn't die from the primary heat and radiation. They're in agony, squirming along your tongue and throat as they die. And every day, history repeats itself as we strap you down and I drop the bomb. Isn't that wonderful? We are exterminating the jap cancers cells in your throat on a *daily* basis. No wonder God blesses America!"

"But the pain is unbearable."

"Suck it up, Soldier! There's always collateral damage in war. Sometimes we must kill the patient to save him. But your suffering, your sacrifice, is for a great cause. Like Vietnam and Iraq and Afghanistan, it is not in vain."

"Thank you, Nurse Ratched. I'm proud to be an American. Let Session 21 begin."

(To be continued in the tradition of Charles Dickens)

Christmas Comes to The Fry Palace

"You're late, Livingjerk—is it true you were hiding?"

"Yes, Nurse Ratched."

"Your stupidity's without limits. Where did they find you?"

"In the maternity ward."

"The maternity ward. What were you doing, giving birth to little Living Dumblettes?"

"No. I was hiding in a crib under a blanket."

"Who found you? One of those retarded nurses they have up there in that mutated baby zoo?"

"No, the grandparents of the newborn who was supposed to be in the crib. The woman pulled the cover back expecting her first view of her grandchild. She looked at me and then grabbed her husband and screamed, 'Oh, Harold. Oh my God, Harold. Our little Muffy has given birth to a monster!'"

"A scrawny monster after all the weight you've lost. Nothing like some hot radioactivity to shrink your vital organs and shed the pounds, huh, Livinggaunt? Think it's time for a feeding tube. Got to stuff some calories back into that pathetic skeleton you call your body."

"A feeding tube?"

"Yeah, asshole. I've ordered up a procedure for 7:00 tomorrow morning before you come in for Turn & Burn. You know how we insert the feeding tube?"

"No, Nurse Ratched."

"A new kind of pain, Livingshit, a new and unexpected source of pain. We secure you to the table and then we put duct tape over your mouth. Two thick layers of duct tape. We take a power drill and drill a hole in the middle. Remember to open your jaw inside your mouth or the drill will go through your front teeth. Ha ha! You see, I do have a sense of humour.

"Then we stick the air tube from a bicycle pump through the hole and down your throat until it gets to your shrivelled little tummy. And my dear Livingbloat, we start pumping. Blow you up like a blimp. Think you saw some swollen bellies in maternity? They were washboard abs compared to what you're going to look like.

"When we've stretched the lining of your stomach so much that it's lying against the outer skin of your stomach, we take a sharp Number 2 pencil and jab through both layers, quickly inserting a feeding tube before you can deflate. The feeding tube has a little balloon with glue on it and we inflate the balloon and yank it back against the stomach lining and skin to secure the tube and we're ready to go.

"The moment you lose a pound, we start pumping a thick gruel full of calories and liquid fat from our liposuction patients through the feeding tube and into your stomach. We can pump in 1600–1800 calories a day. Just like force-feeding a French goose, Livingpâté-de-fois gras. Yum yum."

"I won't let them do it, Nurse Ratched."

"Livingdumb, do you want me to turn the radiation power regulator to maximum? Because beyond Turn & Burn, I have the ultimate radioactivity burn our machine has to offer: Scorch & Torch. If you take a full blast of Scorch & Torch, your head's going to look like a marshmallow on a stick that's been held over the campfire too long. Is that what you want?"

"No, Nurse Ratched. I can't believe it's Christmas Day. Merry Christmas, Nurse Ratched. Merry, merry Christmas. And God bless us, every one."

"That's more like it, LivingTim. And don't let me forget to tell you what we did to Tiny Tim when we got him on this table the day after Christmas!"

(To be continued in the tradition of Charles Dickens)

Adieu to The Fry Palace; Bonjour to True Romance

"My God, it's already your last day, Livinglucky. I don't feel like I've given you hardly enough pain. I'll miss you."

"Thank you, Nurse Ratched. You've taught me so much about how the body can endure more pain than it thinks it can."

"Exactly the kind of knowledge I love to impart, Livingsmart."

"You've taught me that without pain, there can be no pleasure. How can we define pleasure if we don't know its opposite?"

"Exactly, Livingwise. You have truly absorbed my truths."

"Nurse Ratched, I've been thinking."

"Yes, Livingthought."

"Well, I've squirrelled away a small nest egg for retirement. And I wondered, I thought, maybe perhaps, you and I could use the money and buy a small place with a mobile, junior sized Novalis Tx™ that would allow you to continue the treatments."

"Oh, Livinggood, I'm speechless. Just speechless. I never believed that in today's world of corruption and violence and torture, I would receive such a gentle, tender offer."

"Nurse Ratched, Nurse Ratched, may I . . . might I dare to call you Brunhilda?"

"Oh, Livinggood. How romantic. How awesomely romantic. No one has called me Brunhilda since my Uncle Newt used to molest me as a child. He was such a gentle molester, tickling my titties with trinkets from Tiffany's. So unlike Uncle Rick, who was so brutal with me later, with his six-gun and bottle of Lone Star beer and his damn yellow rose that used to tear my flesh. Yes, Livinggood, you may call me Brunhilda if I may call you, Oh, I shudder with joy to say it, if I may call you Livinglove."

"My Brunhilda!"

"My Livinglove."

"I see it now. A small cottage on the edge of a brook with a white picket fence, a field of golden daffodils, green shutters, and a 220-volt outlet in every room."

"And a water-smooth silver stallion racing through the green valley. Blow, winds, and crack your cheeks. Rage. Blow. The love of Livinglove and Brunhilda shall not be denied."

"Yes, we can plug in our mobile and romp from room to room, radiating each other."

"All this and Heaven, too."

"Blessed are the pure in heart."

"Oh, LivingHem, we'll have such a damned good time together."

"Yes. Isn't it pretty to think so."

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*Thomas Livingston published two novels—*Paper Walls of Innocence *(Bantam Books) and* The Tower Is Down *(Weidenfeld & Nicolson)—stories in US magazines, including* Playboy, *and non-fiction in* Best Food Writing 2011, *edited by Holly Hughes.*

To the Doctor

Joanna White

Remembering

You stood in wait while they wheeled
my cavernous bed through swinging doors,
walls, yellow as sulphur from a geyser,
metal table dead centre like the eye of a wheel.
Masked figures lifted my quivering body
to meet its shadow in the gleam.
Under sizzling lights, they traced lines on my skin
like paths on a map. But then they held me down,
clamping gas over my face, until my brain
warped and swirled like the fiery ball
on a glass blower's rod.
It was then (it says in the medical records)
you cut a glistening slit in this small child,
wine red funnelling down tubes to the floor.
Reaching in, you cut loose the useless part,
hard as a bean dried in a farmer's basement.
The masks held out a numbered jar
wafting liquid, noxious as science lab,
and you plopped the bean in,
screwing the lid tight to prevent
an escape, whisking it away to display
with the rest of your collection.

From the Medical Records

Patient tolerated the procedure well.
Are they fucking kidding?

Letter to the Doctor

You must have known the scar you stitched
would fade someday to a puckered crisscross
of pearly pink, but you have no inkling
the other scars you left still blister scarlet and flame,
igneous lava taking an age to cool to rock.

Joanna White, professor of flute at Central Michigan University, started writing after performing with a poet. From California, she lives in Michigan with husband, daughter, and son, but was born in Mt. Sinai Hospital, Toronto.

Breathing Lessons

Linda Buckmaster

I press my thin girlish chest against the cold X-ray plate. “Hold your breath,” the cheerful technician says. The familiar whirring sound begins and stops. “Breathe.” I exhale.

“Good girl.” She comes out of the booth and clanks the film plate out of its holder and clanks in another.

I have always been the good girl. Even if it is one of those X-rays that require gagging down white chalky goo, I stand straight and stretch my arms long around the plate, never moving during that held breath, never making a fuss through a childhood of tests and examinations. When I was only three months old, the doctors told my parents they heard a heart murmur and so I am watched. Now I am eleven, and every six months, I undergo two days of checkup at whatever is the closest teaching hospital to where we are living at the time—Stanford, Jackson Memorial, Tufts.

My mother is matter-of-fact, unquestioning. She believes in science and the steady progress of medicine. My father, after all, is an engineer at Cape Canaveral. Technology means advancement and improving the lives of all Americans. It means the future, when we won’t have to worry about anything. Those of us living on the Space Coast in 1962 are doing our part by turning this buggy swampland into civilization—the home of the space industry. We have to, if we want to defeat the Russians.

During the tests, my mother sits with me and listens to the doctors. My father is there for some of the “big ones.” When I tell him I had a blood test, he always responds with the same joke: “I hope you passed.” Frankly, this is a bit corny for my age, but I appreciate the effort.

Of course, sometimes my father is not around, nowhere around, in fact. When it's time for his missile to go, he has to be there. My brother, a child four years younger, is not allowed into hospitals and usually stays with my grandmother or a neighbour. No one in my family is upset by any of this. This is what we do.

