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Sleep Science and Art

Lisa Carrie Goldberg

Structuring somnolence: sleep science technology as a medium for drawing with the body at rest is an investigation into the fields of sleep science and art. The artist utilizes the tools and technologies of contemporary sleep research to develop a series of photographs.

Lisa Carrie Goldberg is a multidisciplinary artist based in Toronto. Her artwork often takes the form of full-sensory installations that examine the realm of art and science.

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Ars Medica
A Journal of Medicine,
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Contents

Volume 10, Number 1, Fall 2014

Editorial

Feature Pieces

Prose

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 10
Issue 1
2014

POETRY

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 10
Issue 1
2014

Ars Technica: Transitioning Ars Medica From Print to Electronic Media

Editorial

Editors, Ars Medica

The medium is the message.
—Marshall McLuhan

I don't necessarily agree with everything I say.
—Marshall McLuhan

Has Ars Medica undergone a transformation, or has it not? If you are reading this, you are joining us at our "new" electronic home, and for our first issue of Ars Medica post print. Ars Medica was started ten years ago by a group of us who are passionate about literature and the arts, about storytelling, and about the ways our existence in bodies can be expressed, made meaning of, complicated, by modes of artistic expression. We are all lovers of books—the physicality of them, their spines, their wear and tear … so much like the bodies we all work to express and give voice to. And yet who can argue with changing times and changing media? Who can resist the promise of digital communities and networks of distribution? Our 500 print copies seemed paltry compared to the potential reach of an electronic format.

In the humanities, and society at large, the question of what is happening to books is prominent in cultural discourse. Michael Agresta (2012), in Slate magazine—a giant that arose in the digital realm of popular literary journals—asks the question: “will paper books exist in the future?” He speculates that, “a literary culture that has defined itself through paper books for centuries will surely feel the loss as they pass away.” Yet such change also opens the possibility of poetic, rhetorical, and narrative innovation. Alan Liu (2013), in an influential article on the digital humanities, looks at the implications of this “significant trend toward networked and multimodal work spanning social, visual, aural, and haptic media” for the humanities. He highlights that in addition to a functional role, digital modes of representation “also have a symbolic role in both their promise and their threat … serv[ing] as a shadow play for a future form of the humanities that wishes to include what contemporary society values about the digital without losing its soul,” and he positions this digital transition as part of a “larger crisis of meaningfulness of today’s humanities.” Of what use will text and textual forms of storytelling be in this new and rapidly evolving landscape?

The importance of digital modes of representation and storytelling for the healthcare humanities is an under-explored area. Liu calls attention to the limited engagement of the digital humanities with identity and social justice issues, suggesting that the field has “not concerned [itself] with race, gender, alternative sexualities, or disability.” These questions for the healthcare humanities are particularly relevant given the technological advances that have become normative in medicine. Uses of digital media for expression of self, identity, embodiment, and inter-relatedness offer a parallel to concerns with how the use of technology within healthcare is altering our perceptions of and relationships with our bodies, and with our healthcare providers. How are physicality and presence impacted by our increasingly mechanized mediations and virtual interactions? In this issue, Lisa Carrie Goldberg’s photography series, Structuring Somnolence, directly examines the impact of technological interventions on the interaction of bodies, and on our perception of them. Janette Ayachi’s poem, “Ill Piccolo Paradiso,” describes a “husband bed-bound for years/regressing in age, brain-dead/but body living, kept alive/by her care, monitored by machines.” The contrast between machines and the body is sensory, “ … the stench is always sour.” Jay Baruch’s short story, “Calling the Code,” captures a moment in the life of a physician as he navigates a difficult moment over the telephone with a patient’s family member. Through this older technology, the narrator navigates the balance between distance and empathy.

Mark Silverberg explores the poet Kenneth Patchen’s “poetics of pain,” and the writer’s attempt to bring language, image, and voice to the inchoate experience of pain. Patchen, a writer whose earlier works evoked jazz, movement, and freedom, has to reach beyond language to poem-paintings to find expression for the body. This movement between media and a search for new expressive possibilities hints at each medium's horizons and limitations. A move into digital modes of expression similarly provides new means for representing our embodied experience.

It is difficult to know whether the pieces published in this first digital edition of Ars Medica—and subsequent editions—will be experienced differently in this new form. So much of this we now take for granted, moving with apparent ease between different modes of reading. It certainly provides a potentially ironic context for Paul Shore's, "Sanctuaries, Gateways: The Sonic Spaces of Curative and Palliative Music in Medieval Cloister and Infirmary," as we contemplate the shape that spaces give to our efforts toward healing, and how they fall away.

We hope that this new format will engage a wider range of readers, and build the Ars Media community—creating new spaces for expression and healing. We have been fortunate to connect with Simon Fraser University's Publishing Program, which shares our desire to expand the possibilities for reading and has made it possible for us to do so. Happy (digital) reading!

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Ars Medica
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Volume 10
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Calling the Code

Jay Baruch

The physician sweeps a final, downcast eye over the body tucked between white sheets. Silver hair combed into a sharp part. Aftershave lingering in the lamplight. Stubborn traces of life that sting the physician. The man had plans that evening, had been well enough to care about style, the physician thinks, holding on to a deep, unsatisfying breath. Now he must call the next of kin. The only phone number belongs to the man's sister. When she answers, he reveals only that her brother is in the emergency department and he's critically ill. A chilled silence follows, but words are accumulating meaning, building a charge. The physician braces for a storm of grief. "I need to find a ride. The legs don't work too good," the sister finally says, unexpectedly calm.

The physician sighs sweet relief. "Take your time. We'll wait."

Nurses close off the room. The emergency department teems with life, making it a more charitable space for viewing the body than the sterile tranquility of the basement morgue. The physician scrambles to catch up with the many patients lost on his radar during the long code. He's also haunted by the horde of people camping in the waiting room for a bed.

An hour later she calls back. "How is he?"

Deceit aches. The physician bites his tongue. The years have taught him that news of sudden death demands intimacy, awkward and ill-fitting as it may be. Over the phone it can feel like bumping against a dark where some objects are fragile and others wired with explosives. "It would be easier if we can talk face to face," he says.

"I'm on my way. Please tell him that?"

"Sure," he says, rubbing beneath the sweat-stained neck of his scrubtop. Manifesting a breezy tone is stressful when the very condition for the conversation is bad news, where words pass through a filter of self-doubt and second-guessing, grind against alternative treatments, even crazy ones; this is what the wounded ego feeds on in its efforts to pretend a better outcome and an easier discussion.

Another hour passes. "I just spoke to the sister," says the social worker, his voice sinking. "No ride."

"Seriously? She can't call a cab?"

The social worker removes his glasses, blows fog to clean the lenses. "You have no other choice."

The physician drops his chin to his chest, still tight from the failed resuscitation. Decisions weren't so much made as options eliminated. "The code cart is empty," a younger physician finally joked. "No meds left." This softened the strain and frustration in the nurses' faces, but not by much. The code had gone on way too long, he knew that, but he couldn't find that sense of an ending, recognize when enough is enough, or even worse, when enough is too much. Then he caught sight of the medical student lost in the brutish chore of chest compressions, sweat limping off his forehead and onto the patient. The student was exhausted, or maybe sick from the realization that the crunching beneath his thrusts came from cracking ribs. "Breaking bones is part of CPR done well," the physician told the student. "Hope and bruising often come in the same package."

The physician calls back, breaks the news. He believes he can trace the sister's tears by her gulping breaths. He even reaches for a box of tissues. A bystander might suspect he's consoling the slow and outdated computer. "Again, I'm sorry for your loss." The physician can't figure out whether the sister needs space to cry or feels abandoned in her anticipation of more details. Or maybe she hung up, disappointed and disrespected by his audacity. He'd lied to her.

"Hello?" the physician says.

The clumsiness of the scene is complicated by the TV blasting in the background at her home.

"Hello?"

"My son isn't very considerate," the sister says.

An angry voice rips through the canned television laughter, tells her to be quiet. It belongs to a man who probably owns a car, the physician believes, or could steal one if he needed to.

"Can you hear me?" she says.

"I'm sorry? Are you talking to me?" says the physician.

"Who else would I be talking to?"

"Maybe your son ...."

"I've wasted enough breaths on him." Sniffling mists the phone line. "Where's he at? My brother?"

"The ER. His body. Thinking it was best for you to see him ... ."

"You lied to me," she interrupts. "He was dead when you first called me, wasn't he?"

"This news can be dangerous over the phone. Sometimes folks become very upset. They dash to the hospital and crash and become patients themselves. We try to avoid that."

"I don't drive. I can't."

"Yes, you told me." The physician squeezes the receiver, nestles against it, then pulls away. It stinks of ear sweat and cheap plastic. "Your brother called 911 himself. The medics said he was breathing when they found him on the floor of his apartment."

"He kept that place spotless," she says. "Not much need for furniture, except for that futon. Who can get up from those things?"

"Your brother's heart stopped in the ambulance. The medics were all over it."

"What makes you think I want to hear all this?"

"The chain of events were lined up just so for us to save him. And I couldn't. We tried everything."

The explosions from the TV float over the physician.

"He had a heart attack a few weeks ago," the sister says. "You knew that, right? A small one."

He hears the ping of gunfire, hollering, and music throbbing with faux suspense.

"What's this?"

"Can you hear me?"

The physician forces the phone against his ear.

"He walked out of a hospital in Connecticut. His heart had blockages, the doctors said. Next day, he's back on the site lugging rebar."

"Say again?"

"He didn't have medical. He never bought a stitch if he didn't have the cash. He was responsible in that way. I told him to stop being stupid. He said the hospital bills would kill him before any heart attack."

"He knew he might die?"

"It had to be on his mind, right?" she says.

This news shouldn't diminish the tragedy, but the physician feels a smile, a reprieve from responsibility, slipping into his face. The distance from the sister now offers refuge. "Can you lower the sound?" the physician asks, aware that it's *her* home. "Maybe go into another room?"

"It's a land line," she says. "The cord only stretches so far."

The physician remembers what she had said earlier, that she didn't walk too well.

"You need to show some respect," she says.

"Excuse me?"

"Not you." She appeals to her son. "My brother just died. Please."

The television sounds recede.

"That's better. You were saying, doctor?"

"I'm sorry," the physician says.

"You already said that. Doesn't matter anyway. I was hoping ...."

"What's that?" the physician says.

"I wanted to see him," she says, her voice crumbling. The wave of television noise slowly rising.

"Doesn't your son drive? Have a car?"

"He does. He does. But he's very busy. It's better this way. He and his uncle didn't see eye to eye. We weren't close."

"Put your son on the line," the physician says.

"Nothing good would come of that," she says.

The physician wants to argue, except he hasn't earned the right. He couldn't save her brother. What's left is an irrational need to at least rescue this conversation.

"Don't you want to say goodbye?" says the physician. "Closure is important."

"You know, I was once an excellent driver."

Shrieking tires peel through the phone line. The physician listens for the sister's voice. "Mrs.—?" The physician doesn't remember her name. He knows her only as the sister of the deceased, the next of kin who needed to be notified. "Hello?" Enough bad television dialogue. The longer he waits the sillier he feels. Silliness sharpens into anger, then anger morphs into doubt. Should he be concerned for her safety, calling the police? No. Enough with the crashing vehicles, the insane whoops. *What are you doing?* he presses himself. Hanging on the line, abandoned by logic, he sees himself in the moment and looking back on it, an illusionary hindsight that offers no answers but carries no regrets, either. *Enough*, he tells himself, *you did your best; enough*, and returns the phone to its cradle.

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Kenneth Patchen's Poetics of Pain

Mark Silverberg

David Morris (1991), the eminent theorist of pain's historical and cultural life, has argued that chronic pain may well be the "characteristic malady of our time" (pp. 65-66), as leprosy and plague were for the medieval world, madness for the Renaissance, and tuberculosis for the Romantic era.[1] If this is the case, then American poet Kenneth Patchen, long consigned to the dustbin of literary history, may well be one of our representative or defining poets. Patchen's last poems, issued from the bed of the disabled poet and collected in three volumes, *Hallelujah Anyway* (1967), *But Even So* (1968), and *Wonderings* (1971), shape a provocative visual language for the chronic pain that framed his life and silently ravaged his body. This essay is a journey into what I will call Patchen's "poetics of pain," that is, the productive literary and visual strategies that allowed the artist to give voice to his own suffering and at the same time to open a window on what Morris calls the "representative illness" (p. 65) of our era.

John Bonica, the father of the modern interdisciplinary pain clinic, was among the first to understand chronic pain as a distinct medical condition, separate from (though connected to) acute pain. While acute pain arises suddenly as the result of a specific injury and disappears after a period of treatment and healing, chronic pain persists after normal recovery should have occurred. Chronic pain is intractable, often inexplicable, and seems to serve no useful function (such as the protection from further harm that acute pain provides). Rather than a symptom of injury, chronic pain is a syndrome—a complex, multilayered condition that the interdisciplinary pain clinic was organized to address on its various levels (physiological, psychological, and sociological). In their classic study, *The Challenge of Pain*, pioneers Ronald Melzack and Patrick Wall (1983) began looking beyond the physiological to the psychological and metaphysical costs of pain: “Patients are beset with a sense of helplessness, hopelessness and meaninglessness,” they write of chronic pain sufferers. “Pain becomes evil—it is intolerable and serves no useful function” (p. 55).

One of the most pernicious qualities of chronic pain, philosopher and theorist Elaine Scarry (1985) argues in *The Body in Pain*, is its inexpressibility—its capacity not only to resist but to actively destroy language, “bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (p. 4). Both doctors and writers have reflected on the problem of pain’s unshareability, the supreme difficulty of articulating, measuring, or giving it form. As Virginia Woolf (2002) reflected in *On Being Ill*, “English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. … The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry" (pp. 6–7). In response to this "poverty of the language" that Woolf wrote against or back to in *On Being Ill*, physician Ronald Melzack developed one of the key tools in the study of pain, the McGill-Melzack Pain Questionnaire. This rating scale, developed in 1975 and still routinely used as a diagnostic tool, presents sufferers with a series of adjectives designed to give voice or form to an experience that can be most dreadful in its silent formlessness. This dearth of language, and indeed pain's fundamental resistance to language, is why Scarry and other theorists emphasize the high stakes involved in the project of expressing or objectifying pain—since making pain visible, they argue, is the first essential step in controlling and even eliminating it.

Although little critical attention has been paid to his work since his death, Kenneth Patchen was one of the most popular and prolific poets of the 1940s and 1950s, well known as a writer of proletarian verse and protest poetry, a visual experimentalist, and an important precursor to the Beats.[2] Born in 1911 in the industrial Ohio valley, Patchen came from a blue-collar family of coal miners and steel workers. His early poetry clearly reflects his proletarian roots and one of his main subjects is the chronic pains of industrial poverty, as decried, for example, in the 1943 "May I Ask you a Question, Mr. Youngstown Sheet & Tube?":

Mean grimy houses, shades drawn
Against the yellow-brown smoke
That blows in
Every minute of every day. And
Every minute of every night. To bake a
cake or have a baby,
With the taste of tar in your mouth. To
wash clothes or fix supper,
With the taste of tar in your mouth.
Ah, but the grand funerals …
Rain hitting down
On the shiny hearses …
(Patchen, 1968, pp. 6–7)

The shiny hearses streaming out of the Youngstown Sheet & Tube steel factory, where Patchen's father and the poet himself briefly worked, are an image of the human cost of industrial capitalism (what Patchen [1968] would later call "the rent we have to pay to live in us" [p. 281]).[3] Poems like this express Patchen's (1968) early sense of pain as something unconfined to individual bodies or sites, but rather as a phenomenon that is social, shared, and ultimately politically and economically structured. Consider "The Orange Bears: Childhood in an Ohio Milltown":

The orange bears with soft friendly eyes
Who played with me when I was ten,
Christ, before I left home they'd had
Their paws smashed in the rolls, their
backs

> Seared by hot slag, their soft trusting
> Bellies kicked in, their tongues ripped
> Out, and I went down through the woods
> To the smelly crick with Whitman …
> (p. 384)

The orange bears get their sickly colour from the ore and polluted smoke that, like the tar-expressed daily from Youngstown factories, engulfs everyone and everything. The melodramatic political language of these poems no doubt has had much to do with Patchen's critical neglect, since, as Cary Nelson (1989) argues in *Repression and Recovery*, critics and historians of Modernism have tended to ignore overtly political poets in favor of those more inclined to aesthetic experimentation.

Given Patchen's steady descent into obscurity since the 1960s, few have noted the terrible irony that one of the most vocal and mobile poets of the 1940s and 50s, the man who pioneered the Jazz and Poetry movement and traveled across the United States and Canada performing with jazz combos, spent the last decade of his life isolated, bedridden, and in chronic pain. A disabling back injury of 1937, misdiagnosed as arthritis for 12 years, initiated a long history of pain, periodic immobility, and ineffectual and inappropriate treatment. Though spinal fusions gave him some relief, a 1959 "surgical mishap"—where Patchen was apparently dropped from the surgical cart (Smith, 2000, pp. 247–248)[4]—left him nearly incapacitated until his death from a heart attack in 1972.