But I'm not frail or anything. I swim, I bike, I bodysurf. Next year at the junior high, I will be a cheerleader. The only outward sign is that I am small for my age, and occasionally I turn slightly blue when I get chilled. But I wasn't a "blue baby" at birth; I know how to mimic the answer to that question repeated by each new doctor. I know the answers to all the questions.

And of course, there is the murmur, which none of us in my family can hear, but is very, very important. So important that lines of interns, residents, and nurses come into my room to listen. The doctor in charge always asks my mother if we mind. We never do. Why would we? Even at my young age, I am a teaching tool. Or like a performer on stage.

I have always been the star of my dance school. Ballet-tap-jazz is my specialty. There is a recital every year and I have a choice role. My mother makes all my costumes, including the hats. She spraypaints my ballet shoes silver. In the photos, you can see that I am the one, the skinny one, whose tiny foot is always the most perfectly placed, whose arms are at the proper height and extension, whose head is inclined just so, and who, I will have to admit, always projects a lot of "personality." Although I know how to hold my breath at the right moment, I also know that you should *not* hold your breath while dancing. You should just keep smiling no matter what happens on stage.

There is one time I'm not smiling. It is one of the big ones, a catheterization. My role is to lie on the table, go to sleep, and be wakened toward the end of the procedure because for some reason they need me to be awake then.

I have been here before at the children's heart clinic in Miami, where the catheterization is to take place. We always come to this string of wooden Second World War Army hospital buildings for checkups. I know well the sound of our footfalls on the unpainted floorboards as we move from exam room to exam room. I skip along the way in my scratchy hospital gown. "She's very active," my mother tells the doctors and the nurses. There is no air conditioning, but the stethoscopes always feel cool and friendly on my chest.

For this event, I know a tube is going to be inserted into the vein in my right arm, the good vein so perfectly visible at the right spot in the crease of my arm for blood tests, the ones I always pass. The tube will be snaked into my heart, and there the doctors will learn something new. I'm not afraid. I will be asleep.

But when I wake up and they are pulling the tube out of my arm, it hurts and hurts all the way to my shoulder. I cry. *Why don't they stop? Where is my mother?*

The doctors are talking among themselves, and I am alone. I fade back to sleep, and when I come around again, my mother is standing over me, saying, "She's been crying." I think, She really knows me, really understands me, maybe the last time I will think this for decades.

A FEW WEEKS LATER, my mother and I are stretched out across her chenille bedspread having a mother-daughter talk. We have never done this before, even though there are some female things I need to know about, but it's necessary now. As I was putting the dried dishes away, I told her I knew I was having surgery soon because I'd overheard her telling Grandmom.

Now we have spread out on the bed diagrams of hearts, the insides of them on graph paper, different angles with arteries cut short, and pictures of the operating room and machines. We talk of chambers and auricles and ventricles and the recently invented heart-lung machine that is making it all possible. She shows me the picture in *Life* magazine with the machine and a body on the table and the tubes going to it disappearing under the sheet. The surgery will be in May, and, of course, both Mommy and Daddy will be there.

I am not worried. I heard Mrs. Moxham from down the street tell my mother I am just too young to know what to expect. But I know what to expect. It's science, and science has already done so many amazing things, like sending men into outer space. Every day, we get new things from the space industry that we can use in our houses, like Tang, for example, and Teflon. My mother has a new frying pan with Teflon coating, so nothing sticks to it, although she thinks it's silly to drink orange-flavoured Tang in Florida instead of orange juice.

The surgery date has been scheduled specifically so I can be in my end-of-the-year dance recital, where I am given a trophy on stage in front of the entire audience for being "such a brave girl." I am proud of having this heart murmur and this very important operation coming up, as I walk out to take a bow, still in the costume I was wearing for the gypsy dance.

As the surgery gets closer, though, my mother seems to be watching me more, and she notices I am not sleeping at night. This is nothing new for me; I have had trouble sleeping for as long as I can remember.

When we lived in Palo Alto last year, when my father had a temporary engineering job, I shared a bedroom with my little brother. I was ten and he was six. Every night as I lay on my twin bed, to my amazement, he fell asleep immediately.

"How do you fall asleep so fast?," I asked him one night as we got into bed.

"I dunno," he answered, thinking I was trying to trick him or something.

"What do you think about just before you fall asleep?"

"Nothing," he replied, "I don't think about anything."

How can anyone not think about anything? Especially when you are trying to go to sleep and have nothing else to do? My brother must have slept through it all. How could he not hear, I wonder, on those nights around two after the bars close and my father's fumbling of the front door lock begins. What will happen next, I always wonder as I lie awake.

To block out the sounds on those nights, I cover my head with my pillow and put fingers in both of my ears. I do double-crossed fingers, which some of my friends say is *bad* luck, but I figure two must be twice as good luck as one. Even so, I am poised to listen, like for a cue to go onstage, although I never move. I have to be still so I can interpret the crashes, the yelling, the hitting, the crying, the curse words I can't repeat. It's easier to listen, I have learned, if you hold your breath. And then finally, there is the quiet when everyone sleeps.

MY MOTHER TELLS THE DOCTOR in the weeks before the surgery I am not sleeping and everyone attributes it to the coming event. I am given tranquilizers and have a bad reaction, a hysterical one, thrashing and crying in my lavender bedroom. My father comes in and sits on the side of my bed. I smell the ice cream on his breath, which is what he eats at night when he's trying to stay home, making trip after trip to the refrigerator, the gentle opening and closing clicks of the freezer door like a lullaby. He strokes my sweaty forehead.

"I'm so sorry to be so much trouble to everyone," I sob. "I'm sorry I have to have this operation, and Ricky has to stay at the Taylors while we're away. And my kitty will be all alone—outside."

"You don't have anything to be sorry for," my father says. "It's not your fault. You'll be all better soon, and then I'll teach you how to do my special body flip into the waves."

"You already taught me that," I sniff.

"I know."

"Will you make sure the garage door is left up high enough for Bennie to get under?" I ask.

"Uh-huh. I know just how high to make it. Bennie will be fine."

I start crying again. I don't cry very much anymore, but I can't seem to help it now. I can't help thinking about Ricky and Bennie and Mommy and Daddy.

"I'm so sorry," I bawl again. "I'm sorry to be keeping you home at night so you can't go to the bar."

My father holds his breath for a second. "I want to be here," he says quietly. "I rather be here than at the bar. I want to be here with you and Mommy and Ricky."

"And Bennie," I sob.

"And Bennie."

BY THE DAY OF THE SURGERY, we have gone over the script many times. How they will put the mask over my face. How I should just breathe normally, and the funny smelling gas will make me go to sleep. How the heart-lung machine will do my breathing and heartbeat for me so I can be very, very still for the doctors. How when I wake up, my heart will be fixed.

The night before the surgery, we walk to my room in the children's ward. It doesn't look so bad, I think, because kids get to go up and down the hall in wheelchairs. I say "hi," and they say "hi" back.

Mommy and Daddy and Grandmom and Grandpa Joe are here, and a nurse follows us in. My mother carries my little suitcase with my pyjamas and some new books. She has been hiding the latest in the Cherry Ames nurse series until now so I wouldn't read it all up beforehand. My father is carrying a big box, not round but with six sides and a lid and a cord for carrying it.

"Oh, a hat box," my grandmother says in kind of a fake-y voice. "Linda must be getting a hat."

It's put on my bed, and I open it up. Lying on the top is a doll that looks kind of like an older teenager with a platinum blonde bubble hairdo and blue eyes with long, painted-on lashes, and a real lady's chest pointing under the long ice-blue sleek satin gown. There is some kind of matching train that slips over her arms like a stole. She is beautiful and is wearing high heels. Her head turns and her arms and legs move, although not too much in the tight dress.

"It's a Barbie doll," my mother says. I have never seen a Barbie doll before, but my mother always likes to get the latest thing. My other dolls, Polly and Molly, are just little girls, and although they have a lot of adventures, I haven't been playing with them as much lately.

Inside the box is a whole pile of neatly ironed and folded clothes. I see a wedding gown and a pair of pedal-pushers with matching blouse that ties in front under the waist, and a dress made in the same green and white check of the mother-daughter dresses my mother made when I was littler. I paw through the box and find tiny shoes and hats and gloves.

"Your mother made all the clothes herself," my grandmother says in a voice that lets me know I should be appreciative.

"You made all those clothes," the nurse exclaims. "How did you ever do it?"

"I didn't see you sewing these," I say. How could I have missed it?

"I did it after you went to sleep," my mother says.

I was asleep? I didn't hear the familiar ticka-ticka-ticka of the machine's sewing needle going up and down? My mother has always made all my dresses, though I rather she didn't now, and a few clothes for my dolls. She puts her sewing machine at her place on one end of the dining room table after dinner. If my father doesn't come home, she just leaves his place set at the other end with placemat, plate, spoon, fork, knife, and folded paper napkin. It disappears by morning.

The women hold up each piece of clothing. I can't decide which outfit to put on Barbie next.

"Yes," my mother turns to her audience. "I used a pattern." She laughs, "Every night, hunched over those tiny seams."

"And look at all those teeny-weeny buttons and snaps," my grandmother points out.

"I had to hold my breath to sew those on," my mother says.

I change Barbie into her wedding gown with three snaps and ruffled sleeves finished off in covered thin elastic bands. I slide the big crinoline underneath, fit the veil onto her hair, and go out into the hall to find another kid to show.

THE SURGERY PLAN is for four hours. My mother waits and waits—four hours, five, seven, nine—while the OT nurses go in and out. My father reads much more of *The Rise and Fall of the Third Reich* than he intended. They've already been informed that no one will be allowed to tell them anything until it's over. There is probably one of those big plain white-faced clocks on the wall with big black hands and numbers that my parents don't want to look at. Beyond those wide swinging doors, I am sleeping.

Finally the surgeon emerges, shakes my father's hand. "Everything is fine," he says. "A bit more complicated than expected. But Linda is fine." It's then he tells them for the first time the story he will have to repeat later so they can take it all in, a story that wasn't in the diagrams on my mother's bed: *There wasn't just the hole . . . a vein on the wrong side of the heart . . . brain medically frozen for thirty minutes so that breathing and heartbeat was stopped . . . a piece of Teflon tubing inserted through the hole . . . it will stay there permanently . . . should be no problem . . . no, it's not usual.* At least, this is the story I will learn to repeat.

When I finally wake up in my hospital room, the private duty nurse is sitting in a chair reading. My mother is just sitting. I try to say something but can't. Is it over, I want to know. Both of them are immediately by my side.

"You won't be able to talk for a little bit, honey," my mother explains. "They had to make a hole in your windpipe and put a tube in so you could breathe better."

"It's a tracheotomy," the nurse says coolly as she takes my pulse. "Nothing to worry about."

You mean I couldn't breathe, I want to ask. I put my hand to my neck and feel the plastic box inches before I touch where my skin should be, the hoses forcing oxygen into my lungs. I couldn't hold my breath even if I wanted to.

After a few days, the box comes off, and I have to learn to breathe through my neck. I write notes voraciously on little pads of paper to be heard. I change Barbie's outfits. I watch cartoons from the television hanging from the ceiling. After another ten days, the doctor comes in to take out the tube.

"Now you're going to have to learn how to breathe through your nose again," he says as if it is a great joke.

An oxygen mask is put over my face while he works. I feel a small tug as the tube comes out and a little gurgle, then the creepy feeling of stitches being sewn even though he's numbed it up first. There will be a scar at the base of my neck, there *is* a scar there as well as the looping one across my chest—the only physical signs after almost fifty years of this part of my life.

Everyone in the hospital room watches while the mask is removed. If I get this right, I will be able to leave the hospital tomorrow. At first I panic, as nothing happens when I automatically work my neck muscles as I have been for the past week. Then my body remembers and takes over. My first inhale is a gasp.

Linda Buckmaster a poet, essayist, fiction writer, and journalist. She is working on a collection of essays about growing up in "Space Coast" Florida. In 1962, she had open heart surgery in Miami.

My Left Eye

Jo Ann Miller

"My dear lady, you will have grief from this for the rest of your life." The doctor delivered his prediction in a flat tone, as if he was accustomed to making such pronouncements. I stared at him and clutched my throat. Without a word, he produced a metal bowl and held it under my chin. But I wasn't going to throw up. I was just gagging on his words. I wanted to spew them back in his smug face.

"What do you mean 'grief'?," I managed finally. Without looking at me, he rattled on about surgery, side effects, recurrences, pain.

I barely heard him. All I wanted was to flee the shabby office; I was convinced he was getting sadistic pleasure from our encounter. I flew past the receptionist's glass window, tossing off a hasty "Bill me." Out on Madison Avenue in the late winter sunshine, I took deep breaths to steady myself and hailed a cab. At home, tears salted my eyes as I poured myself a large vodka and curled up on the sofa.

My visit to the ophthalmologist that day was the beginning of a medical adventure that would change my life in ways I could never have anticipated. Three months earlier, I had complained to Dr. K, my regular ophthalmologist, about a stabbing sensation in my left eye. "Just dryness," he assured me, and sent me home with eye-drop samples and instructions to call him if the discomfort (ever notice how doctors avoid the word *pain*?) didn't diminish. But the discomfort got worse. Every morning at six I'd wake up with my eye on fire, rush into the kitchen for a cold pack, and lie in bed with it clutched to my face until it was time to get up and go to work. The flames cooled during the day but reignited in full force in the evening.

Dr. K began to suspect that my pain—we'd finally moved beyond "discomfort"—was caused by a growth in my eyelid. "I want you to see Dr. S," he told me. "He's a specialist in this sort of thing."

"This sort of thing"? Did that mean a tumour? Cancer? I'd been around that block before, with my husband. An oncologist at Sloan-Kettering warned that if Lou's bladder was not removed, the cancer, which had shown up as a small "growth," was certain to come back and kill him. He too spoke of grief. Lou and I immediately hit the phones and the Internet and found a savior-surgeon who removed the tumour and preserved Lou's bladder. That was more than twelve years ago. Maybe I would be lucky too. I also figured that losing an eye was not as bad as giving up a bladder. But dread quickly trumped reason. I succumbed to nights without sleep and days tormented by dire imaginings.

At Dr. K's urging, I went to see the eminent Dr. S. After examining my eye, he took out a pad of paper and began making notes. Without looking up, he said, "I recommend you remove this tumour as soon as possible." The word *growth* was gone for good.

"What kind of an operation is it?," I asked. "What will happen to my eye?"

"We rebuild the lid with placenta tissue; otherwise it would collapse," Dr. S answered, still looking down at his notes.

I gasped. "Placenta tissue? Where do you get that?"

Dr. S ignored my question. "I must tell you," he went on, now looking right at me, "You have to remove the tumour or it will destroy your eyelid." Then he added, almost as an afterthought, "although the tumour is likely to grow back."

"Do you think it's cancer?" I asked, choking.

"Not likely. I'd say less than a 1 per cent chance. But even if the tumour is benign, it will still give you trouble."

"What kind of trouble?," I asked, my voice shaky.

That's when he told me I would suffer a lifetime of grief.

I called Dr. K. "I can't deal with this guy," I fumed. "He laid a curse on me! He predicted I'd be miserable for the rest of my life." Dr. K muttered something about "They-don't teach-manners-in-medical-school-anymore." Then he arranged for me to consult with Dr. L, an ophthalmic plastic surgeon famed for refreshing the appearance of countless women of a certain age. Appearance was not the first thing on my mind, although I did wonder what I'd look like with someone's placenta in my eye.

In Dr. L's waiting room, I spent two hours staring at the art deco wallpaper and the silken window swags, waiting for the doctor. Finally, a blond wraith of a woman, with a face so Botoxed she could barely summon a smile, ushered me into Dr. L's examining room. There, decked out in a bespoke suit and an Armani tie, Dr. L proffered a surprisingly limp handshake. With scarcely an introduction, he asked what kind of eye drops I was using. I mumbled the only name I could remember: "Alcon."

"Madam," Dr. L said wearily, "that's a drug company, not a medication. What exactly are you using?"

I felt like a child scolded for forgetting my homework or losing my lunch money. "I don't know. Why does that matter?"

Dr. L said nothing, but stared at me accusingly, as if I were indeed a child and not a very bright one. Then he looked at my eye through his slit-lamp, my forehead squashed against the cold metal. As he rolled my eyelid up over a stick, he announced that there was a tumour in my lid and that it would have to be removed. "See my girl at the desk; make an appointment. I operate on Mondays." And with that he swept out of the room, leaving me no chance to question him about his access to placenta tissue or his odds on the likelihood of cancer.

Dr. L's "girl," another preternaturally thin, poreless blonde, said "Hi, I'm Sally," and then used her own small stick to expose the lid and photograph the tumour. I caught a quick glimpse of the red-and-blue monstrosity and turned away in horror.

"We'll see you real soon," Sally chirped as I left the office.

Not so fast, I said to myself and, fighting back nausea, I headed crosstown to Dr. K, who was rapidly becoming my new best friend. I sat weeping quietly in his waiting room until he was able to see me.

Dr. K put a compassionate arm around my shoulders as I told him about Dr. L, and then he gave me the name of yet another surgeon. I was sure to like this one, he said. The doctor's surname was the same as my maiden name. I decided this was a good omen.

I saw Dr. B the next day at 6 a.m., the only appointment he had available. This time Lou went with me. We drove in silence through the early morning light to Columbia Presbyterian Hospital. The office was coolly medical. No overstuffed chairs and sleek window treatments. No anorectic blond "girls" either. The plump grey-haired secretary smiled at me. Dr. B looked exactly like a Dr. Seuss character, with a perky shock of white hair and a small rounded body. He examined me thoroughly, carefully inspecting both eyes. "You brought them both with you, didn't you?" he quipped. I knew he'd used that line hundreds of times, but I still found it endearing.

Dr. B agreed the tumour had to come out. Well, at least there's a consensus, I told myself. Then I asked about the placenta.

"Oh, no. We don't do that any more," he said with a chuckle. "We reconstruct your eyelid with tissue from your lip and cartilage from your ear. We don't use much—you won't even miss what we take." He smiled.