It was during these final years of immobility, living in poverty in Palo Alto, that Patchen (2008) began producing his poem-paintings, a series of hand-painted and drawn poems and images which embody "The words that speak up / from the mangled bodies / of human beings" (p. 51), (as one untitled visual poem puts it) in direct and startling ways. The work's magnetic charge, like that of the best "outsider art," comes from its odd combination of the terrifying and the whimsical. As Kenneth Rexroth once described Patchen's vision, "It is as if … the Owl and the Pussycat were writing up Hiroshima" (Morgan, p. 20). Devoting his limited daily energy to his art, Patchen worked from his bed on a pulley desktop rigged to rest against his knees. His crude materials (part of what give the work its rough vitality) included whatever was close at hand. Besides brushes, he used tree sprigs, kitchen utensils, and garden tools. Besides paint and pastel, he used crayon, magic marker, coffee, tea, Easter egg dye, and cornstarch. Patchen's "painful rejoicings," as he called an earlier group of visual poems in *Hurrah for Anything* (1957), like the artwork of Frida Kahlo or Sylvia Plath, provide a fascinating and potentially useful window onto the experience of chronic pain outside of the biomedical purview in which it is usually studied. By reading Patchen's unique poetics of pain, we may recover some of pain's potential meanings—perspectives, David Morris has argued, that we've lost in our cultural fixation on the medical meaning of pain.

In *The Culture of Pain*, Morris argues that with the great scientific breakthroughs in anatomy and physiology of the late nineteenth century, our culture turned over the complex, age-old problems of pain and suffering—problems that were previously the concern of philosophers, theologians, politicians, mystics, and artists—almost completely to the medical profession. In our current "biomedical worldview" (which Morris contrasts to a biocultural worldview), pain is seen as a symptom, to be treated by doctors. On this reading, pain is purely a problem of "nerves and neurotransmitters:" as Morris writes, "When we think about pain [today], we almost instantly conjure up a scene that includes doctors, drugs, ointments, surgery, hospitals, laboratories, and insurance forms" (Morris, 1991, p. 2). Following the work of medical pioneers in the field of pain studies, Morris treats pain as a perception, rather than a sensation, having as much to do with the mind as with the body. Thus, different people may experience and understand the same injury or pain in different ways. While we normally think of pain as localizable and related to a particular stimulus, the puzzling cases of pain without injury (as in Lesch-Nyhan disease) [see Melzak & Wall, 1983, p. 20][5] or the well-documented phenomenon of phantom limbs, wherein individuals may experience great pain in an extremity that no longer exists, all support the idea that pain is much more than a physical symptom. Patchen's work continually reflects on the multiple dimensions of pain—its physical, psychological, and cultural scope. From his early work on the collective pains of industrial capitalism, through the *Journal of Albion Moonlight* (1941/1961) and hundreds of individual poems that witness the suffering caused by militarization and war, to his final poems where his own body becomes a site for the world's affliction, Patchen's work is a continuing meditation on David Morris's claim that pain "emerges only at the intersection of bodies, minds, and cultures" (Morris, 1991, p. 3).

When we restore this fuller sense of pain as perception or emotion, pain as a subjective experience, we also re-open a host of crucial questions about pain and meaning. Pain continually raises the question of meaning and the need to interpret, as the great tragedies keep re-teaching us, and as individual sufferers know on a daily basis as they ponder the question: *Why? Why is this happening to me?* While we've turned pain over to the medical profession, there are just too many questions that medical technologies alone cannot answer (Morris, 1991, pp. 18, 31–34). It is in this devastating and often inexpressible world of chronic pain that a "poetics of pain" can be so crucial. Art, and particularly poetry, has evolved some of the most sophisticated and subtle methods for addressing questions of meaning, when, as one Patchen poem-painting records, "the world is nothing that can be known" (Figure 1) (Patchen, 2008, p. 98). Though we cannot finally know another's pain, we may begin a process of empathy by reading its embodiment in artistic forms. Patchen's work (like Frida Kahlo's painted diaries) demonstrates how


The World
Is Nothing
That Can
Be Known
in the shadow
we shall see
the color of
God's eyes
again
Patchen
beyond Love
there is no belief

Figure 1

poetic and visual forms are particularly suited to the task of expressing inexpressible pain. Both use language to push beyond language—into a region of empathetic experience Patchen calls "the shadow," where, according to the poem-painting in Figure 1, "we shall see the color of God's eyes again."

In this image, "God's eyes" are the eyes of many creatures: human and animal in the bottom frame, and vegetative in the top frame, where eyes issue from the trees in a form half human and half flower. Eyes themselves are the overwhelming focus of the image, repeated in the accented pupils of each creature, in the staring, starry X's of the bottom frame, as well as in the assonant music of the poem's repeated O's (world, nothing, known, shadow, color, God, love, no), where shape and sound coalesce. If "God's eyes" have a colour here in their blue, black, and grey shades, it is the colour of sympathetic vacancy, a staring speech for the speechlessness void of pain that only love, the poem suggests, can articulate.

"Beyond love — there is no belief" and beyond representation—there is no speech. Patchen's poem-paintings assume the burden of such painful articulation as their final task. His work ("a gift, a love gift / Utterly unasked for / By a sky / Palely and flamily / Igniting its carbon monoxides" [Plath, 1981, p. 240]) is dedicated to giving form to the formless, to translating the blank landscape of pain into a vibrant wordscape of colour and life. The poet's landscapes and figures inhabit a borderland between tragedy and comedy, where the unimaginable is commonplace, and where the viewer's bearings on the scene are always uncertain. What are we to make, for example, of the slightly disturbing circus colours of "Hallelujah" (Figure 2)? Here, we have the figure of the clown or fool (often a vehicle for comedy, pain, and insight) turning into a kind of fragmented cubist body, a body that becomes landscape, and which whimsically celebrates some kind of absurd horror. The text reads: "Hallelujah is my name and what's goin' on around here I find almost as captivating as the thought of a lipless hyena announcing the next after the last train" (Patchen, 2008, p. 156).

This poem-painting (Figure 2) gives body to a state that is simultaneously rejoicing (Hallelujah—praise to the Lord) and bewailing (in the voice of the hyena—a nocturnal, carnivorous scavenger with a disturbing, human-like howl or "laugh"). The work occupies both a visual space and a lexical time. It creates a multivalent "here," a space that is both situated and ephemeral, presence and dream—the ghostly turning wheels of "the next after the last train." Though I am loath to draw symbolic equivalencies, because I don't believe these texts are directly allegorical, "Hallelujah" can be seen as embodying a landscape of chronic pain. This is a state that seems to have no beginning and no end, that infects body and world simultaneously, that is both hideous and absurd (on the level of the cosmic joke). For the sufferer, pain often seems devoid of meaning other than itself. It is what it is: a presence that doesn't change, an eye


HALLELU
JAH
is
my name
and
what's
goin' on aroun
here I find almost as
captivating as the thought
of a lipless hyena announcing
the next after the last train
Patchen

Figure 2

that doesn't shut, as Emily Dickinson (1960) reflected:

> Pain — has an Element of Blank —
> It cannot recollect
> When it begun — or if there were
> A time when it was not —
> It has no Future — but itself —
> Its Infinite contain
> Its Past — enlightened to perceive
> New Periods — of Pain. (p. 323)

Chronic pain's *blankness* (its refusal of past and future, its infinite message that nothing will change) calls for interpretation, embodiment, voice—and while voice does not necessarily resolve pain, it does give it form, it puts some borders on pain's "Infinite." Dickinson's poem embodies pain's power (in its commanding capital letters, its potentially threatening gaps, and its relentless circularity from start to finish, Pain to Pain), but at the same time, her tightly controlled quatrains also organize that power—making it in part her own. Framing pain in words, images, sounds, or movements may be an extremely powerful way of reigning its "Circumference," to use another Dickinsonian word:

> Pain — expands the Time —
> Ages coil within
> The minute Circumference
> Of a single Brain —
> Pain contracts — the Time —

Occupied with Shot
Gamuts of Eternities
Are as they were not — (p. 452)

Perhaps because of pain's resistance to spoken and written language, artists like Patchen and Kahlo discovered that a particularly effective way framing pain was by supplementing the verbal with the visual. As Figures 3 and 4 illustrate, Patchen's visual images allow his words to speak in new ways. In Figure 3, "My god the sorrow of it," the visual component allows for an excess of verbal meaning" (Patchen, 2008).

The handwritten text lends an extra sense of thickness, decay, or affliction to the letters. We notice the pitting and stress given to the "m" and "g," as if these impasto letters are both fully present and simultaneously being eaten up, eroded, or put under erasure. The image embodies the words or letters, giving a new kind of signified to the signifier, a physical, painterly body to thought. In the same way, the expressive colour and application (the red outlining, yellow highlighting, black and grey overlays, alterations between defined lines and washes) give form both to the message and to the creatures (the Kafkaesque insect, the five-legged dog) who inhabit this world.

Patchen's ambiguous "it" opens "the sorrow" up to many sites. The uncertainty about the source or meaning of pain in this piece is highlighted by what is perhaps Patchen's most recurring figure: the eye. Like the blank staring rings in "The World is Nothing That Can Be Known" (Figure 1), the

Figure 3

oval eyes of “my god” heighten both our voyeuristic sense of watching, of overlooking a scene of dreadful privacy, and our sense of being watched—since the eyes seem to be reading us as much as we are reading them. In this painting, the interior eye, outlined in white and yellow (which seems to refer out to a larger eye, outlined in red) is likely the first thing to catch the viewer’s eye. But the more we look, the more the eyes proliferate, including those thickly painted, eye-like letters, “g,” “o,” and “d”—the lexical body of the painting’s other eye, god.

While Figure 3 builds a sense of the thickness of language and experience, Figure 4 creates a sense of its thinness—the transience of flesh. Here, the use of white space, washes, fading script, and light application all add to the hesitant language of dashes and ellipses:

> Which of us is not flesh? Last and first, in
> that common cause. Beyond this—I would
> like to be able to say … to say more.
> (Patchen, 2008, p. 68)

Seen together, Patchen’s poem-paintings present a counter-world to our own, an iconographic place of uncanny creatures and words. David Morris speaks about how a bio-medical worldview encourages us to see pain as a puzzle—something that can be solved, cured, eradicated if we only find and put together the missing pieces. Against this progressivist view, Morris (1991) suggests an alternative: that we view pain not as a puzzle but as a mystery:


Which of us
is not
flesh?
Last
and first,
in that
common cause.
Beyond
this - I would like to be able
to say... to say more

Figure 4

> Mysteries—if we reinvest the concept with something of its ancient prestige—designate a truth necessarily closed off from full understanding. They remain always partly veiled in silence … Mysteries … refuse to yield up every quantum of their darkness to research or to bright ideas. Instead, they introduce us to unusual states of being which, for a time, we enter into and dwell within … As patients, we dwell within mysteries like pain not because we lack a crucial piece of information—although crucial information is always lacking—but because we have no choice. A mystery is an experience life thrusts upon us … Willingly or unwillingly, we enter into a realm that is somehow set apart, where our familiar modes of thought and experience simply do not suffice. (pp. 23–24)

This is exactly what Patchen is so good at creating or re-creating: a provocative, enticing, uncanny world of mysterious pain. The poems are messages or emblems from this world, delivered in a familiar language by vaguely familiar, half-human creatures. We might see them all as cousins of "Hallelujah," the prophet-fool who suffers and rejoices simultaneously. The creature on the bottom right of Figure 5 appears to be such a cousin: part clown, part death mask, with a body filled with scars and eyes. The body reveals its wounds through a layered-painting effect that seems to breach the exterior and expose the interior. The


I have a funny
feeling
that some very
peculiar-looking
cre atures
out there
are watching us

Figure 5

poem-paintings invite us not to solve them, but to "dwell within" them, to inhabit their frames and bodies. In this sense, we become one of Patchen's creatures in our experience of their world, a transformation that "I have a funny feeling …" (Figure 5) embodies.

Like us, Patchen's creatures come in a wide variety of shapes and sizes. Their most striking common feature, however, as noted previously, is their prominent, penetrating eyes. This gaze is undoubtedly part of their uncanniness: they seem to be watching us watch them. In fact, "I have a funny feeling that some very peculiar-looking creatures out there are watching us" (Figure 5) is explicitly about the odd congruence of gazes between figure and viewer (Patchen, 2008, p. 122). Readers can situate themselves in either position: on one hand, they may be outside, observing this odd world of scarified creatures and entombed birds. In this case, the voice comes from within the painting and the viewers themselves become the "peculiar-looking creatures." On the other hand, viewers may position themselves inside, identified with Patchen's "peculiar-looking" creatures as the object of the gaze. Patchen's text divides us from ourselves, so that we cannot be quite sure if we are watching or being watched. This effect is heightened by the proliferation of eyes: not only in the incisive gazes of creatures, but all over the frame. In this image, the trees have eyes, the stones are eyes, and even the figures' bodies seem to include extra eyes. The whole scene, in fact, may be lit by two eye-like suns in the upper right corner. This multiplication of eyes is a common feature of Patchen's poem-paintings. In other works, eyes appear on hands and feet. These marks are reminiscent of stigmata—the eye-like wounds of Christ and other saints, which both see and express pain. Patchen's world stresses vision as well as the visionary. The visionary is that which connects two realms—the earthly (to which his figures are often firmly attached) and the divine, or otherworldly (to which they so often point). The "visionary" in Patchen is a large topic, beyond the scope of this present work, but it is worthwhile to recall that the visionary is often linked to and achieved by pain—as in the Passion re-enacted by self- flagellating medieval Christian mystics.

The eyes of vision, interrogation, and sympathy are all over Patchen's work. They are one of the many ways he draws us in and creates a community of shared feeling—and ultimately, a shared sense of the comedy and tragedy of human life. As Figure 6 indicates, the message of so much of Patchen's (2008) work—from the overtly political early poems to the subtler, bittersweet irony of the poem-paintings—is about the collective necessity of recovery, healing, or acceptance for all. His art moves between the poles of peace and pain, reflecting on the ways we've chosen to structure this "w o r l d," the image and word stretched out across the middle of Figure 6, and the middle of the body of his work (p. 143).

In over two hundred poem-paintings, Patchen rarely represents a solitary figure. While chronic pain can be the most isolating of afflictions

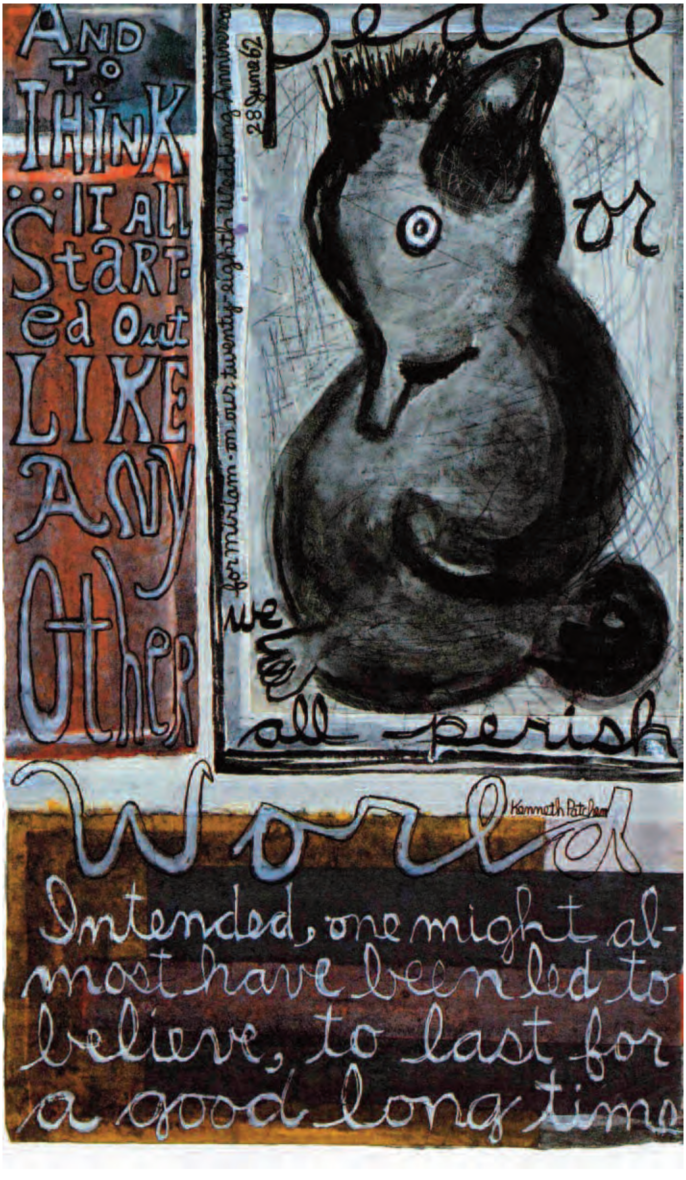
AND TO THINK ..IT ALL STARTed Out LIKE ANY Other
World
Intended, one might almost have been led to believe, to last for a good long time
Peace or
we
all perish
for miriam · on our twenty-eighth Wedding Anniversa
28 June 62
Kenneth Patchen

Figure 6

(Morris calls it "the quintessential solitary experience" [1991, p. 37]) given the unshareability of pain, Patchen continually makes pain and suffering into a communal issue. It's no coincidence that there are so many animal or half-animal figures in his work, since, for Patchen, their peace or suffering is intimately tied to our own. This communal focus also helps to explain Patchen's repeated and odd use of the pronoun "us," as in Figure 7, "What Shall We do Without Us?" (2008, p. 271) This image, with its personified mushroom cloud centrepiece, seems to be a figuration of saying goodbye to the world, an enactment of not just an individual but also a collective sense of loss—human, animal, vegetable, mineral.

Figure 8 once again presents an image of conjoined comedy and tragedy. A smiling, tombstone-like face broods greyly over what seems to be an actual tombstone, meditating on the collective cost of being human, "the kind of rent we have to pay to live in us" (Patchen, 2008, p. 106). Pain is that rent, whether it is physical, emotional, or spiritual. And whether the world is really enough is a question that all sufferers face on a daily basis.