I wanted to ask Dr. B about the cancer odds, but I got the sense that he was not a betting man. I liked that. His professional demeanour was comforting. I decided to put my eye in his hands.

The first surgery was a biopsy—to "find out exactly what we've got here." I left the hospital heavily bandaged and hopeful. Although Dr. B had been reluctant to specify a number, I was confident the odds were in my favour. So I was unprepared for what happened three days later.

Dr. B removed the bandages, chatting amiably about the latest movies—it turned out we were both film fans. Then he reached over to put the discarded gauze on a table next to him and turned to face me. "You have a squamous-cell cancer in your eyelid," he said as kindly as he could. Instantly the movie *Terms of Endearment* sprang to mind. As Deborah Winger's doctor says, "My dear, you have a malignancy," she echoes his words aloud, her worst fear coming to life in a sad duet.

My moment was eerily reminiscent of hers. But this was no movie, and I had just heard the very words I had been dreading. My stomach roiling in panic, I ran to the bathroom. This time I did throw up, expelling my terror and rage into the toilet.

The surgery to remove the tumour and reconstruct my eye took place the following Monday, which happened to be my birthday, Cinco de Mayo. As I climbed onto the operating table, pleasantly high from the pre-op sedation, I wondered if they would play "Happy Birthday" during the operation. Or perhaps there would be a mariachi band?

Five hours later I woke up in the recovery room. Through the blur I made out a quartet of concerned faces staring down at me—Lou, my sons, and Dr. B. I felt embers burning inside my eye, lit matches scraping across my lid. I heard myself shrieking, "Make it stop." And in a small voice, "Is it OK to cry?"

"Please keep her overnight; give her painkillers," pleaded Lou. But Dr. B was adamant about my going home. "You don't want to stay here. The place is filled with sick people."

Weeks later, when the bandages were gone and the swelling had subsided and the pain had abated and the bruising had faded, people told me I looked normal. "I swear I can hardly notice a difference," they insisted. But I didn't feel normal. The grafts had spawned a row of rogue eyelashes, which instead of pointing up like my other lashes curled inward toward the inside of my eye. The lashes were too tiny for me to see, even with a magnifying mirror, but big enough to claw at my cornea. Relief from this rare side effect came only when the offending lashes were located through a scope and plucked out with a forceps. This was more annoying and time-consuming than painful. Soon I was building regular visits to Dr. K into my schedule, dashing to his office from work several times a week. I became a familiar fixture in his waiting room—settled on the green leather couch, editing manuscripts, phoning colleagues, eating lunch.

With so much time out of my office, I worried that I'd lose my job. But my beloved boss, Liz, came up with a scheme to head off our CEO, who was notoriously intolerant of employee absence. Each day she left a half-empty coffee cup on my desk and made sure my light was on and papers strategically scattered about. She also arranged for the company car service to ferry me back and forth, and buried the bills in her expense account.

ALL THIS HAPPENED more than a decade ago. Since then, I've suffered a recurrence and have had another operation, this time accompanied by chemotherapy. These assaults have exacerbated the trichiasis (trick-*eye*-a-sis), which is the technical term for my eyelash affliction. Dr. K remains my steadfast ally, making himself available for lash-removal at all hours, even on Jewish holidays, when on at least one occasion he's driven into New York straight from his synagogue in Teaneck. We've shared sad moments and funny ones too. One day he introduced me to his father, also an ophthalmologist, a charming octogenarian sporting a pair of high-power hearing aids. "This is Mrs. Miller," said my doctor, "She has trichiasis." The elder Dr. K looked at me sympathetically. "Ah, psychiatrists," he remarked, "best to stay away from them."

Dr. K still calls me "Mrs. Miller," but despite this odd formality, we have formed a warm bond of friendship. A few years ago, he encouraged me to consult a few specialists to see if they could offer relief for my eyelash condition. Soon, in a quirk of fate, the very person who forecast my dark future would turn out to be the one to brighten it. On a cold winter afternoon, not unlike the one on which we first met, I found myself once again in Dr. S's office on Madison Avenue. He didn't recognize me or remember our earlier meeting. He listened carefully to my story.

"Sure, there are procedures to get rid of the eyelashes," he said, and then he described in gruesome detail an assortment of ghastly surgical interventions. He didn't recommend any of them, he admitted. "But," he asked, "have you considered a contact lens? That might block the lashes."

In fact, I had thought of this, but I'd been discouraged by two of the experts I'd consulted. "Give it a try," said Dr. S, not unkindly. "It just might work."

And it did. Yes, a few lashes still crop up outside the edge of the lens. And the eye sometimes becomes inflamed from this unwelcome intrusion. But has it been a lifetime of grief? Hardly. I've flourished in so many ways over the years. And when my eye gives me trouble I head straight to Dr. K's green couch and wait for his warm greeting and the relief I know will follow—a blessing for which I am eternally grateful.

Jo Ann Miller is a freelance book editor in New York, former editorial director of Basic Books, and author of two parenting books. She has published articles in the New York Times, Vogue, *and elsewhere. See http://www.joannmillereditor.com.*

Vertigo

Jennifer A. McGowan

Yellow-diamond shards
force themselves
under your eyelids,
and even closed
eyes can't
keep track of the real.
You reel,
grabbing the chair
so as not to fall off
it or in fact
the floor
suddenly treacherous
and slanted.
You thank God
you're not driving,
remember the time
gravity stopped
and the road split in three,
dancing. You mutter
charms under your breath.
Heart speeds up
then labours confused.
Docs say blood pools
in your calves.

So these greys
and jonquils your only vision
till something someone somewhere

says stop.

Jennifer A. McGowan, disabled with Ehlers-Danlos syndrome (amongst other things), lives near Oxford and has published widely on both sides of the Atlantic. For more poetry and examples of her calligraphy, visit www.jenniferamcgowan.com.

The Magic of a Hard-Boiled Egg

Guixia Yin

As a little girl, I often looked forward to being sick. There was a delicacy to be had only when I was sick. It was a hard-boiled egg.

My mom would put her palm on my forehead and announce, "Fragrant Daughter, you have a fever. I'll boil an egg for you." I touched my forehead, content, even thrilled, to feel the heat.

I put the hot egg in my pocket, enjoying its warmth on my leg. I cleared the clutter from the pocket in case the egg might crack against something. Then I took it out, spinning it on the table and catching it before it fell to the floor. Not wanting my second brother to see it—he would snatch it from me—I put it back in my pocket again. I toyed with it until I couldn't resist the temptation anymore. I cracked it with great care. I wanted it to remain whole and smooth. First, I ate the half-transparent jelly-like white. Then I studied the thin grey film wrapping the yolk. Finally, I bit off half of the fine yellow ball and chewed slowly before swallowing it.

Then, I was sick no more.

My mom told me there was a severe famine in 1960 in China. "The newborns starved in our village, all but three. They were so skinny that their mouths looked disproportionately huge, stretching from ear to ear. And they had their eyes open after death."

I felt a chill running up my spine. I imagined their moms holding them and their thin arms hanging listlessly.

"Your second brother is one of the lucky ones, thanks to your granny," my mom continued while sewing buttons on a shirt. "She went around to her sister and nieces and everyone even remotely related. She got a pound of peas here and a pound of rice there. I cooked porridges and soups and fed your second brother. Good thing he was never picky like you. He ate anything I put in his mouth." My mom had told me this more than once before, but I never reminded her of that. Nor did I ever stop her.

"When you were born, things were a little better. However, you refused to eat anything but my milk. I didn't have much milk. I fed you cookies, but you pushed them out. I gave you a bottle of powdered milk, but you wouldn't eat." I envisioned cookies and milk and my mouth watered. I couldn't believe that I had ever turned those down. I hadn't seen cookies or milk for a year, maybe two years! Turning down cookies and milk was a luxury that I couldn't associate myself with anymore. Bread cost 1.1 cents, but my parents could only afford it two or three times a year.

The decade-long food shortage was a result of both natural and created disasters. There was a lasting drought in 1957, 1958, and 1959. Production continued to be meagre, contrary to Mao's gospel "Men will conquer nature!" Then, Mao, who was upheld as God, mobilized a political movement, which came to be known as the Great Leap Forward. He mandated that industry supersede agriculture and he believed that an impressive steel output would elevate China to the status of an industrialized country. For one thing, households all over the country were ordered to smash everything made of iron or steel, including their cooking woks, to be melted in a commune furnace. That policy proved to be even more disastrous than the running drought. Farmlands were neglected, and the steel produced at villages was useless. To make things even worse, the breakup between China and the Soviet Union led to an immediate payment of national loans, which further drained the country.

For years, there was no food. People were left to their own extreme resourcefulness. They hunted for grass roots, tree leaves, membranes from the bark of elm trees, corncobs, peanut shells, and anything that was not known to be poisonous. Poplar and willow leaves were known to be poisonous, but eventually people had no other options. They boiled and soaked the leaves in water overnight. If they didn't soak long enough, they ended up in violent diarrhea and dehydration.