To answer this most basic existential question, one needs a form—a religious, intellectual, or artistic medium to give substance and shape to whatever it is that makes life bearable. This is what Patchen's poem-paintings do—like Frida Kahlo's representations of her terrible pain; or Audre Lorde's *Cancer Journals*; or Bob Flanagan's sadomasochistic performance art, which he understood as a stay against his incurable illness, a way to

Figure 7


The World's Not
Enough Really
For The
Kind of Rent
We Have To Pay
To Live In Us
Patchen

Figure 8

"fight pain with pain" (Lorde, 1995).[6] All these artists create forms which both validate and give meaning to what often seem like the meaningless "rents" (cystic fibrosis, cancer, natural disaster, depression, AIDS, poverty, chronic pain) we have to pay to live in us.

This article represents a very preliminary investigation into the poetics of pain. There is still much to be done, but I want to leave this piece with the final thought that pain need not always be seen as catastrophe. Indeed, a survey of our past—of the kind Morris undertakes in *The Culture of Pain*—shows us that pain has often and perhaps necessarily attended growth, achievement, and vision. When we consider the pain that so frequently accompanies initiation rites all over the world (circumcision, tattooing, fasting, and other physical challenges), or the visionary pain of religious mystics of many traditions; when we contemplate the poetry of painful transformation in Emily Dickinson or Sylvia Plath, or the stories of the redemptive pain of Oedipus or Jesus—what we see is the way pain opens us up to a truth that seems to both connect and transcend physical bodies.

Notes

1. Morris provides some shocking statistics: 90 million Americans suffering from chronic pain, 60 million either partially or totally disabled, at a cost of 750 million workdays, and somewhere between 60 and 90 billion dollars annually (19).
2. Patchen is perhaps best known as a proto-Beat poet, a "rebel poet in America" as Larry Smith titles his biography, or as Patchen's close friend and supporter Henry Miller put it "a living symbol of protest … a fizzing human bomb ever threatening to explode in our midst" (Morgan, p. 33). What has not been frequently noted is the fact that

Patchen was perhaps the first American concrete poet (producing visual poems in *The Teeth of the Lion* [1942] and *Cloth of the Tempest* [1943] a decade before Eugene Gombinger who is often considered the progenitor of concrete poetry began his experiments).

3. Patchen's biographer, Larry Smith, provides a vivid example of the link between industrial capitalism and generalized pain and suffering. He describes a poster produced by the Youngstown Sheet and Tube Mill depicting an actual severed hand nailed to a board. "Below the hand is a company admonition to the works not to slow progress with such 'carelessness,' a graphic example of management's first punishing their workers with an unsafe workplace, then blaming the victim." See Larry Smith, *Kenneth Patchen: Rebel Poet in America* (Huron, Ohio: Bottom Dog Press, 2000), 23.
4. This was Patchen's twilight memory several days after the surgery of 13 July 1959. Patchen initiated a long and unsuccessful malpractice suit that revealed that the hospital records of the surgery had mysteriously vanished.
5. A rare and mysterious congenital disorder in children who engage in self-mutilating acts as if trying to destroy some part of their body that is causing intolerable pain.
6. See Audre Lorde, 1995. Performance artist and poet Bob Flanagan, one of the longest living survivors of cystic fibrosis, attributed his relative longevity (he died at age 43) to an artistic practice that took control of his suffering through ritualized acts of sadomasochism. For a disturbing but enlightening introduction to his work see Kirby Dick's film *Sick: The Life and Death of Bob Flanagan, Supermasochist.*

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Sanctuaries, Gateways: The Sonic Spaces of Curative and Palliative Music in Medieval Cloister and Infirmary

Paul Shore

The medieval monastery or convent was characterized by specific patterns of sound. Within it were spaces dedicated to particular functions, each of which generated patterns of sound that changed over time. The library, for example, started as a place of considerable noise, as readers pronounced aloud the texts before them; it later grew quieter, as silent reading became the norm. Spaces concerned with the raising of animals, the transport of objects up steep slopes (at Mont-St-Michel this involved the use of pulleys), or the production of wine or cheese each had their characteristic range of sounds. These could be either amplified or deadened by the space's interior surfaces, and could be altered by advances in technology and changes in architecture or interior furnishing. The infirmarium (also *infirmaria* or *infirmatorium,* later *firmarium;* in English, *fermary*, *fermory*, or *farmary*), in which the sick and dying were cared for, was no exception.

The monastic infirmarium is of special interest because of the music associated with it and because of the apparent changes in its sonic environment that occurred during the later Middle Ages. This preliminary study will discuss one musical ritual from the early Middle Ages, many of whose details have been reconstructed. It will then examine the sonic environment of the monastic infirmarium in the following centuries, taking into account both the features of the built environment and the range of audible events occurring within this space.

It is not difficult for us to imagine that music would have been used within the infirmarium and adjacent chapel to reduce discomfort from disease and injury and to ease the passage from life to death. But establishing the characteristics of this music, and situating it within its physical setting, requires attention to both the total sensory and affective experience, as well as to the acoustic properties of the built environments in which this music would have been heard.

The physical and cultural context of these sonic experiences cannot be separated from the theological frames of reference that informed them. Moreover, all music heard in a cloister, unlike the studio-produced “piped in” sounds of a physician’s waiting room, was created by individuals known to one another and usually known to the listeners, adding an interpersonal dimension seldom addressed explicitly in medieval documents but of great importance to all involved.

Music-thanatology is a modern day palliative medical modality employing prescriptive music to tend to the complex physical and spiritual needs of the dying. It claims as its ancestor "infirmary music," an intimate expression of monastic medicine in eleventh-century Cluny, which may have anticipated, as some healthcare providers suggest, the holism of both the hospice and palliative medical movements by almost eight centuries (Schroeder-Sheker, 1994).

Precursors of this infirmary music may be found in the pre-Carolingian *ordo penitentiae* for the dying and in the Carolingian rite of anointing the sick, which calls for the singing of the office for the sick members of a monastery for seven days. Hymn singing may also have played a role in the care of the sick and dying in the earliest history of the Church. These ceremonies were "ideally suited to concentrating the mind of the dying man and lifting him out of the pain of his agony" (Paxton, 1985, p. 81).

Glimpses of early medieval infirmary music are found in the "Cluniac Customaries," which detail the rituals of dying. In the death ritual, the seven penitential psalms were sung "without ceasing," along with special antiphons. The Credo was also sung, an innovation that appears to have originated in Cluny. Yet even at this late stage, the rite of passage still invoked rituals of curing, as seen in this antiphonal response:

> God, who gave fifteen years to the life of your servant Hezechiah, in the same manner, through your power, raise this your servant from his sickbed and to health.

At the actual moment when the sufferer died, boards called *tabulae* were struck *crebris ictibus* (with swift blows), which summoned the other monks.

In Cistercian monasteries, the ritual varied somewhat: monks returned to the litany if the patient still lived, and then, at the striking of the tabulae during the Credo, they re-entered the infirmarium to minister to the sufferer. In this ritual, the dying monk was first separated from and then reunited with his earthly community through his confession and reconciliation, events that were multi-sensory but fundamentally auditory.

Since hearing, often outlasting sight and speech, is the sense that usually functions until the end of life, the auditory connection was especially important during this two-way trip away from and back to the community. After the patient's decease, *conversi* would ring bells and a litany would be recited.

The Cluniac model proved profoundly influential, shaping comparable rituals of other religious orders for centuries to come.

Modern concepts of healing and curing should only be applied to the medieval monastic infirmaria with great circumspection. Not only could few patients be "cured" by the standards of modern medicine, but also the objectives of the modalities offered were fundamentally different from those sought today in most medical environments. Our examination of these sonic environments recognizes the primary importance given to care of the soul (*cura animae*) and also to the sufferer's relation to both the earthly community and the community of heaven whither s/he might be bound. St. Benedict's message regarding this care was vivid:

> [The Abbot] must bear in mind that it is the care of sick souls that he has undertaken, not a despotic rule over healthy ones. (cited in Flint, 2000, p. 158)

Any therapy, including music, had to give at least as much attention to the sick soul as to the body in which it was encased, and in fact the arbitrary separation of the two would have seemed unnatural to contemporaries.

The aesthetic economy of the religious community required these sonic experiences both to be generalizable to others and to address the journey to the next life (as understood via Christian theology) that the patient might soon be making. Thus, the presence of God is assumed in each of these events; He is both a listener and a participant in the creation of music, which Hildegard of Bingen, among others, regarded as a manifestation of spiritual wholeness.

The Divine was present in the infirmarium in another way, as Benedict noted:

> The care of the sick is to be given priority over everything else, so that they are indeed served as Christ would be served... .[1]

On occasion, the dying monk or nun might himself or herself contribute to the music, a reminder of the essentially communal nature of the therapy. In less dire circumstances, the infirm might still have ongoing access to the Divine Office, either through speech or song. A testament from 1161 indicated that a church in the monastery of Santa Sophia in Benevento was to be built specifically to provide this access.

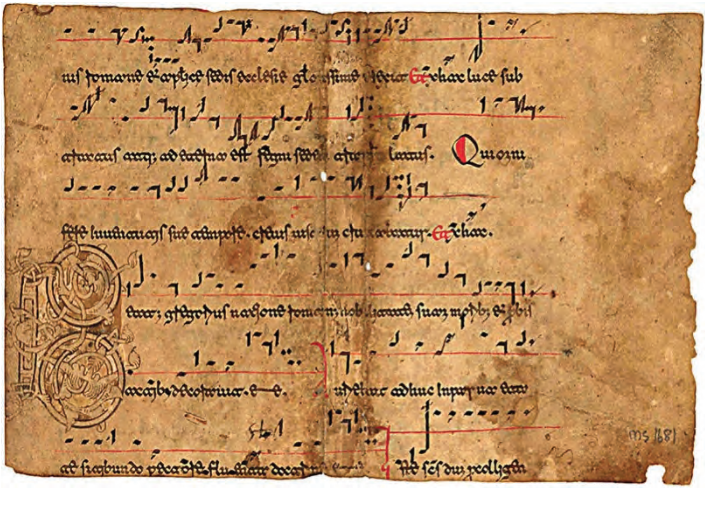

Figure 1: A music manuscript in the Beneventan style, dating from the second half of the 12th century. The red lines represent the pitch F, and helped singers to gauge the relative pitches indicated by neumes above or below the line. The text is the Vigil sung for St. Benedict: http://www.schoyencollection.com/music2.html#7.12 [November 26 2013].

At other times, the sick sang together in the infirmarium. In one of his letters to Héloïse d'Argenteuil, theologian Peter Abelard recommended that the sick celebrate the Hours of the Divine Office, although he did not specify whether this must be a solitary or communal act.

A passage in the Customaries of the Cistercian community of Citeaux clearly states that the inmates of the infirmarium are to sing when the Vigils are sung in the choir, indicating that sound could travel from the choir to the infirmarium. Musical companionship in these settings had another function as well: it provided protection from the Devil, who constantly lurked, waiting for moments of human weakness and despair, and who produced his own set of characteristically unmusical sounds, among them cackling, farting, bellowing, and mocking speech.

Singing together, in a community where speech was closely regulated, was also an opportunity to express emotions audibly and to enter into a communal auditory experience. While the daily Divine Office conducted in the choir offered multiple opportunities to do both of these things, the special circumstances of the infirmarium gave such outpourings added affective value.

In addition, we note that not everyone in a monastic infirmary was necessarily ill: during the later Middle Ages in some establishments, senior monks who had grown tired of the common life might retire to the infirmary, which often offered better food and general comfort. Thus, those able to hear music performed in or near the infirmary may have included some not facing the anxieties and discomforts of the seriously ill. Since these men would typically be older and more influential members of the community, their mere presence suggests a change in the power relations within the infirmarium, with possible implications for what kind of music was performed there, and in what way.

Some monasteries maintained a separate *infirmarium fratrum* for conversi, which suggests variations in status among those within a general infirmarium. The occasional expulsion of *famuli* accused of purloining food for their own families points to further tensions within some infirmaria and to another range of sound potentially audible to their inmates.

Corrodians, well-off seculars who had purchased a life annuity from Westminster Abbey, probably lived in its infirmarium. Their presence would have introduced yet other elements into the sonic environment toward the end of the Middle Ages. In addition, the infirmarium's chapel might have been used by bishops, other clergy, or nobility for their own purposes, as in the case of a wedding held in 1405–1406 in the infirmarium chapel of Westminster Abbey.

Music in the monastery setting was created for very different categories of auditors in the context of many other communal activities, from eating, to working, to praying, to medically driven practices such as bloodletting (and recovering from bloodletting). Moreover, the connection between healing, comfort, and music in the motherhouse of Cluny (and perhaps in other settings) was reinforced by literal and allegorical representations of health and music, such as surviving figurative capitals depicting the four humors. Symbolism and allegory, in a world where all things might be read allegorically, extended to the infirmarium itself: the fourteenth century devotional compendium *La Sainte Abbaye* equates compassion with the infirmarium's structure. Thus, the music performed would have had the potential for symbolic as well as concrete meaning, acknowledging the unseen presence of a divine Auditor and the function of the infirmarium as a place where His mercy and compassion were made manifest.

We should not forget that the singing of Mass was used from the early Middle Ages onward as a curative act to protect livestock and humans. For example, *Lacnunga*, a tenth- or eleventh-century Anglo-Saxon book of remedies, recommends singing masses over swine as part of a process to shield them from disease. At this point, the line between holy song and magical incantation becomes almost invisible, a blurring that may have remained in the minds of conversi and others within the monastery or convent, colouring the experience of the infirmarium.

The experience of this music must also be placed in the context of *silentium*, a concept that extends beyond the mere absence of sound. Among the range of meanings of medieval silentium is "tranquility," a state with positive attributes. Silentium had another positive association: that of the conscious reverence paid during the reading of auguries, upon which St. Augustine drew in his famous passage in which he encounters St. Ambrose reading silently. Silentium was thus far more than a pause in the sonic event; it was an integral part of it, and one that lent value to the music.

And just as the sounds of factory or forge define their spaces, the wider silentium of the monastery or convent—in comparison with the noises of town or countryside—delineated its precincts and the special power residing within them. Silentium, in communities such as the Cluniac where speech was restricted, not only provided contrast to the ritual sonic events of each day, but also was itself a profound sonic event.

Silentium was one characteristic, perhaps even a dominant one, of the infirmarium, one that framed many events, musical and otherwise. This silentium, moreover, was experienced in an environment where the dynamic range of sounds encountered was much narrower than in a hospital today: even its louder sounds would seem subdued to us. To distinguish between sound and silentium, a nun or monk would have employed keener auditory skills than are at the disposal of many modern city dwellers.

The absence of sound figures in other ways in the performance of late medieval music in these spaces. Within a musical performance, brief silences—expressed in notation as “rests” by Franco of Cologne (?-1200) but perhaps of earlier origin—are meaningful sonic events, essential to the comprehension of texts and greatly enhancing the appreciation of complex polyphonic compositions. Franco's notation of rests is less of an invention than an acknowledgement of an absence of quantifiable sound, an event that coincidentally is contemporaneous with the introduction of zero into mathematical notation in Europe. The silentium of the monastery was a quality known to its residents long before musical notation acknowledged its existence, yet this notation further clarified its existence and situated it within musical events.

Medieval infirmaries in the Latin west were often built as vaulted halls, with a chapel located either within the infirmary itself or communicating with the infirmary through a door that allowed patients to hear religious services. No rood screen separated the sick from the music. The power to heal was thus linked to the acoustics of the liturgy.

Figure 2: Scenes from a 13th century monastic infirmary. Barefoot indigents apply for admission in the top left. In the right hand panels, the souls of repentant and non-repentant patients rise to heaven or are carried off by winged demons, respectively: http://www.dps.missouri.edu/resources/orient/images2/history/mnsty02.jpg {November 26, 2013].

The Infirmary Chapel at Cluny, completed at the end of the eleventh century, had triapsidal chevets, transepts with towers, and wide, wooden-trussed naves, creating an environment whose visual and acoustic aspects addressed the spiritual mission of the infirmary. In England, spacious and imposing infirmary chapels were attached to Cluniac houses, and organ music may have complemented the other sounds heard in them.

The communal aspects of these facilities and their great importance to the monastery are suggested by the scale of the infirmarium of the Cluny motherhouse, which could house one fourth of this very large community. Despite the close quarters described in the Customaries, some infirmaria could be of considerable size, with commensurate acoustics. Anne Walters proposes that an oratorium at the Abbey Church of Saint Denis may have been a converted infirmarium (Walters, 1985). On the other hand, the infirmarium built at Saint Albans in the thirteenth century seems to have been a more modest structure of wood, which, if it lined the building's interior, would have produced a more sound-absorbent space.

Jürgen Meyer (2009) has argued that the creation of visual emphases in concert halls improves the sonic experience. In a medieval chapel, focusing attention on the altar, or on an architectural detail such as a stained glass window, accomplished two related objectives. By reinforcing the content of the liturgy with specific imagery as well as the abstract patterns of light created by glass windows, the designers of these spaces sharpened the listener's auditory experience, providing images for words (which were being intoned in a language perhaps not too familiar to the listener). At the same time, they were affirming St. Bernard's observation that "hearing leads to sight" (p. 223).

Hearing and sight could be linked further by focusing attention on the preacher. The Cluniac infirmarium chapel in Castle Acre, Norfolk, shows the remains of a pulpit dating from perhaps the twelfth century. Smaller, more portable objects such as wooden crucifixes filled a similar function within the infirmarium.