"Mom, did you really eat corncobs? But how?" Hungry as I was most of the time, I had not been forced to eat things out of the ordinary.

"I ground them, mixed them with a little starch and some leaves. Then I stir-fried them." She was pedaling the sewing machine.

"Was it good?"

"Hard to swallow. They stuck in the throat. There was no cooking oil or anything that could help ease it down." She didn't look up from the pants she was working on. "Once I ate willow leaves and I had diarrhea for days." She stopped pedaling to align the pieces for stitching. Thinking of what she had gone through, I began to feel luckier. Up to that point, I had often complained about our invariable menu: two meals a day—lunch and dinner, with solid food only for lunch, alternating between steamed yams and corn buns—and thin soup for dinner. They didn't fill me, and they gave me heartburn. But at least they were food meant for humans!

On my way to school, there was a butcher's house. On top of his short fences there were always piles of stripped fish bones or pork bones. I couldn't resist stopping and admiring the bones. Grease oozed out in the hot sun; the left meat morsels had turned dark red. Every time, my mouth watered and I imagined a big feast on their table. They were a royal family to me, and sometimes I fancied having a butcher relative.

The butcher worked mainly to serve the soldiers stationed at the nearby military airport around the year. There were not enough pigs, and no farmers had money, so there was no meat, except for two big festivals: Moon Cake Day in mid-autumn and the Chinese New Year at the beginning of spring. Only then did the butcher slaughter pigs for us. Naturally, the slaughtering of pigs was the beginning of a carnival, for both adults and kids.

Word had spread several days before, and both kids and adults gathered at the butcher's shop. The butcher, stout and bald, came holding an inch-thick metal bar. He went up to a dead pig on the ground, pushed the bar through a cut in a leg and slid it back and forth. He pulled out the bar, put his mouth to the cut, and began to blow hard. The pig inflated like a balloon.

"What's that for?," a child asked.

"It's easier to skin the pig," someone answered.

"This is a fat one!"

"Real good!" That was not sarcasm. People preferred fat meat to lean meat because fat meat seemed to quench the meat-craving better.

"It must have lots of lard!"

The butcher worked in silence, glancing at the crown once in awhile. He obviously enjoyed being the centre of attention. He tied the pig's leg with a bloody leather string to prevent deflation. Three boys stepped up and helped him lift the pig into a big wok of boiling water. The butcher flipped the pig and started to shave it. After that, the pig was hung on a wooden scaffold. He slashed it open and caught the hanging intestines in a bucket. He sprayed a bucket of water on it; blood was washed away and then we could see clear layers of ribs, lean meat, and fat.

"Granny, I want that!" A little girl wriggled in her grandma's arms, pointing to the hanging meat. "Honey, we'll have it. Just wait a little while," the grandma cooed. "No! I want it! I want it!" The girl started to cry.

The butcher cut off a thin slice of lean meat and handed it to the girl. She grabbed it and put it in her mouth. She chewed it and swallowed it! "Good heavens!" Adults shook their heads; kids watched and sucked their fingers.

It was time to allot rations of meat to each family based on head count. One person got two pounds of meat, with the pig heads, feet, and intestines going to only the few privileged ones like my father who held the position of a councillor.

That would have been enough to make a feast for every starving child, but not soon. The tradition was for families to first entertain parents, uncles, aunts, and everyone who had done them a favour. That was no feast for kids, because they were not allowed to sit and dine with the guests. They were not even allowed to stand by and watch with their hungry eyes. If there was some meat left, enjoy. If nothing was left, get over it. Often, the guests wolfed down everything on the table, while the kids looked on with a growling stomach. Once, a little cousin of mine started whining in front of the guests.

One good thing came from the shortage of food. It helped me to develop my imagination. The texture of sawed limber made me think of stewed lean pork; the pronunciation of the Chinese word for acre, *mu*, reminded me of the feel of its homonym, mushrooms stewed in pork; any drawing of peanut-sized dots flashed pictures of roasted peanuts in my mind.

A national legacy is in how we greet each other now, in many parts of China. We don't say, "Hi," or, "How are you?" We ask each other, "Have you eaten?"

Guixia Yin was born and educated in China. She got her second master's at Boston University. She teaches English composition at Bunker Hill Community College.

Colchester

C. R. Resetarits

I cast around the ruins of hospital in spite of the chance
of angering you, to set you off in search, to voice that tale of
the threat of lovely broken men, their incalescence, their way
of shimmering in night's leaded glass and time, my being young
and green, your being old, old blue. But we are both grey ladies
now, Papa, and shimmer in our separate shadows. Your cane, whose
voice rang clip-clipping through wards, through dressing stations,
is still in tune and echoes at night the sound of atrium stones,
calling me out from wards so long unused, to hide among the
furrow beds. I know you won't make the stairs in time to catch me
and so I danced among the senseless, the squandered, the lost, most
oh most decidedly. And there was once one I wanted
to dance with, although the pity of his senses—sight, sound, taste,
touch—
had by windy fortune fallen clear away as ripe peaches
will to bruise and bleed though sight unseen. And I embraced this
peach,
half brain, half hand, and held him up. We danced among the choking

chaff, your winter crops, my springtime blooms whirling round and
round, dazed
with thoughts of growing brave, that is, unwise. And I thought to think
as fallen peaches might and closed my eyes. The sound of guns, roar
ripping shells, the quiver-qualm of unseen flows when hip deep
in trenches of quick-tore sheets, and instead of running I just

gobbled up my peach and danced in the juices fruitful fevers
leave. Or were they simply tears for fear of the hapless pulse your
cane made clip-clip clipping? I was thinking safe in sulphur, steam,
in love with soldiers and soldiering and hid from you and your
deciding me too young for such febricity, and so I
was, and so we were, my youth and your blueness most perversely lost,
transfixed, and fey in the once glass corridors of Colchester.

C. R. Resetarits's latest poetry appears in New Writing: The International Journal for the Practice and Theory of Creative Writing, Solo Novo, dirtcakes*, and* Clockhouse Review.

November 5, 2007

Roberta Pantal Rhodes

It's the third week of August and almost the third year since your passing. I have a problem with the word *passing*; it's as if you went from here to there, which in a way you did, but there isn't a "there" where I can find you. You're pretty much gone, except for that place in my heart and mind.

I get especially lonely now and start remembering that last September. You had been going downhill since June. With each visit to Memorial, your numbers kept getting lower and lower. The doctors, knowing how much you loved your summers, scheduled chemotherapy for the fall and said unless there was an emergency, you didn't have to return until early September. Dr. Ryan knew we would do the right thing. He always said I wasn't shy about calling. During the month of August you started producing mucus and we knew by the colour and past experience that it was a bronchitis. We rotated a supply of antibiotics. First it was the Bactrum, then if you hadn't improved, we went to the next antibiotic, Levequin, and then after that the Z pack. You were constantly on them.

At one point, you started taking your temperature. When I asked what was up, you said nothing, just checking to be sure everything was OK. If it went above 100.5, we knew we had to call Urgent Care and they would tell us to come in. During August I knew your temperature had risen because you went into the routine of taking off your socks, your baseball cap, drinking cold water and taking a cold shower during the middle of the day and sneaking Tylenols. When I asked about your temperature, you said you had it covered.

We kept an overnight suitcase packed with toothbrush, toothpaste, shower shoes, shaving kit, comb, brush, a change of underwear and pyjamas ready, in case of an emergency. Many patients at Memorial walked around in golf shirts, jeans, and baseball caps. Some women wore floor-length bathrobes. Everyone pushed an IV pole. In many cases, if it weren't for the IV poles, you couldn't tell if people were sick.

And even though you were ill, you insisted on playing in the Annual Championship Golf Tournament at Greenock, which included two rounds of eighteen holes. I pleaded with you not to go. You hadn't played eighteen holes all summer. We only played nine and rode in a cart, though you tried to walk whenever you had the chance. You complained that you didn't get the same distance as in the past. I said we're all getting older and it could be as much a condition of age as anything else. Artie, your golf partner, said the same thing. But I'm sure you were on to us.

This would be the fourth chemo treatment for your leukemia in nine years. Your response would determine whether there were going to be four or five rounds. For the first round, they always wanted you in the hospital for a night or two, so you could be monitored.

When you were first diagnosed, the doctors told us you had fifteen to twenty years, and down the line there would be newer and better drugs. The first three years we were in a wait-and-watch mode. But even that was terrifying. I could never get your illness out of my head. It was as if we were a threesome. On the Internet I found a CLL listserve. Some patients were proactive while others depended on spouses or friends. People posted symptoms, treatment protocols, and deaths. More information than I could handle. I always wondered when you would require treatment. And you, it's not that you didn't worry, but somehow you put it out of your mind and lived your life. But I? I hounded you about everything: what you ate, how warmly you dressed, telling you to ride, not walk when we played golf, reminding you to drink water, telling you not to wear an undershirt because you sweated so much. I don't know how you could stand me. I couldn't stand myself.

That same day you completed the tournament, we packed everything into the car, put the cats in their carry case, and began our journey back to New York. The falling leaves gave the summer's end a special sadness. We knew what was coming: the cold harsh winter with bare tree limbs and grey skies. It was an ending, but not the one we had anticipated.