The figure of the celebrating priest, as both a visual and audible reference point, is also crucial to the sonic experience. The emphasis placed on particular images or symbols visible in chapel or infirmary provided the raw material for visionary experiences, which might contain both visual and auditory elements, and which contemporary accounts do not, of course, distinguish from experiences more rooted in the empirical world. Thus, the total sonic experience of the monastery or convent, including in the infirmarium, was never bounded by the acoustical limitations of any particular space.

The absence of silentium was a net loss for a religious community and for any sacred space, and could earn severe punishment for those who caused a disruption. Late medieval sacred spaces were plagued with such disruptions. In contrast to the order and calm implied in the Cluniac Customaries, an acute awareness of the lack of silentium runs through the reports of fourteenth-and fifteenth-century visitors to the parishes in the archdiocese of York, in which the noise of clog-wearing singers in the Cathedral choir and other noises were noted with disapproval. The disciplined care of the infirmarium seems to have steadily declined in the later Middle Ages. Lack of silentium in the infirmaria was of particular concern in this later period: William Melton, a fourteenth-century Archbishop of York, wrote of "inappropriate conversation … in the infirmary."[2]

A prohibition from the first half of the fourteenth century, directed at the infirmarium of Hexham Abbey, suggests a few more potential sources of sound, including "raucous drinking and game playing." At times, when seculars were in a convent's infirmaria, bringing necessaries to the sick and causing disquiet among the sisters, injunctions against "superfluous et vain conversations" were issued.

Inappropriate sound (especially speech) was closely linked with other impure or distracting actions. For example, in 1453, a barber was enjoined to stay away from an infirmaria of the convent of Notre-Dame-aux-Nonains (*infirmaria* here refers to a sister working as a nurse), under pain of excommunication (McDougall, 2008).

Paradoxically, while the illumination of an object or region within the listener's visual field can enhance the auditory experience, the total absence of light can do much the same thing. In the cloister, the nocturnal *officium* might have been recited in complete darkness, to spare eyes and candles. The generally darker interiors of many monastic structures, and the lower level of light in pre-electric Northern Europe, both accustomed listeners to attend to music in the dark and encouraged the connection between light and celestial splendour, including music, as found in the writings of Hildegard and Abbot Suger.

Taken together, the generally low (by modern standards) level of sensory simulation and the guidance embedded in monastic discipline directed the entire community, including those in the infirmarium, to attend to subtle changes in the sonic field.

The range of sensory stimuli associated with the care of sick and dying members of the monastic community therefore consisted of highly integrated elements that were probably not always experienced as discrete events, and which were influenced by the plan and choice of materials of the infirmary or chapel. Straw or straw matting on the floors, wooden ceilings—especially when unpainted, or presenting concavities, prefiguring the acoustically enhanced "coffered ceilings" of the Renaissance—statuary, brass doors, tombs and fittings, and sheets of stained glass all affected the acoustics of these spaces. For example, when the glass windows of the Lady Chapel of Ely Cathedral were removed during the Second World War, the acoustics changed markedly. And as Craig Wright has shown, the use of cloth wall hangings during feast days and the shrouding of the altar to create a *taburnaculum* affected the experience of sound within the nave of a cathedral. These tendencies would be still perceptible in the smaller space of an infirmarium chapel. Wall hangings of worsted curtains and cushions, all found in late medieval infirmarium parlours, also absorbed sound, as did the large wooden chests that the residents sometimes brought into the infirmarium.

A musical event is comprised of many elements. Among these is the *timbre* of the sonic event, one dimension of which has been defined as “flux,” referring to how a sound changes over time while it is being played. Other aspects of timbre include the presence of overtones and other qualitative factors that allow two sounds with the same pitch to be distinguished from one another. That monastic communities were conscious of timbre is suggested by their use of terms that describe changes in vocal quality, as opposed to pitch, in the performance of chant.

Each of the elements of timbre played an important role in the experience of music in the monastic infirmaria, as did the more general (if controversial) late medieval tendency for vocal performance in higher registers. These non-notated facets of musical performance have great affective potential, summoning up feelings of jubilation, hope, despair, or erotic desire, and shaping the comprehension of Latin texts that may have been only imperfectly understood by some of their listeners. The potency of timbre, especially in the upper ranges, was sufficiently impressive to the founders of the new and austere religious orders of the twelfth and thirteenth centuries to cause them to ban these sounds. Yet these higher ranges remained present in many musical settings found within the cloisters of the fourteenth and fifteenth centuries.

While they can only be recreated with approximate accuracy, each of these non-notated elements must be kept in mind when considering the musical interaction that took place in an infirmarium. The location of the musical event within the monastic complex and the propagation or impeding of sound within the space are also important: in St. Augustine’s Canterbury, a servant or monk might play the harp for the infirm in the infirmary chapel, but not in the infirmarium itself. On the other hand, the Office for the Dead, undertaken with the deceased stretched upon a slab in the infirmarium chapel, might be spatially localized but very audible to the inmates in the adjacent cellulae.

To these elements must also be added the traces of sounds characteristic of monastic life, at once communal and solitary: the footfalls of an approaching brother or sister, the rustle of robes and clatter of dishes, and at times the sounds of animals kept within or near the infirmarium complex (there are reports [Classen, 2012; Harvey, 1993 Kerr, 2009] of pet goats, squirrels and other creatures living indoors, and an infirmarium garden might have had a dovecote to provide meat for the inmates). The private prayers of other members of the community and quietly hummed or sung Psalms would have been audible as well.

To these can be added two other characteristic sounds heard in the vicinity of the infirmarium: that of wood being sawed, since this activity was recommended to help restore health, and of steam and boiling water, as the infirmarium might have prescribed the "sweating cure." Along with the patterns of litany and music, the routines of cloistered life would have prompted feelings of anticipation. One's familiarity with the habits and quirks of those with whom one had lived for decades would have been triggered by sonic cues.

When considering the infirmaria of the fourteenth century and later, another very different type of anticipation associated with sound must be kept in mind. The Black Death of the 1340s and its subsequent recurrences had devastating consequences for cloistered communities. The onset of the disease had discernible sonic characteristics: the coughing up of blood and the horrifying sound the plague buboes themselves made as victims attempted to move. Such sounds must have struck terror and dread in all who heard them.

This spectrum of sound reminds us that a documentary history of the sonic environment of the cloister faces two interrelated challenges. Surviving manuscripts may owe their survival to chance and may reflect atypical circumstances that merited special description. Less frequent use could have also increased the chances of a record surviving. In addition, the most common sonic events in a monastery frequently escaped notice in such documents precisely because they were so common—yet the very ubiquity of such sounds made them an important part of the experience of the cloister.

The music performed in infirmaria and in adjacent chapels, like other products of monastic life, developed over several centuries and was refined through practical application. It was also subject to occasional outside pressures and intrusions. While often accompanied by texts that had been written down and heard by those who could read, this music existed in an environment in which most communication was accomplished without the mediation of symbolic notation or writing and, in many cloisters, with a minimum of speech.

In this environment, the tactile, the immediately apprehended, the phonetically expressed (if not cognitively comprehended), and the intuitively grasped each gave meaning to experience. The music performed required no subtext of explanation or interpretation, existing as it did within the shared and remembered experience of the entire community. Yet we must acknowledge the complex and at times contradictory relationship between monks and their singing, which St. Anselm described as "that heavy yet singable thing."[3] In the words of one scholar, writing of the motherhouse of Cluny, "A long and sometimes exhausting liturgy seems not to have included an air of joy and contentment" (Grégorie, 2002, p. 815). Music in the infirmarium must have been, at various points, a release, an expression of faith, a task, a pursuit of the beautiful, a habit, and a door that opened up memories both uplifting and sad.

Some infirmary chapels were larger than the smallest churches of the Merovingian era, but most infirmary music was heard in intimate spaces. Cluniac specifications for the *cellula infirmorum* called for a space 27 feet long and 25 feet wide, holding eight beds, with a *claustra* only 12 feet in length. Carolingian monasteries provided specific (one hesitates to call them private) rooms for gravely ill monks, or for an abbot when he was sick. Later, infirmaria in Cistercian monasteries evolved from large, hard-to-heat halls, into a set of individual cells. Intimacy is important to many genres of medieval music, and is especially germane to music performed in infirmaria. The role of the priest as celebrant of the Mass involved physical and emotional distance from the worshippers—yet the effect of his sonic performance was far from impersonal, even if his form was not visible to a bedridden inmate of an infirmarium. If the priest was ministering close at hand, as described in the Cluniac Customaries, the sense of intimacy would be unmistakeable. The physical experience of the music, creating perceptible sensations within the body of the infirm, and the anticipation of this sonic event within the context of the temporal and spatial patterns of monastic life, all added to its significance for the entire community.

The *exemplum* or illustrative story was also presented orally to the infirm in *lectiones*. In the sounds of harmonious instrumental music, or in the psalms sung to the dying, the auditor heard echoes of performances already encountered many times in similar circumstances. With these cues he or she was called upon to play a role that would guide others' future behaviour, the music not only providing calm to the body and soul but also articulating the stability and continuity of life in the cloister.

Finally, in a realm that has yet to be sufficiently explored, we must consider the possible impact of specific sounds themselves on the physical health of the patient. Yogic medicine claims that aside from any "specific innate meaning," the sounds "um, ee, oooh" can positively affect health (Sahannahoff-Kalsa & Bhajan, 1992, p. 188). Assuming that these claims can be substantiated, the occurrence of these sounds in the sung or spoken rituals conducted for the sick and dying may indicate yet another dimension to curative song in the medieval infirmarium.

The sonic experience of the medieval infirmarium was thus a subtle melding of planned and unplanned sound, of ritual designed to comfort and guide, of mundane routine that could reassure or sometimes frighten, and of less frequent outbursts or variations that lingered in the collective memory of the cloister. The scale and interior textures of the infirmarium itself, the individual skills and creativity of the musical performers, and the visionary world of the spiritual in which the entire community participated all shaped this experience, which, despite the best efforts of modern musicians and thanatologists, cannot be fully duplicated today.

What we can do is appreciate the concentrated collective attention that was given to the suffering and dying members of these cloisters, and the great effort expended to place such individuals in communities—both heavenly and earthly—whose reality was affirmed through sound. These efforts are a reminder, in a world filled with manufactured sounds intended to entertain, to homogenize, to nullify, and to "fill" silences, of the potential power of song, and of the communities we may yet build through its agency.

Notes

1. *Regula Benedicti*, 36 (author's translation).
2. William Melton, 14 October 1320, regarding the Abbey of Whitby, *Cartularium Abbathiae de Whiteby*, [=*Publications of the Surtees Society 72*] (Durham: Andrews & Co, 1881), 633. We also note the case of the monk who kept a goshawk and "Dormiuit eciam per mensem in infirmaria absque speciali licencia abbatis de nocte in noctem, et habuit secum mulieres." Visitations of Religious Houses in the Diocese of Lincoln: Vol. 2: Records of visitations held by William Alnwick, Bishop of Lincoln, A.D. MCCCCXXXVI-MCCCCXLIX; Part 1 [=Canterbury and York Series, 24] (London: Canterbury and York Society, 1919), 73.
3. Anselm, *Epistolae*, ii, 2. (author's translation).

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Face to Face with FAS[1]

Linda Rosenbaum

With our six-year-old Michael in tow, Robin and I trudged off to the Child Development Clinic at the Hospital for Sick Children. Dr. Wendy Roberts and several members of her staff spent an entire day with Michael—interviewing him, reviewing his medical and growth charts, testing his cognitive and neurological abilities, measuring social interactions and developmental milestones.

Robin and I were on hold emotionally. On the one hand, we were scared to think there might be something seriously wrong with Michael. On the other, we figured, if there was something wrong, we could fix it, right?

Robin and I still had self-doubts about our parenting, but among the many gifts our daughter Sarah had given us was the belief that perhaps we were not so bad after all. Everything seemed to come so naturally for Sarah, and therefore for us. It was as if Sarah were reading the books on child development milestones along with us. It was uncanny, how she knew when she was supposed to sit up, get toilet trained, crawl, walk, and talk. I felt like I was watching a miracle unfold with her. Somehow, inside this precious young being, a program was directing her to grow up, and do it according to a schedule in sync with billions of other growing beings in the universe. To me, the parting of the Red Sea couldn't be any more miraculous than that.

If we hadn't had our four-year-old Sarah to re-test our parenting, Robin and I would have felt even more guilty than we did, since we had assumed we were the central cause of Michael's difficulties. Over the years, friends had tried to reassure us: "It's not you." But that couldn't compete with the cold stares we had to endure in public places when Michael was wailing, or the comments from strangers about Michael's need for "more discipline." All added to our self-doubt and chipped away at our strength.

But our wonderful little Sarah was a perfect antidote to all that.

The following week, we returned to Dr. Roberts' office at Sick Kids. Greeting us in the waiting room as before, she smiled warmly, offered a firm hand, then led us to her office and to the straight-backed chairs across from her desk. "I have the results from last week's tests on Michael," she told us. "I'm sure the wait was difficult for you."

She was right. It was difficult, but it wasn't only the week that had been hard. In some ways, we had been waiting for this moment since Michael was born in 1987. It was now 1993. During that wait, there were times I actually hoped one of Michael's doctors would find something wrong so we could get on with the business of fixing it. More selfishly, I thought a diagnosis could expiate the never-ending stream of guilt and shame Robin and I were drowning in from Michael's problems and our inability to make them go away. Of course I was ashamed of these thoughts. What kind of mother wishes for doctors to find something wrong with her child?

I'd gone over this in my mind a thousand times before. To escape the useless monkey chatter, I focused on Dr. Roberts as she rummaged through a rumpled stack of papers on her desk. I tried to read her face, a skill I was usually good at. But not today. Dr. Roberts was giving nothing away.

"After much discussion with my staff," she began, "we've settled on a diagnosis." I could feel the fluids in my stomach take a nosedive.

She continued riffling through her piles, eventually pulling out two photocopied sheets of canary yellow paper. Without saying a word, she handed a copy to both Robin and me. A hand drawn outline of a child's face was sketched on the page. Various features, including eyes, nose, ears, and mouth had handwritten labels attached to them. Robin and I looked up from our sheets and stared at each other. I was the first to break the silence. "It looks exactly like Michael," I said flatly, as if shell-shocked.

"The resemblance is uncanny," Robin added. "It's eerie."

"The drawing is used as a teaching aid at medical schools," Dr. Roberts said, "to train budding pediatricians."

I looked down at the drawing again, and for the first time noted the small letters printed above it: "Common Facial Features of Fetal Alcohol Syndrome." I looked at Robin, who was also back to studying the drawing, and noticed a slight smile forming on his lips. I understood. He must have just read the title, too. It was the smile that comes upon discovery of something excitingly new, beautiful, profound, or so wrenchingly awful you can't deal with the feelings it brings.

"Oh my God," he said in a subdued voice, eyes still glued to the image.

There was no room for disbelief or protest. Flat midface, short nose, indistinct philtrum (the area above the upper lip), thin upper lip, minor ear abnormalities, low nasal bridge. Check. Check. Check.

All I could think was, *Michael's birth mother must have been drinking when she was pregnant with Michael*. Why hadn't we put all this together earlier?

I didn't know a lot about Fetal Alcohol Syndrome, or FAS, but enough to know that the diagnosis Dr. Roberts had just given us meant our son's brain had been damaged. A part of our Michael's brain had been destroyed by alcohol while in Kira's womb. Our son was damaged in a way that suggested, if you looked at the statistics, that he would quit school, never be able to hold a job, live on the streets, or worse. We would have the next ten or fifteen years, at best, to see if we could change the prognosis.

Tears streamed down my face. Robin, knowing me well, had come prepared. He reached into his pocket and handed me a tissue.

Dr. Roberts finally spoke. "You'll recognize Michael when I tell you the earliest characteristics of FAS during infancy include trembling and irritability. The child may cry a lot, act agitated. As they get older, they may 'flit' from one thing to another; have a short attention span, be prone to temper tantrums and noncompliance. They're easily distractible—they often hyperfocus and don't respond well to changes, particularly when required to move from one activity to another." The list went on.

"But Michael's birth mother said she didn't drink during her pregnancy," I said, noting how little conviction I had in my voice.

"If at all possible, I suggest you go back and check with her again. Unfortunately, we've seen this before. The drinking history she gave you is incorrect." Dr. Roberts left no room for doubt. After seeing the line drawing, neither could we. Kira had lied.

Dr. Roberts explained that FAS varies in severity and manifests itself in different ways, depending on when the mother drank and what areas of the fetus' brain were affected. Tests showed that Michael's brain damage manifested as Attention-Deficit Hyperactivity Disorder (ADHD), possible oppositional disorder, and severe learning disabilities. His relentless skin picking was possibly some form of Obsessive Compulsive Disorder, or perhaps a Tourette's Syndrome type tic.

"I know you won't be surprised to hear that Michael has some autistic characteristics, too," she continued. "They showed up in his interactions with other children, but aren't significant enough to be considered Asperger's Syndrome, the type of autism he is considered closest to. But that explains his tendency to parallel play rather than interact directly with other children."

Dr. Roberts was a pioneer in the field of FAS and was devoting her career at the clinic to working with families with children like Michael. She was one of the few pediatric specialists in Canada who could diagnose the syndrome, which had remained unnamed and absent from the medical literature until 1973. That explained why Michael had been to so many doctors during his short lifetime, and why none of them had even hinted at the possibility of FAS. Nobody knew anything about it. The problems associated with drinking during pregnancy eventually became common knowledge, but very few medical professionals had ever heard of Fetal Alcohol Syndrome around the time of Michael's birth in 1987.

To Dr. Roberts' great disappointment, the syndrome had been studied minimally since it was first named, though by the early 1990s interest was gaining momentum. She was disappointed that more attention, money and research had been directed to so-called "crack babies." Despite the mythology and sensationalized media hype surrounding these newborns, evidence was showing crack cocaine to be much less harmful in utero than alcohol.

"The toxic affects of alcohol are devastating to the fetus," Dr. Roberts said, adding, "I personally don't think there is any safe limit, though the jury is still out on the issue."

Dr. Roberts then explained that the most recent research had focused on populations in the United States and Canada, particularly Native communities, where researchers were finding a disturbingly high prevalence of FAS.

"What does all of this mean for us, Dr. Roberts? What can we expect, what should we do?" I asked.

"Unfortunately, there's little research to tell us what the future holds for Michael," she said. "Recent findings are based on children diagnosed in their teens. That means they hadn't been diagnosed early enough for caregivers to make significant interventions in their lives."

I could tell she was trying to soften the blows of the dismal futures predicted in the literature. It wasn't hard to see the effect her words were having on us. Robin was slouched in his chair, his eyes moist. I was unusually quiet, unable to dam a torrent of tears.

"If early interventions had been made," she continued, "the children might have fared better." The majority of those studied led lives as predicted. They had dropped out of school, were living on the streets, were unemployed or on welfare, and were repeatedly in and out of jail by the time they hit twenty.

"The part of their brain that affects impulse control is damaged," she continued. "So is their ability to learn from their mistakes or understand cause and effect like we do. They may feel remorse after doing something wrong, but that doesn't mean they'll have the impulse control not to do the same thing again. That may explain why they're often in and out of the prison system."

"I don't want you to be too upset from all this literature," she added, seeing our distress. "Michael is only six. With early diagnosis and intervention, he has a better chance than those kids for success in life." She suggested we make an appointment for the following week to discuss next steps. "We'll first look at possible meds to help with some of Michael's symptoms."

She then got up and walked around her desk to where we were sitting. She put her hand on my shoulder and in a gentle, caring voice, said, "You two have already done a wonderful job with Michael. Most kids with FAS can't bear to be touched and many don't bond with their parents. The fact that he is so warm and connected with you is a testament to your love and hard work. He's lucky to have you."

Hearing the kindness in her words, desperately welcomed and needed, my sobs deepened. Tears of sorrow, the world, the gods, the fates, everything and everybody—except Michael.

In my gut, I had believed something was wrong with Michael, no matter what the doctors told us. Now, I no longer had to pretend everything was fine. I wouldn't have to make excuses for Michael, Robin, or myself. We no longer had to think we were doing wrong, or listen to someone telling us Michael was bad. We didn't have to live with the confusion of ambiguity. We could take action, move forward. We could help Michael and turn the tide of expected events. We had been wandering in the dark, but with the direction the diagnosis gave us, we could focus on helping him.

"I feel hopeful," I said, with remarkable energy, to Dr. Roberts. I then looked at Robin, still slouching in his chair, bleary-eyed. I sensed it would be best to keep my momentary optimism to myself. Who knew how long it would last. Probably not very.

Credit: Woodcarving by Michael Rosenbaum[2]

Notes

1. What was called FAS (Fetal Alcohol Syndrome), during the period when Michael was diagnosed is now called FASD, Fetal Alcohol Spectrum Disorder. FAS is rarely used anymore except by parents whose children were diagnosed before this new terminology was created. Previous to FAS was FAE, Fetal Alcohol Effects (a milder form of FAS), which has also been incorporated as part of the spectrum of FASD.
2. Michael is now 26. He lives in a group home during the week and with us on Toronto Island on the weekends. About five years ago, my husband started taking Michael to woodcarving classes, because he was always whittling pieces of wood. Since then, he has won several awards for his carvings, including the prize-winning fish called "Pike," which won second place in the Ontario Woodcarving Championships.

Linda Rosenbaum lives with her husband on Toronto Island. Her book about raising Michael, *Not Exactly as Planned,* will be published in November 2014 by Demeter Press.
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Structuring Somnolence: Sleep Science Technology as a Medium for Drawing with the Body at Rest

Lisa Carrie Goldberg

"Structuring Somnolence: Sleep Science Technology as a Medium for Drawing with the Body at Rest" is an investigation into the fields of sleep science and art. By utilizing the tools and technologies of contemporary sleep research, a series of photographs were developed by artist Lisa Carrie Goldberg in conjunction with both SymbioticA, the art-science research centre, and the Centre for Sleep Science at the University of Western Australia. In December 2010, three volunteers participated in a two-week sleep study conducted by the artist in a sleep laboratory. It was through these nocturnal events that the process of employing the body and the mind during sleep as a means of art making was realized.


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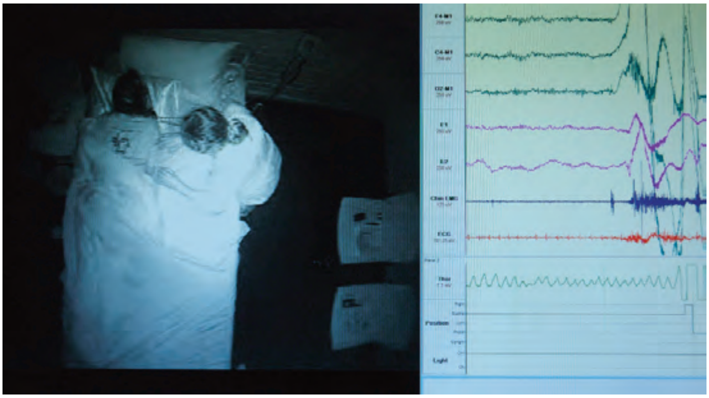

Lisa Carrie Goldberg is a multidisciplinary artist based in Toronto. Her artwork often takes the form of full-sensory installations that examine the realm of art and science. Past projects have covered topics in neuroscience, anthropometry and microbiology, as her studio practice is usually accompanied by field research in laboratories and academic settings. Through this process, her work involves collaborations with both scientists and other non-artists. She has a BFA in Interrelated Media from Massachusetts College of Art and Design and a Master of Science in Biological Arts from SymbioticA, the art-science research centre, at The University of Western Australia. Her thesis focused on the correlations between sleep science, art and architecture, an investigation which led her to conduct a series of experimental all-night performances held inside a sleep laboratory. Her artwork has been shown in Canada, United States, Europe and Australia and she is currently an Artist-in-Residence at The Art Gallery of Mississauga. Recently, Lisa founded Action Potential Lab, a hub for artistic and scientific research in Toronto. Email: lisa@actionpotentiallab.ca

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Medevacking Mum

Saleem Idris Razack

Mum was in Scarborough Hospital, an imposing colonial structure built on a hill overlooking the harbour. The whole family had come down to Tobago for my niece's wedding. After forty odd years, we were all mostly Canadian and American, but family events, along with the promise of curried goat and the hottest peppers you will ever taste kept us forever connected to the islands of Trinidad and Tobago.

Mum was barely conscious and struggling to breathe, and her x-ray showed lungs full of fluid. I held her soft frail hand and tried unsuccessfully to slip into the role of medical professional. She had overexerted herself during the wedding festivities and tipped her already delicate cardiovascular health into a serious episode of congestive heart failure.

This is supposedly easy to treat. The medical team would give her some Lasix, she would pee it all out, start to breathe better, and we would get her on the first flight back to Canada. Unfortunately, her blood gases indicated a precarious breathing situation and the probable need for some form of respiratory support.

This cannot be done at Scarborough Hospital or anywhere on Tobago.

"Your mother is going to need to go to Port of Spain, for CPAP at least, maybe even a respirator. I have made arrangements. The helicopter will be at the airport in 45 minutes to fly her over."

The medical officer who informed us of our mother's condition saw the worried looks on our faces. He was a personal friend of my niece's new husband and had even been at the wedding.

I am a doctor and so is my brother. I spent a great deal of my early career doing long range air transport, mostly of critically ill infants and children, from the Canadian Arctic to tertiary care in Montreal. At the time, I loved the adrenaline rush, and I took the maxims of aviation medicine to heart:

Any hospital is better than an airplane or helicopter

Whatever can go wrong, will go wrong

Nothing lasts forever—including oxygen, batteries, and fuel.

Those training maxims were there to remind us that transport is an extremely vulnerable time for patients, and helped ensure that the transporting team of healthcare professionals was as prepared as possible for all eventualities.

When it is your mum, all those maxims do is remind you how quickly everything can go wrong.

My brother and I decided I would accompany her on the helicopter over to Trinidad, and there I was: the baby brother in the family, getting ready to medevac my mum, absolutely convinced she would not survive the ride.

•

The helicopter lifted off smoothly from Tobago's A.N.R. Robinson Airport in Crown Point.

My mother was strapped to the floor on a stretcher. She was in and out of consciousness. The only therapy she could really receive was some oxygen by nasal prongs. Before take-off, my mum looked at me and said, "Will you pray for me, Selo?" My name is Saleem. In Trinidad, this shortens to "Selo" because the Christian name, "Selwyn" does this, and "Saleem" is most like "Selwyn." Even pet names become acts of trans-civilizational interpretation in Trinidad.

Mum was scaring me. For Muslim Indian women of her generation, it is seen as important to leave this world with the glory of God on your tongue. This means that if people think that it is their time, they want to die saying one of two basic phrases: "*la illaha illallahu*" ("There is no God but God"), or "*Allahu Akbar*" ("God is great"). My mum was hedging her bets and alternating between the two.

I was powerless. Her nurse and I were buckled in to our seats and not allowed to get out of them to tend to her. On aircraft, what the pilot says goes, so the best we could do was watch and hope she kept breathing.

Crown Point is on the extreme southwestern tip of Tobago, which is the closest part of the island to Trinidad. As the helicopter rose, in the distance I saw the mountains of Trinidad's Northern Range, shimmering in and out of focus in the convective air currents produced by the tropical midday sun.

I had forgotten how intimate a helicopter ride is with the land below it. In a helicopter, you are just low enough to be part of the scene beneath you. When I was working in the Arctic doing medevacs on fixed wing aircraft, what was below you was still 5 kilometres away. Here, we could almost see what the people below us were wearing.

We rounded the peninsula of Toco and made landfall on Trinidad over Manzanilla Beach. I looked forward and could see Port of Spain some fifty kilometres away, and then on to the Gulf of Paria, with South America on the other side. Directly below me was a thick strip of coconut palms, with a few cows grazing the grass in between the palms. I always knew I was in the real tropics when I saw coconut palm groves gracing the land just after the sandy part of a beach.

Following the coconut palms and looking south, I saw endless fields of prime agricultural land, stretching towards the Central Range, and then again to the more rugged Southern Range. The sugar cane industry had collapsed, but I could still see fields of cane here and there. Sugar cane brought my people to the Caribbean, with Indian indentured labour replacing African slavery on the plantations in the 1840s. We became ourselves, a recognizable people, on those plantations—and there now had been almost 170 years of India in the Caribbean. As a people, we were sometimes vividly nostalgic for the subcontinent that we left behind, singing Rumi into newborn babes' years, unconscious participants into the great tradition of Sufi mysticism. But we also looked resolutely forward, having been transformed by generations spent among the descendants of African slaves, Hakka Chinese people, French Creoles, and many others. These people were our friends, neighbours, and occasional lovers.

While I listened to my mum's purse-lipped respirations and her praying, I could not bear to watch her suffering while not being able to do anything about it, so I looked out the window and down and across to those fields.

Those fields had given rise to this woman.

I could see in my mind's eye an unbroken chain of my foremothers—veiled, barefoot, and cutlass wielding, cutting cane on the plantations, making sure the next generation learned to read and write, and pickling mangoes in the sun. I thought of my father, gone from us about eight years, and all of my forefathers, hotly debating philosophy, Gandhi, or maybe apartheid, all in one afternoon. They were unschooled yet so scholarly and insightful.

I thought of how the outside world, specifically doctors and nurses back in Canada, might look at my parents and see only two uneducated immigrants, rather than the matriarch and patriarch of a huge and, by most measures, successful family. I had seen this happen before on hospital wards, or maybe in multidisciplinary team meetings where "psychosocial" issues are discussed. When we health professionals did this, we denied our patients the respect of being understood as complex beings. Within most of us there is a mixture of love, loyalty and courage, with maybe a little self-interest, jealousy, and fear thrown in to keep things interesting. I had engaged in this kind of dismissive behaviour myself. There was generally an excuse for it (full bladder, empty stomach, long night…), but it was always born of ignorance, nonetheless.

Silently, I thanked my parents for making me, and for allowing me to inherit such bountiful cultural riches. I am a child of the tropics, huddling comfortably in the central heating of my house in Montreal, eating spicy food. I have been given the gift of ease at manipulating cultural objects with origins on five continents.

Breathe, Mum, just breathe.

As the helicopter moved through more populated areas, I saw my parents' mosque. It rose like a giant green and white Taj Mahal out of the savannah lands near Champs-Fleurs in St. Joseph. We flew right above it. It stood there all Eastern and out of place in this creolized land, with its minarets and Arabic arches. I had heard stories of my family being part of a true community centered around that mosque, but it was an experience that I never really shared, since most of my growing up had been in Canada. I belonged to the random Toronto schoolyards and strip malls of the seventies and eighties, where you could easily have classmates from twenty countries. This was its own kind of good, and I took refuge and comfort within its curious mix of Marcia Brady wafting at us on the airwaves from Buffalo, Swanson's TV dinners, and dim sum.

But it was not this.

On that day in the helicopter, I felt the impotence of being unable to act, and with my mother's laboured breathing beside me, I appreciated that mosque as a statement of presence. We are here now. Let us make some history.

As we moved past the mosque and into Port of Spain—"Town" as it is called, or in Trinidadian vernacular, "*Tong*"—I looked back at that mosque and understood it as part of my story. I am connected to this place, through my mother and my father. Its strong sun has shaped me, but my clay is far from set.

We are almost there, Mum.

•

This story ends with my mother doing alright, for now, at least. The rest of the medevac went fine. She stabilized, and we got her home back to her two loves (beyond family)—*Hockey Night in Canada*, and *CNN*. She loves Candy Crowley and Farid Zakaria.

I became a different physician after that day spent as a powerless family member. In that helicopter trip I felt the oppressive weight of personal history under my feet. I felt threatened by the potential rupture of a relationship that might have occurred if my mother had not been so lucky. I felt how you have only what you can take with you, but that it is sufficient and that you can be part of an unbroken chain of history and meaning.

When I see a patient, the best thing I can do to show my respect is to situate them in a history that has meaning for them. I try to be open to understanding this person's particular version of being human, and I am willing to be forever changed, if only just a little, by our exchange. Like I said, my clay is not yet set, and I hope it never will be. To engage with another and to risk being changed by them demonstrates the relational nature of caring, through the best of science and the best of my heart. I have been both transformed and humbled by a five-month old with a Grace Jones hairdo awaiting a heart transplant and reaching for my tie.

At the medical school where I work, we often talk of teaching students to fulfill the simultaneous roles of "healer" and "professional," which are enacted in the course of performing their duties as physicians. I have always been a little uncomfortable thinking of myself as a "healer." Firstly, I do not know if "heal" is a transitive verb or an intransitive one. Do patients heal, or indeed, if it is a transitive verb, is it God who doing the healing? For me, the only way I can be a physician is to see myself as a witness to the miracle of healing, at most with a little nudge here and there through a few well-placed and hopefully skilful acts of science.

When I am at my best, and perhaps most humble, my story never really begins with my birth. Sometimes it starts generations ago, on a ship leaving Calcutta, rounding the Cape of Good Hope before heading on into Cape Town, and then onwards to Guyana and Trinidad. At other times, it might begin when my family emigrated to Canada on an Air Canada propeller plane from back when you dressed up for air travel, leaving Trinidad, and island hopping northwards through Barbados, Antigua, and Bermuda. There is always a journey in a story, and to truly appreciate another's story is to choose to travel with them through varied landscapes of meaning.

As the sixth kid, and the only one who grew up in Canada, I never have an easy answer to the question, "Where are you from?" I try to say what I think the asker wants to hear. If I misjudge, maybe by unhelpfully saying that I am Canadian, then sometimes the question comes out a bit more aggressively: "So, where are you *really* from?"

On that helicopter, medevacking mum, and just for that day, I knew the answer: I am of this place, and I am the issue of that feisty woman lying on the floor of this helicopter, who is instructing me even now how to fight for your life and breath.

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The Right Thing

Colette Malo

Another cold morning, another walk down the gloomy hall to Mother's hospital room where I find her asleep. The bag of urine hangs down the side of her bed. Wait a minute.

The kidneys regulate urine production. If the bag is filling up, that means that her kidneys are not shutting down. The doctors made a mistake. They said the kidneys weren't working and that she was dying. She isn't dying at all, but I've told the staff to stop all treatment! I have to find a doctor. They have to hook her up to an IV and whatever else before it's too late. Jesus effing Christ. I'm killing my own mother. I fly out the room, catch up with members of the roving medical team, and latch on to her doctor.

"There's been a terrible mistake," I say. I trip over the words: urine bag, kidneys still working. The doctor takes my elbow, turns me away from his colleagues.

"There are others ways in which the kidneys fail," he says. "Her system is starting to shut down."

I'm relieved. Yes, my beloved mother is truly dying, but at least I'm not killing her.