Once at Memorial while we waited for a room assignment in the lobby, they sent you upstairs for a chest X-ray, took blood, your blood pressure, and your temperature. You said you had a bad feeling. I said nothing, my heart racing. Did you have a premonition? What provoked you to say that? Did someone say something to you when you went upstairs? You never said something like that before. Were always upbeat, even though you were apprehensive. Likened it to a car going in for a tune-up. While you were gone, I went to the bagel shop on First Avenue and bought you tea with milk and plenty of sugar and, your favourite, a blueberry scone. Afterward, you dozed, while I went to the desk every ten minutes reminding them that we had been there almost three hours. As people waited, they thumbed through magazines, talking to their caregivers, or trying to sleep until their names were called.

WHEN YOU WERE FINALLY SETTLED in your room, Dr. Ryan came in and told us they couldn't begin treatment because you had pneumonia. We'd been through this before. Only when your lungs were clear could chemo begin. We stared at one another, knowing that this hospitalization would be longer than a few days. The routine would be IV antibiotics for one to two weeks, then an X-ray or MRI, to see if they got the pneumonia. If not, more antibiotics, and more MRIs.

So now we had to wait. We were accustomed to this. Waiting for a room, for test results, for medication, for blood transfusion, for the doctor, for the pneumonia. You had been in and out of hospitals for close to six years, having more pneumonias than I could remember. After one chemo, you were hospitalized for low neutrophiles. They gave you medication that would jumpstart your neutorphiles because the neupogen shots weren't working. You responded as if you had been electrocuted. The nurses had lain on top of you to stop the shaking. Another time you were hospitalized for low platelets, bleeding from the nose and the mouth.

Constantly coughing, bringing up mucus, no appetite, pale, sores that didn't heal, shortness of breath; we prayed the pending chemo would fix everything. You had become something to be prodded, probed, tested, and examined. I can't remember a time when you were so sick.

A week into this hospitalization, you complained about your eye. They took you for tests. A fungus left you blind in one eye. Immediately you were sent for surgery. They cut out as much of the fungus as they could. The surgeon said this was catastrophic, that your system was breaking down.

When I asked how you felt, you said, "I'm used to it." I said to myself, How could he be used to it? How could anyone be used to this? The medication began to help the infection, and Dr. Ryan said you'd probably recover your sight. We were thrilled. This was temporary. We've overcome obstacles in the past. This was just another hurdle. We were strong, we could do this. I even planned on bringing your laptop, as I had in the past.

At night, I placed the cell phone on the night table, so you could easily pick it up. You left me several messages. You'd say, "Hi, Robie, it's me, Normie," and your voice would crack; I had to fortify myself against you. Or you'd say, "It's me. I'm in Memorial." As if I didn't know where you were. Things just continued to go downhill. There was no getting over this. This was the time we dreaded.

A few days later, we were told that the medication for the fungus affected your kidneys. The renal specialist told me your kidneys had shut down. What about dialysis? He just shook his head.

When you were first diagnosed, you said, "These are the good times." You were right.

JOANIE, YOUR SISTER, and I decided to bring you home. She had been with us every last step of this hospital stay. She had gone ahead to the apartment and waited for the hospital bed to be delivered while I stayed with you until the ambulance arrived. On the leukemia floor, all the nurses in their rainbow-coloured scrubs—blue, orange, yellow, green—lined up to say goodbye. After all, you had been in their charge for nine years. You smiled, waved and said, "Bye guys." The ambulance attendant securely wrapped blankets around you and then belted you in. You couldn't move your arms and legs. I knew how you hated to have your feet covered. I tried to untangle the blanket so your feet could stick out, but I wasn't able to do that. You were packed in so tightly. As we pulled up to the house and they took you out on the stretcher, you handed your New York Yankees cap to the ambulance driver, telling him to please keep it. At first he said no, but when you insisted, he accepted it.

When we finally got you back to 85th Street, it was such a relief from the hospital lights, the noise of the machines, the nurses coming in and taking your temperature, inserting tubes, taking blood, giving blood. You weren't sure where you were. But when I told you to look down at the foot of the bed, you saw Bootsie sitting right where he belonged, next to you.

HOSPICE CAME WITH INSTRUCTIONS for giving you morphine, but you didn't need it. You weren't in pain; just unable to lie still, wanting to get up and sit in the chair, and once Joanie and I got you into the chair, you wanted to get back into bed. It seemed like we did this hundreds of times. I don't know what I would have done if Joanie weren't there. Her big size came in so handy. She could practically lift you up by herself. I'd sit by your bedside, unable to get close enough, because there were bars that came up and down on each side of the bed.

At one point, when I approached you, you pulled away, wrapping the white sheet around your body. I thought you were angry at me. I remember later when I was in a bereavement group at Memorial, the only man present talked about how his wife cursed him out just before she died. She had brain cancer. Maybe you were just angry that this was happening to you; that makes sense. I asked if you wanted something, if you were in pain. You shook your head no.

The Sunday night before Joan had to return to Philadelphia, we sat in the kitchen talking. I told her I was worried about doing this by myself. I suggested going to Calvary Hospital in the Bronx. I think you might have heard me, because the next morning, while I was still sleeping, you died.

That next morning, the Hospice Aid ran into the bedroom to tell me you had just passed. She told me you had taken one deep breath and then it was over. I ran to you. You looked so peaceful. I think I kissed you goodbye, but I don't remember.

The aid called the funeral home. Two people arrived about an hour later with a white body bag. I'd only seen black bags on the news. Was white supposed to be more gentle, less horrific, make the death less real, make it more pure?

They offered to clear the room so I could sit with you and say goodbye, but I couldn't. It was too hard. And I was so scared.

You didn't have a choice about your illness, but you chose how to die. You decided, not me, not Memorial, you.

I immediately called Joan. She was in her van driving to work. I should have asked her to pull over before I told her, but I didn't think about that. She was unprepared for the news, despite your rapid decline. She was sure you were going to be around for awhile and started making plans to take you out the way she did with your mother when she was in the nursing home. I know that sometimes I live in a cloud and deny reality, but Joan . . . well, her cloud was higher and bigger.

AT YOUR MEMORIAL in the Berkshires, I spread your ashes on the pond with the help of our dear friend Preston, who brought his canoe. He, little Preston, and I paddled out to the middle. I know those ashes were ultimately washed away in the stream that drained from the pond. But no worries, I have your ashes with me everywhere. In the apartment, in the house, and outside in the Rose of Sharon plant in front of the house. It was one of the first flowering bushes we ever bought.

I lie awake at night thinking of you. You're less present now. I don't want you to fade from my mind. I don't think that will ever happen. I don't dream about you. I wonder why. I wish you would come to me in my dreams. One night when I was in the Berkshires, trying to fall asleep, the TV went on by itself. I didn't touch the remote. I had heard that the dead communicate through electricity. For awhile, the bulbs in the apartment kept burning out: in the kitchen, the bathroom, the bedroom. And in the living room the TV died. I hoped you were communicating with me, but now it rarely happens.

Roberta Pantal Rhodes has published in Parting Gifts, Confrontation, Harbor Review, Dovetail, Open Minds Quarterly, *and* BluestemOnlineQuarterly. *"Beauregard the Cat" was published by Mondo. She was awared first prize by The Writer's Voice for "She Will Not See the Tears."*

My Daughter Sleeps

Tyler Scott

Shadows or darkness hardly deter
Calming music cannot soothe enough
Bedtime stories tire briefly
Maybe more me than her
She wants company until she goes under
I have dishes, laundry, and life to do
Yet chores and I can do with time apart
This, *this* takes precedence
She lies there quiet, teddy in her grasp
Innocence, silent and dreaming
I will linger a little longer
Her patience for my peace
Our nightly exchange
No parting words or final kiss tonight
Not worth her waking
Old springs creak
Carpets groan
Holding back curses when I stub my toe
Quick grimaces in pain
The hinges squeak
The door rubs the frame
One more look at this creation
Before we do it all again

Tyler Scott is a Metis writer from Winnipeg, Manitoba. He has been published in Polar Expressions. *Tyler's inspiration is being a father of his two girls. He aspires to contribute to the Aboriginal artists in Canada.*

Hearty Vigilance

R. Steven Heaps

I was skeptical
when my sacred
but cynical friend
John Brennan,
who had cardiac
bypass surgery
decades after
self-defrocking
his way out
of the priesthood,
told me that after
surgery to repair
my mitral valve,
I would live
each day with
my mind in my heart,
my heart in my head,
ever vigilant,
always aware.

Before the procedure,
I had moments
of dread and urges
to flee when
I envisioned my
heart silent and still,

the robot
tunnelling his way
through my armpit,
breaching
the rear wall
of my atrium,
stitching away at
those raggle-taggle leaflets.

While running
on the trail
by the river
below our house
this morning,
with one million,
six hundred
eighteen thousand,
five hundred
sixty-six minutes
rung up on my
perfectly patched pump,
I was reminded
of John's wisdom
when an unbidden
moment of
abject terror
staggered me like
a slaughter-house sledge,
sparked by mindflashes
of my carcass
plumbed through a machine
in that
fluorescent-flood-
stainless-steel room;
my heart
flabby,

cold,
inert

my self somewhere(?),
still hopeful.

R. Steven Heaps, a retired psychologist and author of The Rancid Walnut: An Ultrarunning Psychologist's Journey with Prostate Cancer, *has used writing to deal with prostate cancer, heart surgery, and life.*

Holy Anorexia

Mary J. Breen

In 1962, for my grade twelve year, my parents sent me to a boarding school run by an order of nuns who'd recently arrived from Ireland. The school was set deep in the woods of the Canadian Shield, a hundred miles north of Lake Ontario, a place where cold winds arrived in October and stayed until they were replaced by the milder black fly–laden breezes of May and June. Not only was the school in the back of beyond, I soon discovered it wasn't just a school. It was also a novitiate, a training ground for aspiring nuns, something I'm sure my parents already knew, since every Irish Catholic parent dreams of giving a child to God. And as an only child, I was it.

At that time, the Second Vatican Council was in the process of bringing about monumental changes in the church, but these reforms were still a long way from the backwoods of Ontario. The only talk of change among these nuns was their certainty that, now that "we" had a Catholic in the White House—and an American Irishman to boot—things would start looking up as never before. Their Catholicism, however, was the same sober, nineteenth-century Irish version my father had learned growing up in the Ottawa Valley, and the one he had taught me—a religion focused on sin, guilt, and atonement, and a vivid preoccupation with sins of the body for which, they believed, denial was the only antidote.

I soon discovered that at the school, thoughts of sin began first thing in the morning, and thoughts of sin were to be last on our minds at night. At 6:30 every morning, while we were all deeply asleep, the dormitory mistress would charge in, switching on unbearably bright overhead lights as she clomped past the beds clanging her enormous brass bell and bellowing, “Praise be to Jesus!” Without a moment’s delay, every one of us had to shout back, “Praise be the Holy and Immaculate Conception of the Blessed Virgin Mary, Mother of God!” as we fell on our knees onto the cold hard floor. Immediately we began reciting our Morning Offerings in unison before we got dressed for Mass. We also prayed throughout the day: before and after every meal, often before each class, and in chapel every evening. Last thing before lights out, we all said an Act of Contrition together in case we died in our sleep.

Before I arrived, I imagined the dorm would be one big pyjama party, but I soon learned that we were never ever allowed to say one word to each other in the dorm. The only speaking permitted was when we were praying aloud. We were to act as if we were each alone, heads down, keeping “custody of the eyes” as we hurried back and forth to the toilets or to get fresh water for our basins. The nuns were always watching the friendships we formed with each other, and every so often they would—though they were incapable of speaking directly—refer to the terrible (and mysterious) danger of “particular friendships.” It was a few years before I clued in that this was code for sexual relationships. The dorms were large, cold, open rooms with high-up windows. Thin plywood sheets barely six feet high separated the rows of narrow beds, and limp beige curtains hung at the open ends. Behind these tightly closed curtains, we were to dress and undress as much as possible under our nightgowns so as to lead us not into any temptation resulting from seeing our own naked bodies. Perhaps this is why cleanliness was not next to godliness at that school. Baths and shampoos were allowed only once a week, and we were expected to wash every morning using the water we had collected the evening before. This washing was minimal because we were always rushed and the water was always cold and, in the depths of winter, actually crusted with ice. As drama-prone teenagers, many of us thought our school was a cross between Jane Eyre’s Lowood School and the reform schools we’d seen on the *Late Show*.

Life at the school was nothing like life at home. We had no televisions or radios, no magazines, newspapers, or popular books. We had no skating or tennis or any other sport. We had no restaurants to go to and no stores to visit except for the nuns’ little tuck shop that opened once a week and stocked only toiletries, candy bars, rosaries, and holy cards. For entertainment on weekends, we had lessons in drawing and embroidery, and very occasionally, a wholesome movie like *Going My Way* shown on their 35 mm projector. The more Catholic the story and the more Catholic the actors the better. I remember *A Tale of Two Cities*, and a roomful of teenage girls sobbing as Sydney Carton headed for the guillotine and a far, far better rest than he had ever known.

I hated never being alone. We were forever being reminded that the ever-present Almighty God knew our every thought, word, and deed, and our guardian angels were *ever at our sides*. The nuns too were ever at our sides—in the dorm, on the way to the village church for Mass, at meals, in class, in chapel, in study hall, and on our walks. Even our letters to and fro were read and censored by the school principal. As an only child of older parents, I was used to a lot of time by myself, and I found this constant surveillance disturbing. Several months after I arrived, I figured out that I could dash up to the dorm after lunch and get a little scented hand lotion without being caught. However briefly, these moments on my own made me feel hugely independent.

WHENEVER I THINK ABOUT THE SCHOOL, I remember the isolation from my friends and the real world, and I remember the praying and the homework and a special teacher who taught me a lot about writing, but the first thing I think of is food. Food became my preoccupation—both when I was eating and when I was not. This is not because the food was good. Mostly it was just institutional renderings of familiar foods from home. Breakfasts were mostly porridge and tea. Lunches were meat-and-potato affairs like our suppers at home, not as plentiful, but OK. After that, it was all downhill. Four o'clock tea was always dry white bread, tasteless bright red jam, and strong tea. Suppers at seven were skimpier than any meal I'd ever seen. It wasn't unusual for one of the girls to burst into tears when she saw what was on offer—often only one tomato or one potato followed by three stewed prunes. Once in awhile we got bananas. The first time they arrived we new girls peeled ours halfway down, ready to chomp into them, when Mother Superior rose from her chair, pointing at each of us and shouting "Ape!" She then instructed us in the proper way to eat a banana, which was to peel it entirely, lay it white and long across our plates, and cut it into *very* small pieces to remove, presumably, its suggestive shape.

If any of us complained about our hunger, we were told to "offer it up." The value of "doing without" and "offering things up" was already familiar to me from my childhood. Bartering with God using moments of suffering was a commonplace Old World Catholic practice. Although I had never been encouraged to do anything extreme like skip meals except on Good Fridays, "doing without" did apply to things like butter on my potatoes, and desserts and candy during Advent and Lent. It was very simple: you denied yourself something you liked, and then you offered up your loss for a cause. These little denials could be used as prepayment for some favour for yourself, or in reparation for your own or others' sins in the same way indulgences could be attained for a specified number of days of release of a soul from Purgatory. It was a grocer's view of debts owed and paid. Perhaps because of the mercenary nature of using suffering as a bargaining tool, we were also told that "doing without" was a way to be one with Christ's suffering on the cross, although of course that was a ludicrous exaggeration. Behind this focus on denial was the certainty that we should not enjoy the things of this world because the pursuit of happiness on earth was the pursuit of fools. It was the next world that counted, and to get to the *right* part of the next world required that key aspect of good Catholic practice: sacrifice.

A FEW WEEKS after I arrived at the school, a seemingly small thing happened. I got sick. It appeared at first to be just stomach flu, but whatever it was, it persisted off-and-on, week after week throughout the whole school year. Before long, my baggy tunic was a whole lot baggier.

I thought this was good. I was already thin, but like any girl with a stout mother, I was sure that thinner was better. Before long, my brain must have gotten thinner too, as I began to think that my shrinking waistline made me superior to the others, who were turning into sausages because they were stuffing themselves with the only food the nuns gave us unlimited access to: bread and jam. Those who were gaining weight were forever agonizing about their fate, and it didn't take long for me to begin thinking of them as failures too, pig-like in their yielding to baser instincts, whereas I, of course, was above all that. Revelling in the arrogance teenagers are so good at, I was like the Pharisee in the Gospel, thanking God that I was "not as the rest of men."

If I did feel a temptation to eat, I had a couple of things ready to tell myself. One was the words of my fashionable Belgian aunt. When my mother insisted I start wearing a horrible, pink, smelly, rubber girdle at age twelve, my aunt told me, "Il faut souffrir pour etre belle" (we must suffer to be beautiful). For the first time ever, I thought beauty might be in my future. The other thing I'd tell myself was that by making my body suffer, I'd found a way to rule it and its appetites, not let them rule me—a concept I'd often heard about from both my father and the nuns, but one I didn't understand at all. Our bodies, these "Temples of the Holy Ghost," had to be used for God's plan, not for pleasure or gain. Not that I had a clue what that meant either. What I knew of sexuality you could put in a thimble, but I had been taught about amorphous shame, and I knew about amorphous longing, vague and intense at the same time. And I'd come to the right place if I was looking for ways to deny my body its comforts—ice-cold basin water, hunger, loneliness, boredom, and in my case, illness. Since according to these distorted views of the body, good things like food and rest were only necessities to keep the body alive—the one we had received on loan from God—my illness was, I began to think, a bonus.