Mother wakes, asks for cranberry juice. A mad dash to the cafeteria yields one juice container with a pokey little straw. She squeezes her eyes shut and smacks her lips. "It's come full circle," she says. Seeing my confusion she explains, "We used to ripen cranberries in the old house."

She lies on her side, fists tucked under the pillow, her back to the window where I've pushed the curtains open, as if she might climb out of bed, look out at the street below, and amuse me with witty or snarky comments about what she sees. With the door to the room shut, we exist in our own little world of slow moving time; the only sound is the soft hiss of the facemask as it fills with vapour. Three days ago, the doctor said she was dying. Or was it two days ago? No matter. The names of days, the very feel of the days elude me. Since I stopped working, every day is a day "off" yet the notion of the weekend retains its allure, and when the clock hits 5 P.M. on a Friday, my partner and I shout "weekend" with lots of exclamation points in our voices.

I wrestle today's edition of the *Globe and Mail* from my purse. What's new? Who cares? The disadvantage of this private room is that I can't see the staff unless I step out into the hallway, which is where I find the Québécois doctor who is about to walk past me. I lift my hand.

"Can anything else be done to make her die faster?" I ask, not caring if that sounds callous.

"People in palliative care wouldn't normally wear a mask," he says.

"Okay. Take it off."

"You're doing the right thing," he says.

"So I keep hearing." I don't mean to sound gruff.

"If we say that, it's because we want you to know that your decisions mean that your mother won't be put through needless procedures that would bring pain to the last days of her life. I guess we're also saying thank you."

I stare at him.

"We don't like to watch our patients suffer because a family member can't let go. It's hard for us when that happens. You may not think what you're doing is important, but it is and I want you to know that."

"Thank you."

"Without the mask, she'll die within a couple of days or a couple of hours," he says. "Each breath will take longer to come."

I nod. Had I known about the mask I would have had it removed on Sunday. As it is, I may have extended her life by two miserable days—days she would not have wanted. I've failed her. The nurse comes, takes away the mask, and tucks her in. Mother reacts to nothing, not that there's much stimulus in here. I wait and watch her breathe. What happens during those long seconds when she seems to neither inhale nor exhale? Where does she go?

The timing of her death is not up to me. It may not even be up to her. I don't want her to linger, but if that is her fate, I hope she falls into a state of unconsciousness until she dies. Twice she has called her sister's name, "Reta!" The first time I said nothing. The second time I lied and said that Reta was on her way. I want to block whatever emotion caused her to call out yet it never occurs to me to distract her with a story, a tale full of the smells and sounds that she likes, a place of calm. Instead, I'm dismayed that she mentioned Reta, dredged her up from who knows what part of her love and irritation toward her sister. I fear the place her cry came from; some unfinished business she won't have time to put right.

Any moment now, the future of a life with my mother will no longer exist. Is there something I ought to say to her, something that I might regret not saying? No.

Only one short week ago today Mother grabbed her faded tote bag, informed the superintendent and her brother Lew that she was taking a taxi to emergency, and came here feeling … what? Sick, of course. Hopeful too, I expect. Hoping the doctors would fix what was wrong, hoping to be granted more time. Look at what has happened, just when she had come to trust the medical system.

Until the heart attack, she had avoided doctors for 26 years because of the time she complained to her GP about a pain in her neck.

"The doctor said it could be very serious. He sent me for x-rays," she told me over the phone. "Now he says I have to have an operation on my spine. As if that isn't bad enough, I'll be flat on my back for weeks, not allowed to do any housework, never mind go to work."

"When's all this supposed to happen?" I asked.

"Next month. So, I'm coming to see you."

On the day of her operation, the surgeon, whom she had not seen before, questioned her about her symptoms. He decided that the surgery would do more harm than good and cancelled the procedure. She called me that evening.

"He sent me home," she spluttered.

"That's great news," I said.

"Bastards. They should be shot for what they put me through. I'd already moved dishes down from the higher shelves because they told me I wasn't going to be able to lift my arms."

"Yes, but in the end, that doctor saved you from a terrible operation."

"I've half a mind to write an article for that feminist *Ms.* magazine about how women need to be educated about their own health and how to navigate the medical system. That'll fix 'em."

After that experience, she avoided the medical mafia for two decades, seeing no reason to visit a doctor, any doctor. "They'll find something wrong even if they have to make it up."

Colds, flus, and a sprained ankle healed on their own and she stayed healthy until five years ago when she had a heart attack. She ended up in the cardiac wing here and was told that she wouldn't be released from hospital unless she got a GP. "Find me a female doctor," Mother said. I eventually found a woman who was starting up a practice. This physician would listen to only one medical problem per appointment, and angled the chairs in her office so as not to face her patients. I thought, “a perfect match: a doctor who hates patients and a patient who hates doctors.” Mother paid the price for her GP’s lack of concern three years later when the doctor failed to see that Mother’s weakness was not from “old age” but from loss of blood, a situation that landed her in emergency where she received three blood transfusions and underwent colon surgery.

This sometimes vain, often stubborn mother of mine became achingly acquiescent after her first hospital stay. I hated her subservience, yet was grateful that she wore her Medic Alert bracelet and organized her pills according to the day of the week, she who had not taken a pill in decades. Much good it’s doing her now.

Lew’s son, my cousin John, arrives at the hospital after work, bringing me coffee and a doughnut. His visit is a surprise: he hadn’t told me he was coming. Having him here lightens the atmosphere, makes the room seem big enough to hold all the feelings we have. I suppose he’s here for me as well as for his aunt. Had I known what a difference having another person beside me would make, I might have asked for company. I hadn’t realized how lonely and sluggish I’ve been feeling.

I describe the born-again Christian, the man who approached me the other day claiming to be involved in palliative work and who wanted to know if Mother had found redemption in Jesus. John and I split up and skulk along the fourth floor to look for him. Now that John is here, I’m emboldened and convinced that we'll catch the fanatic in the act of badgering some poor soul. Seeking him out and exposing him will redeem me; will make up for my not having the guts to grab his nametag. John and I are thorough but our quarry eludes us.

Before I leave the hospital, I remind the nurse to give Mother her regular dose of painkiller. I grab my photograph of her; should she die tonight, I don't want anyone to steal this picture. John drops me off at Mother's building at eight o'clock in the evening. I gather up her mail: one credit card bill and five requests from charities.

My instinct is to pick up the telephone as soon as I'm through the door of her apartment to check for messages, but she doesn't have voice mail.

I'm still mulling over the question the night nurse asked as John and I were leaving. How did she put it? "Shall we call you if we think the end is near or call you when…?" Her voice trailed off. It took a moment for my brain to pick up her meaning: she was asking if I wanted to be there when Mother died. That was so unfair. Hadn't I made enough decisions for one day? What should I answer? I gripped the edge of the nurse's desk while my mind crashed. "Call and I'll decide then," I said. Jesus.

Out of habit, I look into the fridge. The roasted chicken I bought (when? three days ago?) is practically intact. Mother hasn't eaten for a week. Here's a container of sweet potato that should be thrown out and some wrinkled carrots. I shut the fridge door. I can't bear the sight of the food she will never eat, the currants and candied ginger she will never stir into a cake. Anyway, I'm not hungry.

A friend told me that some patients postpone dying until loved ones arrive. Mother isn't one of those people. Others let go only when all the visitors leave the room; they die in the time it takes to buy a cup of coffee. I've been warned that Mother's final minutes might be difficult to watch. I don't think I want to witness them but I might change my mind.

A recollection from childhood comes to me: my mother explaining that she didn't need a priest to contact the Almighty. "I've got a direct line to God," she said. Now I have a direct line to her. There is a connection between us at this very moment; I know it, feel it. I can send her a message, and she'll receive it. Even in sleep, she will receive it. I face the eastern sky. It's important to get the words right, not only the words but also the truth of them. This will be like prayer.

I imagine the path my words will travel to reach her. The sounds will float out the window, rise up over the building, up higher still, westward over Fenwick Towers, across the southwestern quadrant of the Public Gardens, and into her hospital room. Satisfied with the flight plan, I open the window, take a deep breath, and tell my mother, it's all right, darling. There's nothing you need to do. I'll be fine. I'll miss you like crazy, but you don't have to worry about me.

I pour myself a nightcap, turn off the lights in the living room, crawl into her bed, and try to read. I leave the bedroom light on so that I can easily find the telephone in case the hospital calls.

Colette Malo is a former Manager of International Programs for the YMCA of Greater Toronto. "The Right Thing" is an edited and revised version of Chapter 16 of the memoir A Clean Sorrow by Colette Malo. A PDF version of the whole memoir is available at colettemalo.wordpress.com. Email: colettemalo@sympatico.ca

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Aleen of the HairHaven

A. Rooney

All she ever wanted was to do hair and then go home. Aleen never wanted to own the HairHaven. At the shop on Colorado Boulevard, she and Deeda Pangburne did hair for older women, as well as for girls who needed big hair for proms and weddings. Rudy and Desmond did all the special cuts and "style" hair for younger women. Rudy owned the beauty shop, and between the four of them, they did a lot of hair. It was an arrangement Aleen and Deeda liked.

One weekend, Rudy went away with Desmond and didn't come back. When Aleen came in Monday morning, Rudy had left them a note:

> Girls – Desi and I are moving to Cheesman Park. This part of town is just a little too .... The shop is yours. The equipment, the supplies, everything. And this month's rent has been paid. Take care of all the ladies and babies. Luv, Rudy

Ladies and babies were what Rudy called the older and younger women. Aleen picked up the phone and called Deeda. She came right down and sat in one of the upholstered chairs to study the message. After she said "hmm" twice, she walked to the liquor store and bought a pint of schnapps. Aleen drank a little in her coffee and watched Deeda consume the rest between appointments.

When they closed that evening, Deeda kicked off her shoes and said, "Aleen, I believe Sister Rudy done left us a nest egg." And it was true, he had. That night Deeda talked Aleen into going country dancing with her and they stayed out late and ate breakfast together. For the first time in a long time, the HairHaven didn't open until noon.

During the first eight or nine years after Rudy left, the HairHaven continued to be as busy as it ever was. Aleen and Deeda added two young women to do the style hair, and the two older women continued to handle their familiar customers. Eventually the two young women left and started their own shop and Aleen and Deeda hired a succession of stylists after them.

The day Deeda turned seventy-one, she announced she wasn't going to work as hard anymore and began coming in half days three days a week. It was just as well, Aleen thought, because there wasn't that much big-hair business anyway. When the last style girl quit, Aleen didn't bother to hire another one and business dropped off even further.

One day after closing up, Boyd, a retired trucker Deeda had been seeing a lot of, stopped by to pick her up. Deeda announced that she and

Boyd had decided to move to Palm Springs to live in senior housing, get away from the cold. It was a surprise to Aleen, but the two women hugged and kissed and called each other "sweetie." Then, it seemed the next day, Deeda was gone.

Aleen stood in the dark looking out through the neon HairHaven sign, wondering what she was going to do. She had done hair since she was eighteen and, at seventy-two, didn't know another way to make a living. Her husband, Mr. Water, was dead. They'd never had children, and now her best friend was moving to Palm Springs.

During breakfast at the Solar Inn, Marvelle, the owner, told her to close up the shop and put it in her house, "Cut back on all that overhead."

Aleen thought about it. The next morning, with the help of the motel staff next door, she began moving the things she needed, one at a time, to her enclosed porch. During the weekend, she had a garage sale and sold off the pieces she didn't need. She taped a large sign in the shop window that said the HairHaven was closed, and to call her at home for appointments.

Within a few weeks, many of her regular clients had called and made appointments. Most days, she saw two or three customers, and that was plenty. She knew some of them made appointments just to have somewhere to go and someone to talk with. Aleen wasn't ready to sit on the sofa with the remote control, so she didn't mind fixing their hair.

Before Mr. Water had passed, he'd enclosed the front porch so that it was a comfortable place in summer and winter. Aleen kept the equipment there.

She didn't want people inside her house, touching things, prying into her life. In a window on the porch above the mailbox, Aleen placed a simple black and white sign that said "Beauty Shop."

Everyone who came to the house wanted to know how Deeda was doing. She told them, "Fine, Deeda's just fine." She and Deeda talked about once a week on the phone, and she often got postcards from Palm Springs and southern California. Sometimes she showed her customers the cards.

"What was that man's name she went with?" Mrs. Maestas asked.

"Boyd," Aleen said. "Still is Boyd."

One day, while she was doing a permanent, a customer noticed how scabby and discoloured her hands were and suggested she have them looked at. "Overgrown liver spots," Aleen said, "Nothing to worry about."

While the woman sat with her hair pinned, she went on to tell Aleen how her niece had to have some kind of cancer taken off her neck and one of her lymph nodes removed. Aleen wasn't really interested in the story, but the woman chatted on anyway—about the niece's skin graft from her buttocks and how the first graft didn't take very well and how they had to do it again and how now she can never wear a bikini and how she had such a cute shape.

The spots on Aleen's hands got bigger and turned dark and irregular, and she finally made an appointment to see the doctor. The doctor himself was dark, Dr. Moreno. In the exam room, he rubbed the back of Aleen's large hands with his thumbs and asked his assistant to prepare for a biopsy. With a small surgical knife, Dr. Moreno removed a piece of skin from one of the spots and placed it on the glass slide. He told his assistant to make another appointment for Aleen in three days. Aleen's bones had been aching for weeks and she'd been feeling nauseous, flu-like, but she didn't share that with the doctor.

That night, when Aleen called Deeda, Boyd answered the phone. He told her Deeda was out at the Knights of Columbus bingo, and he'd tell her to call when she came in.

"Anything wrong?" Boyd asked.

"No, no," Aleen said, "just wanted to catch up."

For a moment Aleen could see herself and Deeda standing together in the doorway of the HairHaven. Deeda was petite and outgoing, and Aleen was tall and reserved. They'd been friends for more than forty years. Aleen missed Deeda.

Three days later, after he'd taken X-rays, the doctor sat with Aleen in a small conference room. He had literature in front of him that explained the different types of skin cancer.

"Normally, when we are doing the biopsy," Dr. Moreno said in his accented English, "it takes a week. When I saw your hands, I had the lab rush the biopsy, because I was very concerned. There are three types of skin cancer, Mrs. Water: basal, squamous, and melanoma. Mrs. Water, you have the most serious form of skin cancer. You have advanced melanoma cancer."

Liver spots, Aleen said to herself, they're liver spots. I'll rub them with cream every night and they'll be gone in a week. A real doctor would recognize that. She never should have come to this clinic, with foreign doctors. Skin cancer. She would go home and take a hot bath and rub her hands.

When the doctor finished talking with Aleen, he asked if she had friends or family around. She said no, and he gave her the number of the hospice and suggested she call them.

"I'm very sorry to tell you this, Mrs. Water," Dr. Moreno said, patting Aleen's hands, "but after looking at your X-rays, I must tell you—you are dying, and I'm afraid we cannot help you." Before she left, the doctor wrote out a three-month prescription for pain medication and told her she would need it over the coming days and weeks.

On the drive home, Aleen wept quietly. She had never been much for emotion, not even with her husband when he was alive. She watched people coming and going on the streets and sidewalks and thought about how, for most of her life, she had taken care of others, but never found time for herself. Aleen was familiar with loneliness, but now she was dying, and she heard the drone of her own imminent death in her ears. She wished Deeda were there. Deeda always knew what to do and how to handle things. She wanted to call Deeda, but didn't want to bother her or Boyd.

Aleen parked in front of the HairHaven and sat in the car. The store was located next to a motel owned by Nisha and Rajiv, from India, whom Aleen had befriended. The shop was still empty, with a "For Lease" sign hanging in the window. Maybe she should just go home and call the hospice, she thought, get it over with. Aleen drove the car down the block to the Solar and went in for coffee.

Marvelle came and sat with Aleen and asked if she was feeling all right. “Hon,” Marvelle said, “you don’t look so good. You want some soup or something? Let me buy you some soup.” Aleen struggled to tell Marvelle what was wrong, but couldn’t. She put her hands flat on the table, on either side of her coffee.

“Girl,” Marvelle said, shaking her head, “you better get you some cream for them hands.”

Aleen smiled and asked Marvelle if she had a gun.

“Sweetheart,” Marvelle said, “what’s an old gal like you gonna do with a gun?”

Aleen explained that there was a fox in the neighbourhood that had been eating some of the cats, and the other night he almost got her cat. She wanted to wait up a few nights to see if she could take care of the problem.

“Aleen, you ever use a gun?” Marvelle asked.

Aleen lied and said Mr. Water had shown her all about guns.

“Well,” Marvelle said, “I got a little popgun twenty-two I’ll let you have. But you got to promise me you’re not gonna go right over to the First National and make a withdrawal with it.”

Marvelle wrapped the gun in a white pastry bag and brought it out to Aleen once she’d finished her coffee. Aleen set the bag next to her on the seat in the car and tried not to look at it. She examined her hands on the steering wheel as she drove and wondered how it was these damned dark spots could cause so much trouble. She wanted to be angry at something or someone, but didn't know how.

That night, Aleen brewed a pot of strong coffee, took some of the pain medication, and sat in her chair on the back porch with the gun. She'd never really seen a fox around her house, but neighbours had told her they had.

With her cat, Stripes, in her lap, Aleen dozed. She imagined a photo album of her life and began to look through its yellowing pages. Mr. Water in his khaki uniform, home from the war. Short Mr. Water, with his big feet and ever-present grin, standing in front of their house in Alamosa, not far from the first salon where she'd worked. Aleen's mother and two sisters at her wedding, standing arms folded, with serious looks on their faces. Her brother Thomas, visiting them from the seminary in St. Louis, looking at the camera just as seriously. And Aleen, standing in front of the shop next to the motel in South Denver, staring, a hand over her mouth, looking very serious.

Aleen got up from the chair and went into the bathroom for more medication. Everything inside her rib cage hurt, and her body ached. She made another pot of coffee and wandered through the house, looking in each of the meticulously arranged rooms. *Shouldn't there be pictures and knick-knacks?* she thought. Deeda had pictures and knick-knacks everywhere in her house. *Where are my pictures and knick-knacks?*

Aleen brought the pills out of the bathroom, took four more, and set them on the kitchen table. She held up her hands and spread her fingers and was surprised to see them glowing brightly. The dark cancerous spots now formed beautiful circles that radiated up her arms and over her body in pulsing waves. She went to the porch for the gun.

When Aleen returned, she took the remainder of the pills and lay down on the sofa in the living room. She thought about covering her glowing hands with rubber dishwashing gloves but didn't feel like getting up to get them. Aleen held up her left hand, pointed the gun at it with her right, and tried to pull the trigger, but nothing happened. She found the safety and released it, then fired at one of the circles. The bullet burned through the back of her hand and exited through her palm. The glowing stopped.

Aleen was pleased and folded her hands together across her stomach. When she closed her eyes she could see Mr. Water, grinning, in his dress uniform. She could hear the rise and fall of the blood in her veins and feel the warm wetness on her hands. In the morning she would try to remember to call the hospice.

A. Rooney teaches graduate creative writing at Regis University in Denver. He has recently published a collection of stories, *The Colorado Motet* (Ghost Road Press) and a novella, *Fall of the Rock Dove* (Main Street Rag). "Aleen of the HairHaven" is from a new collection, *The Lesser Madonnas of the Bel-Care*. Email: arooney3701@gmail.com

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Yellow Blooms

Amitha Kalaichandran

We waltz as she guides me through the broad strokes of her mind
Bristles soaked in yellow acrylic thoughts
Meet my futile efforts to untangle abstract words, emotions, visions
She, an artist leading me through the self-portrait into which she was born
I, equipped with theories of grey matter, white matter
“Do I Matter?”
Noises, so many noises, palms up to ears
Shielding the cacophonous symphony surrounding her peers
Screaming out to a choir of friends never made.

Friends who became paintbrushes and colours, so many colours
But a fascination and loyalty to yellow
Stretched canvas, after all, can’t tease or run away
Like so many of them do
Creating blooms in the springtime
“Spring reminds me of the colour yellow,” she smiles
And so she paints with soft strokes and shades
Smoothly gliding the brush of her perceptions
As I navigate the canvas of her mind
Trying my best to stay between the lines.

“I get angry when they stare”
Herself an exhibit of loneliness intersecting misunderstanding

Healers, so many healers, massaging her mind into
conformity
As one might mold ceramic into an immaculate vase
But her yellow blooms are caressed in a perfect asymmetry
Textured with flecks of joy and pain juxtaposed
A Healer learns most from the exception to rigid rules
Like an abstract work transcends its conventional brothers
And so we waltz with her words and mine
To a place where patience and kindness become
Interwoven in the yellow blooms of her mind.

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Hypotheses about Unknowing: How Writing Poetry Can Aid Clinical Craft

Christopher Bolin

The language of the medical profession involves the nomenclature of the body and language to describe the undoing of the body. Medical terminology is equally steeped in presence and absence, and like poetry, it is a language that finds its own evidence in the "data of the moment." Whether this "data" is information relayed by a patient in the examination room or by one's imagination—turning complex physical and emotional-scapes into images and metaphors and, ultimately, poetry—it requires the same type of animal attention and the same comfort with unknowing.

As a poet and a teacher of poetry, I am interested in a particular subset of medical language: the maxims, metaphors, and aphorisms of learning to negotiate another body. Perhaps I am drawn to this language because it is most easily consumed by a layperson, but I have come to suspect it is because its components reward scrutiny. I am convinced that the interactions it describes are creative in nature, and I find myself examining these pieces of language for what they reveal of clinical craft.

I am told that while learning the art of diagnosis, medical students are often advised that when "one hears hoof beats," one should "think horses before zebras." This seems a valuable clinical lesson for new doctors who might, in the desire to save every patient from a rare disease, begin with exotic (and highly unlikely) diagnoses. More often than not, a feverish woman from the Midwest and no international travel experience does not suffer from yellow fever, even if her symptoms dovetail, momentarily, with a new clinician's hunch.

I am also told that most doctors encounter the "zebra" maxim early in their clinical training, and, reinforced by their attending-physicians' remonstrations, they quickly incorporate it into their practice. What I have never been told (and have come to suspect that many clinicians miss) is that the power of this metaphor is more than instructive. As with all metaphors, its survival hinges on its ability to describe complex interactions between disparate things. In this case, the metaphor shows powerful truths about clinicians, their patients, and disease by comparing the act of describing a symptom and clinical diagnosis to the sound of an approaching herd. A herd of hooves may not seem ripe for nuanced analysis, but closer inspection reveals powerful insights into the relationship between patients and their doctors. Hoof beats impel timely action, and they can be harbingers of dire consequence. (There is a reason that the maxim doesn't involve the sound of gently chiming bells.) The indeterminate origin of the hoof beats captures the clinicians' lot of entering each of their patients' rooms to encounter a totally new experience of disease, even if the disease itself is not new to them. Moreover, the power of this metaphor is its acknowledgement of how patients and doctors share the consequences of clinical interactions. This metaphor captures the moments of unknowing shared by patient and doctor and how they work together to create a diagnosis. The moments when the patient is still the sole teller of his or her narrative and the doctor allows the patient's narrative to assist him or her in forming an image of what might be the matter; this is how the hoof beat metaphor illustrates the clinical interaction as a creative process.

It is true that clinicians might not need to engage every nuance of this metaphor to understand it, but much is lost when the metaphor's layers go unexamined. Further examination of this metaphor reveals the unbridled nature of disease as well as concedes that a patient describing his or her symptoms is akin to something being unleashed. This metaphor makes it easier to imagine a new clinician glimpsing the hard truth that whatever happens during the diagnostic process will be briefly borne by both patient and doctor.

The potential to offer more lasting productive metaphors that describe clinical practice is another reason to pursue the intersection between poetry and medicine. Beyond increasing empathy and beyond creating spaces for moral ambiguity, clinicians would benefit from learning poetic devices. Learning the poetic techniques that lead to strong metaphors (like the understanding of scale, precision of image, and willingness to refine without reducing a metaphor) would allow clinicians to devise metaphors that better describe the art of their practice.

Indulge me by participating in a small exercise. First, recall what you had for dinner last night. Spend a full minute describing aloud how it tasted. Describe it in as much depth as possible, as though you had to help someone who had never eaten that particular meal to experience its flavour.

Now, let me offer some guesses about the content of your description. You probably named some spices or herbs present in the food, such as calling the scalloped potatoes salty or noting the basil in your bruschetta. It is likely that you noted your food's texture by recalling the *al dente* noodles or the crunch of beef tips. If you look closely at any of these responses to my exercise, you will see that you've described very little of your experience of tasting this food. Instead, you've likely put most of your descriptive efforts into naming a few of your food's components. Offering the experience of your food in language is more complex than reducing a meal to its ingredients. It requires you to capture something of the food's essence, to make choices about the experience, and to use metaphor and crisp imagery to transform those choices into language.

Describing a meal is an old psychoanalyst's exercise that I learned from a former poetry professor of mine, and it never fails to prove our common linguistic imprecision. It also never fails to help me convince aspiring poets how important precise imagery and metaphor is for creating experiences for their readers. Think about the countless times you've encountered a patient unable to describe his or her symptoms with precision. Think about the times you have offered images and metaphors to help illuminate the patient's condition and had seen your patient unable to settle on those you've offered. These are language problems that clinicians readily surmount with more exposure to the elements of poetry.

In his essay "What Literature Can Do for Medicine: A Starting Point," David Watts compellingly advocates a method of silence and listening that allows encounters between patients and doctors to develop "like a poem in the making." I wonder about the language that finally emerges from the clinician's mouth when the appropriate moment arises to respond to the patient. I assume that a clinician's concern, attention, and reflective listening skills are clearer to patients whose clinician can describe precisely what he or she ate for dinner. I assume that the shared space of the diagnostic encounter expands when intelligent metaphors and imagistic precision illuminate the bridge between a patient's suffering and a clinician's understanding. There is little reason to believe that this bridge can be built from ad hoc attempts at description, but there is every reason to believe that the development of linguistic skills will result in doctors who are able to recognize and employ revealing metaphors in their clinical practice.

A few years ago, I wrote a poem about a family member's death. While writing the poem, I projected onto a fictitious subject (a woman covered in a white cloth) a death that was, in reality, preceded by long-term dementia and all of its indignities. The poem begins: "We laid her on the driftwood pack/and watched its uneven break/sawing against the horizon." Initially, the body on the driftwood pack held my attention. That was the locus of pain in the poem. With a few years distance, however, I am now able to see that the image compelled me with its driftwood pack "sawing" against the horizon. It is this part of the image where something close to the experience of pain, both psychological and physiological, is briefly elicited.

It is an externalization of the pain I imagined this family member suffered, demented and silent. The driftwood pack is a useful metaphor for the variation and randomness of pain. It acknowledges the role of perception in pain: the speaker describes a "sawing" motion, where another might perceive only a natural drift. It captures something of the omnipresent potential for pain, which is circumstantial and inevitable; the wind and waves must move in a certain way to set the driftwood sawing. Furthermore, the image confounds the speaker's sense of safety and distance: it leaves the speaker suffering the violent vision of the "sawing," while the woman's body is exposed to the physical violence of the shifting driftwood. It is at this moment that I find some similarities between this image and the zebra/horse metaphor. They both highlight the shared vulnerability of the "other" (the woman, a clinician's patients) and the person who helps shape the narratives (speaker of the poem, clinician). Both these examples offer a glimpse of shared consequence, while acknowledging that it is borne unequally, and in both, the physical toll of disease and the psychic toll of the witness become inextricably linked.

I am not advocating for poetry as a form of solace for doctors (though it may provide something akin to pleasure). I am encouraging doctors to examine the language you use to train yourselves and to interact with patients through a poetic lens. The language that works in a poem may not work in a clinical interaction, but immersing yourself in poetry's elements will sharpen these skills for the moments when your trainees and your patients require them.

So, go write poems. Ground them in the concrete, and craft precise images. Make your metaphors complex and clear. Abandon tackling universal truths in favour of highlighting the particulars of the world. Ultimately, write poetry to arrive more frequently at a place of unknowing. It is a strange and tiresome journey, but the medium will feel alive to you, and it will make for good company along the way. When you find your patients present a chance to access a place of unknowing, writing poems should help you recognize that place, and keep you there longer. Over time, writing poetry should prove to you that this place of unknowing is worth the vulnerability it requires: a place where you can access the data of the moment with more clarity and less authority.

Writing strong poems is not about solving a problem as much as it is about giving the problem a voice. This seems to mirror the many unsolvable conditions you encounter with your patients. In poetry there are also moments that might approximate what you feel when you make a decision that restores a patient's health, a decision that heals. The poem I quoted earlier ends with the lines, "I watched/needled trees mending the sky in the wind/using her hair as thread." You may notice that the "we" in the first lines has been replaced with an "I." The speaker, having experienced the processes of the poem, is now able to bear witness on his own; he has somehow grown stronger. His vigil is now more constructive, so that while the woman has lost hair to the wind, it is being used to "mend" the sky. The driftwood pack has been resurrected, remade into needled trees that are fully alive, mending the once-cleaved horizon.

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Waiting, Beautifully

Jean M. Cook

Thursday afternoon

Jim is dying and we are watching. Watching from his bedside to see whether his eyes really focus on our faces as he turns his head to greet us. Watching to see him extend his right forefinger to answer yes to his wife Marian. Yes, he knows David and Jean are here. We are glad to see him and to see by his finger signal that knows we are here. "Hello, Papa," says David, using his term of endearment. We hope our faces don't betray our surprise at the changes we knew we would see; we try to keep our smiles firmly in place. He turns his face to us, but his expression doesn't change. Parkinson's gradually crept in five years ago, causing an occasional stumble and delayed response when he asked his left arm to move. Since then it has tightened its grip on his nerve connections and muscles until they petrified, leaving his face a smooth slate, with pale-coloured marble skin and a stony expression.

His blue eyes and high cheekbones are the same, but he is a world away from the Jim I first visited here at their apartment in Tucson. He was tan from walking every day. He answered the phone with "another beautiful day here in Paradise Valley." And during our lunches in Mexico, he never failed to beckon the strolling mariachi band to our table, request with a twinkle in his eye that they play "Rio Grande," and sing the chorus along with them.

Even three months ago in August when we were last here, Jim's eyes still twinkled and the corners of his mouth still turned up, although his perpetual tan was fading. Photos that David's mother Marian had sent two weeks ago, though, showed him sitting as usual in his LazyBoy in the living room, which we knew he required a caregiver and a wheelchair to reach, and much of the expression had drained from his face. Now, in early November, we are standing beside the hospital bed in his room, where he has been bedridden for more than a week. We truly are glad to see him after several anxious days since the phone call when Marian said, her voice quivering ever so slightly on the end of the sentence, "His body is going through another change of some sort," as he gained a fever, began sweating profusely, and stopped eating any food, even the smoothest purées of his favourite meals that she had been processing in the blender.

"Would you like cranberry juice?" Marian asks him. His finger doesn't move. "A popsicle?" Again, no change. "Lemonade?" Yes, he would like his current favourite, lemonade. Yes, he would like another spoonful fed to him. This afternoon, Marian is like a hummingbird in reverse, hovering near him with a small glass of juice and a white plastic spoon, administering nutrition, essentially sugar water.

The bedroom had been theirs until the hospital bed and wheelchair required Marian to sell the California king waterbed they'd shared and to move herself to the futon in the next room. As we visit, one of us sits next to the bed on a rented hospital chair, with its sturdy rubber-coated arms for gripping and its thick plastic seat, one sits in the wheelchair, and the third sits on the floor, back against the long Danish modern dresser. The warmth in his bedroom is cloying; high humidity is accompanying the monsoon season rains that are hanging on. We help with the routine of shifting him from one side to the other every hour or so to avoid bedsores. When travel, a time change, and talk tire us, late in the evening we retire three doors down to sleep in the apartment of friends who are out of town.

Earlier today, for a few guilty moments, I counted myself and David unlucky. Unlucky that David is the last of the children to visit. Unlucky that on this visit we will likely say our last goodbye to Jim. We had planned to wait even longer after his sisters' October visits, to be ready in case we needed to come on a moment's notice later in November or December. Now that we are here, I am glad that David woke up one morning two weeks ago saying, "We have to go now." Any later would have been too late.

Friday

Near midnight, just as our heads are hitting the pillow, Marian's head fills with worry as Jim responds less and less to her, his breathing increasing in sound and speed. In the morning, she waits until 7:30 to call us and say, "I think he may have slipped into a coma." We race down the stairs, down the sidewalk past the pool under the unusually gray skies, arrive still wearing our sleep T-shirts with hastily zipped jeans, our hair uncombed, pillowcase creases and fresh worry lines rumpling our faces.

Jim is dying and we are listening. The change in his breathing is dramatic. We can hear it clearly from any room now. It's as though the entire apartment breathes with him; the very walls seem like membranes, inhaling and exhaling. Sometimes I catch myself inhaling in unison with him, but the frequency is faster than normal, faster than I need, so I feel a bit dizzy, as though I were panicking and hyperventilating, and I have to consciously slow my own lungs. We hear an edge of panic enter Marian's voice when she asks Jim to extend his finger to affirm whether he wants something, and he no longer moves it.

At 8 a.m. sharp, the respite service's caregiver, who has come to help, interrupts our worried thoughts and helps us settle into the daily routine of turning Jim every hour.

We watch as Marty, the hospice nurse, arrives midmorning and embraces Marian. She listens to Marian's account of what's been happening. We listen to Marty reassuring us that it is normal part of the process, watch her visit Jim, and hear her speak to him as she checks his pulse and listens through her stethoscope. Her voice jars loose the memory I have of reading that hearing is the last of the senses to linger. Marty gives him a drug to ease his breathing and recommends beginning small doses of morphine to ensure Jim is not in pain, though she quickly adds that he shows no sign of discomfort. She also mentions that we no longer have to shift his position in bed. The one action that provided a rhythm, a vague sense of time to our day is no longer needed.

We return to the living room and listen as Marty explains drug doses and frequencies. She quietly tells us what to expect next, that the drug she gave him to breathe more easily should begin to take effect within 30 minutes. She tells us that she doesn't believe the morphine will cause an addiction; that pain control is the greater concern now. That eventually he may occasionally skip a breath. We hear Marian ask the questions we're all wondering: "How much time? How much longer?" Marty answers carefully. "In my experience, I would say about 48 hours." She reassures us that we can call her any time today, and that on Saturday while she teaches a class, another nurse will be on call. "After my class ends at 5 p.m.," Marty reassures us, "I'll stop by to check on you."