My mystery sickness kept me in bed one or two days a week up in the cold dorm, with no visitors and minimal food. At least it got me away from the watchful eyes of the nuns. Between trips to the bathroom, I had nothing to do besides wonder what was causing these cramps, do my homework, and read. Among the old books on the school library shelves, I discovered some "good Catholic books" by "good Catholic authors," stories of martyrs and mystics, valiant ascetics so full of religious fervour that they practised extreme forms of self-sacrifice—often starvation. Catherine of Siena, for example, often ate nothing except the Eucharistic host. I wasn't nearly as shocked by these stories as teenagers would be today because "mortification of the flesh" has an old history in the church. I'd already heard the story of a saint who had the seriously weird wish that she could drink from the wound in Christ's side, and another whose only companions were a crucifix and "instruments of penance," and another who looked after people with repulsive diseases and had the delight of drinking pus from their sores. These saints seemed to be living by the motto *what the body loses, the soul gains,* and it didn't take long before I thought this might be a good rule for me to live by too.

Within this atmosphere of sacrifice, illness, and warnings about our great unworthiness before God, I developed my obsession with not eating. Mine wasn't as wacky as that of those sainted women, but I did without food as much as I could. Eating as little of our meals as possible without drawing attention to myself, combined with my ongoing stomach problem and my refusal to fill up on bread and jam, meant that I continued to lose weight. Soon I was tired, light-headed, and cold much of the time. My periods stopped and never restarted throughout the whole year, and my already-small breasts shrank. I entered a kind of genderless fog where the outside world seemed less and less important, and getting through each day about all I could do.

When I'd feel dizzy, which was often, I took this as a sign that, like the saints, I was getting closer to God. I equated my fatigue and spaciness with how those crazed saints felt in their ecstatic love for God. I managed to convince myself that I had reached a higher plane, and I was making myself into a better person, one whom both my father and God Himself would approve of. Model thin, holy, and even more loved by my father: what more could I want?

A complicated tangle of motives kept me away from food: wanting to help my own and others' souls; wanting, unconsciously, some small control over my life; and wanting—also unconsciously—an identity different from the others in a world where conformity was demanded on every side. And throughout all of this, being thin meant I was not turning into my mother. I even convinced myself that there was something holy about what I was doing. Whatever my motivations, what I'm describing here is anorexia.

Like a classic anorexic, pride played a large role in why I carried on—pride in my ability to go without food, pride in my thin body, and pride that I was not like the others. And, like a classic anorexic, the less I ate, the more confused I became, and the more distorted my view of my body and my actions. My suffering, however, was one of my biggest self-deceptions. If God was paying attention, he must have noticed that my sacrifices were actually minimal because I was doing exactly what I wanted to do. I wasn't disciplined; I was doing without food that wasn't there anyway, and what I was denying myself I didn't even like. I was making a virtue of necessity.

Control is also a confounding issue for anorexics. I had grown up with a powerful, domineering mother who, whenever I looked in any way unhappy or indecisive, would ask, "What's-the-matter-are-you-hungry?" Of course, I was no more aware that underneath my decision not to eat was an attempt to establish some control over my life than I was aware that I was trying to establish an identity of my own. I had simply stumbled on a foolhardy though ingenious way to resist the authority of the nuns without getting into trouble. No wonder I stuck with it.

The nuns, although they never explicitly said that thinness would lead to holiness, did nothing to discourage me in my determination not to eat, though they probably had not heard of eating disorders. Even so, they did not consult a doctor and they did not consult my parents. They knew which books I was reading, and they knew I was sick much of the time and weak the rest, so by not stepping in, they gave me implicit permission to continue. They were not cruel people, so they must have approved on some level. Perhaps they felt that all good girls should follow the saints and crave chances to suffer. Perhaps they'd had other fanatical teenaged girls at the school. Perhaps they saw my preoccupation as a sign of good nun-material, since to them, illness seemingly wasn't something to eradicate; instead, it was a possible path to God. This extraordinary attitude towards sickness still persists in some religious communities. I read of a twentieth-century canonized nun, for example, who said, "Poor indeed is a convent where there are no sick sisters." I don't know what precisely the nuns at my school thought of my behaviour, but they seemed to mistake my fatigue for compliance, my stubbornness for self-sacrifice, my aloofness for disregard for the things of this world, and my vagueness for mysticism. They didn't see that there was nothing whatsoever holy about my fasting. It had nothing to do with loving God, and certainly nothing to do with loving my neighbour as myself. Like a good teenager, it was all about me.

My foolishness would have become dangerous had it gone on much longer. By the end of the school year, I was severely underweight. I remember lying on my back and seeing my hip bones pushing up against the covers. Perhaps I'd have been less enthusiastic about my beauty if I'd ever seen my whole naked scrawny body, but of course there were no mirrors. When I arrived home in June, my mother was very upset, saying I was "nothing but skin and bones." I thought I looked marvellous.

MY "HOLY ANOREXIA" ended soon thereafter and never returned. It seems my commitment to saint-like thinness was itself pretty thin. In the presence of my mother's good cooking, her packed fridge, and people who thought two servings were always better than one, I started to eat again. As I began to eat, I became able to think more clearly. I don't remember any aha! moment, any realization of what an idiot I'd been; however, being away from the stories of those mystics and the atmosphere of sacrifice and suffering allowed my hungry body to win out. My obsession with not eating faded and soon vanished, as did my irritable bowel problems. Before long I had returned to my normal weight. Since I was equally undernourished for friends and teenaged things like TV and movies and clothes and games and milkshakes, it didn't take long to slip back into my old life. My friends and I picked up where we'd left off—hanging out and eating: raiding our mothers' cupboards, eating all through movies, going for chips and Lime Cokes after tennis games, on and on. I'd never noticed how much eating we did.

My flirtation with holy anorexia was over. It seems I had nothing more to prove.

Mary J. Breen's fiction and nonfiction have appeared in literary magazines, national newspapers, essay collections, and travel magazines. She lives in Peterborough, Ontario, where, among other things, she teaches memoir writing with seniors.

Moments in Therapy

Mark A. Voysey

The Empathic Question

She was a highly intelligent, well-educated young adult just starting a family. She sat down and began the session with a calm "What happens when you die, Dr. Voysey?"

I thought this was my clue to expound on the afterlife, reports of patients who had died then returned to tell stories of the "blue light," or to speculate on the nature of the soul, the meaning of life, or spiritual values in relation to our lived life. Almost out of the corner of my eye I noticed her increasing distress as I expounded on each of these topics.

Eventually she interrupted, "No, I mean what happens when you die?"

There was a silence.

I hadn't really considered access to the records, notification of patients, continuity of care, or the impact of this form of termination of therapy on patients' experiences, let alone her personal question to me that I was barely able to answer.

The Wise Aphorism

In our struggles with the borderline patient, therapists often feel frustrated to such a degree that we wish our patient would even die or go away permanently. We feel confused, overwhelmed, and of course totally useless to be of any assistance whatsoever. Hopes of "progress" are dashed as quickly as they emerge. Over the years we can get ground down or even burnt out.

Thinking of my borderline patient's empty, aimless life she was describing, I formulated the wonderful phrase "The difference between someone who's lost and an explorer is only one of attitude." I felt this was a brilliant summary of a positive perspective that would be sure to be helpful, exactly at the time I realized I was barely listening to what my patient now had to say, and unfortunately I couldn't really integrate this reverie into my subsequent comments. In fact, I never was able to. I wonder if this helped.

Mark Voysey is an adolescent psychiatrist in private practice in Toronto.

Discussion Guide

The Forgiving Nature of Sand

In Diane Heliker's beautifully crafted personal memoir, she writes of sand in a sandbox. How do you understand the meaning of the title? The author recounts her difficult passage from childhood to adulthood and notes that sand has been a leitmotif in her life. How does she explore the various metaphors of sand? This story expresses the emotional suffering of a child growing up. Do you feel empathic towards the central character's struggle? What does the craft of the writing do to elicit your feeling?

Pleasure

In Paul Hostovsky's poem, what techniques does he use to heighten the reader's sense of pleasure? Can you identify with "pleasure in nothing but pain's diminishment"? Explain your reasons. What is the poet suggesting when he writes, "the warm water on your wrists"? How do you understand the meaning of the last word in the poem, "solid"?

The Last Secret

Mary T. Shannon has written a powerful personal memoir. She begins by asking a vexing and persistent question: how do we bridge the gap between silence and truth? What is the central theme of Shannon's piece? Do you share her view that such abuse is under-recognized, under-reported, and under-researched? In what way do art and literature empower the author's perspective? In what ways do art and literature offer a form of healing to both writer and reader? As a reade,r what is your emotional response to "The Last Secret"? Do you agree that writing about personal trauma and atrocities is beneficial? Explain your position.

Holy Anorexia

How many different ways do you read and understand the title of Mary Breen's intimate personal narrative? The author writes, "Before I arrived, I imagined the dorm would be one big pajama party." She then she goes on to explain the difference between imagination and reality. Does this create tension and interest in the reader? Explain. When the writer thinks about school, she recalls isolation from friends and the real world, but what was her primary thought? How does the writer weave this symbol and thought through her personal narrative? Can you relate to this theme in the story?

Guidelines for Submissions

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

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