As Marty leaves, the respite caregiver settles into one of the chairs in Jim's bedroom. I sit across from her, next to Jim. "One woman I was with as she was dying…" the caregiver begins a story to reassure us. "No! Don't say *dying*—what if he hears you?!" my mind screams though my mouth is firmly shut. I find myself suddenly uncomfortable in my chair. Shock or maybe just good manners keeps me pretending to listen, though honestly I no longer hear her. After a moment, the thought dawns on me, so what if Jim *can* hear her? Wouldn't he be more aware of what is happening to him than we are? I look at him and silently ask, "Jim, do you know what's happening to you? Better yet, do you already see what's to come, where you're going next?" I wonder whether he's seeing a light in the distance, whether his spirit has already begun to move on, but my glance at the ceiling, at the closed drapes on the window reveals nothing different from yesterday.

The caregiver was scheduled to come so we could leave for an hour or two to do some errand that no longer seems important or even necessary. She encourages us though, so we reluctantly leave and find ourselves eating lunch at Taco Bell a block away from the apartment. The sounds of people having everyday conversations about everyday things flow around us. We make an effort to do the same, but mostly eat quietly. The room feels too bright, even on this overcast day, and ordinary conversation seems extraordinary. We are overcast, too, and don't belong here as much as we do in the dimly lit apartment.

Jim is dying and we are listening. Listening to his favourite music in lieu of talking much. At least we hope that in our numbed state of disbelief we are remembering all of his favourites. Elvis singing ballads and hymns, Mario Lanza, Ray Price, Patsy Cline, the men's choir from a church in

Manitowoc, Wisconsin. Around 5 p.m. David has the courage to play something less solemn, placing a Dixieland jazz CD in the player. All day, the music reminds me of earlier visits to Tucson, when every drive to Nogales, sightseeing jaunt, or ride to a restaurant for dinner was accompanied by music from Jim's favourite cassette tapes or easy-listening radio station. After a few precarious left-hand turns resulted in David offering to drive more often, David claimed "driver's choice" and tried to introduce more recently recorded music into the car. Even from the passenger seat, Jim usually overruled him, grinning as he reached toward the console to return to his favourite radio station. Unless, of course, David chose mariachi or tejano music, which we all enjoyed. Today, David, though brave enough to broach Dixieland, stops short of playing mariachi music.

I look for "Song of India." It was one song Jim and I both loved. When I first learned that, I played it for him on my piano, which made him smile. Later when he played it on a cassette for me, I was surprised to hear that it has lyrics. Today, though, I'm disappointed that I don't find a rendition of it in the tapes and CDs that are handy, even though I know Jim and Marian have several versions of it.

Jim is dying and we are counting. Counting his breaths, trying not to let anyone else catch us watching the clock's minute hand. This morning when Marty visited, his respiration was 42 breaths a minute. After the first dose of drugs, it slowed to 32, the second dose, 30. This afternoon, it reaches 28, where it stays through the night.

We stay with Marian and Jim that night—three doors away would be too far now. We are on the futon, because Marian refused to use it, deemed the living room sofa too far away and would have slept on the bedroom floor until we thought of cushioning a lawn chair and placing it right next to Jim's bed.

Through the night, I wake up every few hours: 11:33, 1:25, 3:26. Each time, I listen for David or Marian, but neither seems to be stirring. So I watch for the bedside clock's red digit to turn and begin a fresh minute. I hear him take one breath, two, three…past the normal rate…20, 21 breaths. Hasn't a minute passed yet? 25, 26, 27. The clock blinks to the next digit. I stop and take a breath myself. Still in the same range, no significant change.

Saturday

At 5:45 a.m., a slight creamy white light touched with pink slips through the cracks in the window blinds. Unable to return to sleep, we lie in the soft light, hesitant to disrupt its calm, listening. We get out of bed at 6:15 as we hear Marian arise from the padded lawn chair. We learn she has been awake since 3 a.m., the chair's supporting metal bar digging through the cushion into her back. She probably wouldn't have slept well on the deepest, finest down mattress, in any case. For months now, she's been in the habit of being alert, listening in half sleep to hear Jim stir, so she would wake in time to help him go to the bathroom.

While eating toast over the sink in the kitchen, we talk about how he seems this morning. One of us lets slip about waking numerous times and counting Jim's breaths, and the other two admit to doing the same. There in the dark, we had kept vigil in our own way, waking during the deepest part of the night, counting breaths and saying prayers, each of us doing so in rotation, much as the clocks' hands were rotating.

At midmorning, Jim's breath count is 26, now with the occasional hesitations that Marty had mentioned would come. With each hesitation, we hold our breath waiting for him to take another. By mid-afternoon, he is down to 21, so much slower, so much closer to the normal 16 to 20 that it provides another cause for worry. "Don't drop too low—what if *we're* not ready yet?" I hear the thought cross my mind.

Despite that thought, today I feel less uncertain and more comfortable with this routine of music, remembrances, and stories. I feel less awkward laughing, because so many of the memories are good ones, funny ones. I am more comfortable with the sense of his bedroom being the heart of the home, each of us leaving only for short spells before returning.

Today, I realize we truly are fortunate to be here witnessing—more than witnessing, *being* with them, with him. Daily life has ceased. We simply *exist* together, as though some deeper part of us has realized this visit, this vigil will be our last shared experience with Jim and slowed us in response to his breathing and dwindling need for care.

Jim is dying and we are praying. Just before 4 p.m., two family friends, one of whom is a priest, and two of Marian's cousins join us. Two weeks ago, right after David and I bought our plane tickets, Marian arranged for Father to have mass at the apartment during our visit. It is comforting to hear him saying mass here in the bedroom, and I am grateful for the voices of friends and family joining us in the responses we all know by heart.

Father gives us all communion, administering a drop of wine to Jim's lips, and then offers us each the blessing of the sick. It is 4:25. We stand as he says a prayer, uses his thumb to make a cross on our foreheads, first Jim, then Marian, David, me, the others. Within moments, we hear Jim's laboured breathing abruptly fall into something much softer, startling us with its gentleness. As the others respectfully move to the living room, Marian, David, Father, and I move closer to the bed.

"Is this it?" Marian asks Jim first, then turns to Father. "Is this it?" She and David each place a hand on one of Jim's arms; clasp each other with their free hands. Father and I put our hands on Marian and David's shoulders. I see the geometry of the encircling arms and find myself wishing I had another hand to touch Jim. Marian tells him she loves him and that it's okay for him to go, even though her voice quavers with emotion as she does. His breaths slow, time creeping in between them. After a long moment, a whisper of an exhalation glides out between his lips, and then he is quiet. The clock reads 4:35 p.m.

Jim was dying, and waiting too. Waiting for David and me, for Father and friends, for mass. Waiting to receive communion and a special blessing before leaving us. I find it touching to realize this. All these years, I had been taken in by his standard Sunday morning joke about skipping church today or going to a bar instead, thinking him less devout than Marian in their faith. I offer him a silent apology for my misperception.

It is Saturday night and we are waiting, no longer for Jim, but for a nurse from hospice to come pronounce his death. Because it is after 5 p.m. now, Marty appears at the door. We are relieved to see her familiar face as she gives us each a hug, and we comment on the timing, as though Jim had also waited for her to be available for us. She listens to his heart, his lungs for breath sounds, feels for a pulse, pronounces his death at 5-something p.m., which seems ridiculous to me, so much less real, less significant than witnessing his true departure earlier. We share with her how he left, and she expresses her amazement. After gently reminding us all that grief visits, then revisits at odd times and to accept that as normal, she encourages Marian to call her whenever she needs and administers another round of hugs to us all.

No sooner does she step out the door than she returns, saying, “You must come see this.” We step into the courtyard and our breath is taken away. Much of the week, heavy gray clouds have hung lower than the mountaintops, occasionally dispensing a burst of thunder and rain. But now the clouds are breaking and awash in brilliant crimson, orange, and plum—a radiant sunset. "He's telling you that he's arrived, and he's okay," Marty says, a touch of awe along with the certainty in her voice. "Gorgeous, just gorgeous," I think and probably say aloud. David gets the camera and takes a few photographs. We stand there watching until the colours' fiery warmth fades and a dusky blue creeps in.

Eventually, we return indoors to wait with Jim once again, this time for the funeral home people to arrive. David goes into the hallway to call his sisters. I hear the soothing sound of his voice, though I can't make out the words, and I wonder how it is for them to receive a call they knew would come at an unknown time. Marian tucks the sheets more neatly around Jim, strokes his arm, his hair. "You did that just beautifully, Jim," she says, "Just beautifully." And I hear the slightest touch of pride, perhaps a little relief, and so much love in her voice.

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My Sister Flew on Broken Wings

Jewel Fraser

My sister Andrea was already thirteen years old when I first got to know of her existence, ten years younger than I. My father had kept her a secret from my siblings and me — odd considering he had three other children out of wedlock, one of whom grew up with us in the same household.

She was a very attractive girl, with smooth dark brown skin, large, deep-set eyes fringed with long lashes; a small, curvaceous figure and a firm polished manner of speaking. Years later, after we had been out of touch for several years and then resumed our relationship, that was one of the things that always stood out about her for me — her finished, articulate, manner of expression. So it was difficult to believe that beneath the cool, attractive and polished exterior lay a troubled young woman who abused illegal drugs.

Andrea was a bright woman and an avid reader, as her husband and the relatives on her mother's side of the family often said. She had completed two years of university in New York, pursuing a degree in psychology before she dropped out. "She could read between the lines so well," was how her ex-husband Anstey, who was himself a college graduate, described her to me one afternoon following her funeral.

The funeral was well attended and the turnout of people from her workplace and her son Philip's school was very comforting. She had been a capable, lovely person, whose colleagues often asked her for advice. Unfortunately, a lifetime of abusing marijuana and then, briefly, cocaine had led to her becoming psychotic and, finally, suicidal, so that at the age of thirty she was dead.

At the funeral, Ian, the English owner of a luxury villa on Barbados' west coast, gave the eulogy. He had met Andrea while she was working as a sales girl in the jewelry store at the luxury resort Sandy Lane. He had fallen for her and their friendship had developed to the point that he would send a chauffeur-driven car to take her to work. I met the chauffeur at the funeral, and she told me how Andrea always used to talk about me. That brought tears to my eyes. Revealingly, Ian told Andrea's mother, "with all my money Andrea never asked me for anything."

On both her mother's and father's side of the family there was a predisposition to psychosis. That reality meant that her choosing to use marijuana from the time she was about twelve years old would eventually lead to her becoming psychotic. However, she had prided herself on being ultra-cool whenever she was high on marijuana, a friend who used to smoke with her told me. In her late twenties, Andrea experimented with cocaine, which precipitated her first suicide attempt. I went to see her in hospital after the suicide attempt and asked her “Why did you do it?” She never answered my question.

Over the years, I had often wondered why Andrea appeared so rudderless when she had so much potential. In her late teens, Andrea had entered a nation-wide beauty contest and won, and her face had been the front-page photograph of both local newspapers two days after the competition. As a young adult, she had had the friendship of worthwhile young women, one of whom was a young woman whose early life had been difficult but who was successfully holding down a job and was one semester away from completing her degree; another had married into a very well-to-do family who owned their own business.

Upon reflection, I realized her drug abuse and subsequent illness had made it impossible for her to complete anything she started: she had joined the school newspaper at secondary school and then abruptly without explanation abandoned it, and after divorcing her husband and dropping out of university she returned home and moved from job to job.

Following her death, I got to know Andrea’s mother, and I finally began to understand what might have lain at the root of her malaise. I realized my father’s departure from Barbados when she was a child had deprived her of the guidance and moral support of a parent she respected. She once told me how she would spend hours on the abandoned plantation our father had at one time owned where she felt close to him. With a mother whom it was difficult to respect and with whom she fought constantly, she had tried to figure things out for herself. But she was too young and inexperienced, and, eventually, learning by trial and error exacted too heavy a toll on her emotionally and physically.

After the suicide attempt she had deteriorated from being a very attractive girl to a very plain one, but with the right medication and the help of her family she resumed grooming herself and got the job where she met Ian. However, in the course of their relationship, Ian also hurt her in some unexplained way and she stopped speaking to him. After a while, she stopped taking her medicine and her health steadily declined, and in the months prior to her death, Andrea spent long hours arguing with a male friend about whether she should commit suicide.

Finally, one afternoon she went walking by the seashore and never returned. Some days later, when her body washed ashore, it was found frozen in the attitude of a swimmer though Andrea had never learnt how to swim. It was her final act of defiance. The coroner's report confirmed that she had drowned, though she was so badly battered and bruised she was almost unrecognizable.

The drug abuse had taken its inevitable toll. But looking back, I realize her life was not a waste. She had produced Philip, a beautiful child with looks and intelligence like hers. Andrea's colleagues at the jewelry store, the final job where she had at last managed to settle, genuinely respected her. They had shed silent tears at her graveside.

I doubt there was anything any of us could have done to save Andrea. In the weeks before she died, Andrea phoned me repeatedly, but I was never home when she called. When I did get in touch and offered to come see her she had flatly refused. But I am comforted by the memory that some weeks before her death, having encountered her on a bus on her way to work, I had gone to sit with her and given her a hug. As Andrea drew to the end of her life she knew I loved her — and Andrea loved me.

Her life was not a failure. Though she never fulfilled her potential, she was someone people would remember with affection. Andrea had lived her life her way. And as in life, so in death, she had asserted her right to make her own choices, choices that had left her battered beyond repair but — finally — at peace.

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The Allegory of Melancholy

(After Lucas Cranach, 1514)

Janette Ayachi

A Venus twin slumps forward
in her tangerine dress and turquoise wings,
peeling a hazel branch with a slumberous stare.

An apple tree bears its jackpot fruit,
the rounded ripeness palpitates like desert suns.
A silver platter hoards darker offerings
marbled grapes and nutshells,
chalices of wine to quench delirium.

A spaniel hides, fearing the bullying torment
of barnacled boys and their array of arsenal,
they wrestle a greyhound to the ground
and cry falsettos into false echoes.

The Venus twin works without flair
she is both haunting and luminous,
like a chiaroscuro woodcut
lit under the lantern dawn of the golden age.

Her eyes are averted from the knife
blood boils melancholy,
hunger has faded, fruit is left to shrivel.
If there were a mirror here

it would fill with mercurial tears
and drip post-natal black bile.

This mother is denied dream sleep,
tortured by her waking visions
her soul is numb and demons approach-
she is prevented from seeking
the paraffin light of God.

The night is near, twilight promises
despair and desire, rapture and vultures,
and Durer's nebulous moonrise over the sea.

Her temples crash together like symbols
a coven of witches ride the fury of fog
stampeding the sky on wild animals,
sneering and whistling for her attention.

But she is lost in labour
of the mad musical requiem.
The mud of motherhood cracks to clay
she is left bare to dry gripping a knife,
carving wood and deciding its purpose
whether it should serve as tool,
or wager as weapon.

Poison and Paralysis

Janette Ayachi

In the end you whispered, “it was my skin that helped me suffocate”
your last comforts were: my hand, the moon, and your claustrophobia,
so I watched the epidermis shrink over your muscles and laminate.

Your perennial tears of snatched years caused your pupils to dilate,
but soon the visions came and mocked your old-age myopia.
In the end you whispered. It was your skin that helped you suffocate.

Under the bulb of pendulous stars I watched cells proliferate,
as I heard you hold your breath searching an after-life utopia,
so I watched the epidermis shrink over your muscles and laminate.

You were stubborn and refused any cure for your contaminate,
you even convinced yourself that you had served your time in suburbia.
In the end you whispered, ‘it was my skin that helped me suffocate’.

I felt so helpless only watching, with you in such a state,
you could hardly speak, my words shrivelled, nothing left but pain and inertia,

so I watched the epidermis shrink over your muscles and
laminate.

It was the moon's mouth that broke the silence and bid you
elevate,
she cut you from the cancer and your heart had a hernia.
In the end, you whispered "it was her skin that helped me
suffocate,"
so I watched the epidermis eclipse over the sun and laminate.

•

Los(t) Angeles

Janette Ayachi

All she wanted was the chloroform moon
to anesthetize her hordes of aching bad feelings,
at night she waited sedated at the sleep-station
for her chugging dream-cargo to tug her forward.

Every roguish curvature of elastic light
bound her thoughts or made her nervous
and she clutched her stash of sea-chests
as if they were remnants or relics of a lost love.

We pulled the panther-coloured Mustang

in to the parking lot outside the Medical Centre
alongside all the other pharmaceutical fiends
who rattled screw-top bottle beats like maracas.

She glided through swing doors, swift as a javelin,
incognito behind iconic black shades and a red beret
she was the perfect con artist, a cool cat,
a mute pirate, a lost angel, a vagabond God.

Her fake prescription was folded like a treasure map
she autographed her crime with her doctor's signature
and left me alone, the engine running without music
so I felt like an amateur sniper accomplice.

When the white night came we fed each other
goblets of grapes, chalices of beer and words
so when the vesper bell serenaded then cleared
we feasted under stars like unwedded Queens.

Somewhere at an altarpiece in the future
she is pushing passed acolytes to light a candle
it flares, twitches then stills, burns down the wick
like an upturned hourglass, all heat is emptied
from the body, in the distance her baby cries.

Il Piccolo Paradiso

Janette Ayachi

When we walk into her house
it is as if autumn has swept
in through the windows
but it is always the heart
of summer when we visit
each year for an hour.
Nothing changes over time
the detritus of plants litter
dark corners, acorns line
the skirting boards scattered with dust.
Shoebox junk spills over tabletops
a Blackadder design replicated
into Gothic, China Dolls
seated upright on moth-eaten
cushions like well mannered
children they face straw witches
and Burlesque puppet clowns.
She sits closest to the door
scratching the table for scum
in the conversations silence
it was the summer of funerals
after all, when you are old
death is as familiar as the ache
in your bones. She is deafened
not by time but by her treasures
collected from life's cobwebs
the stonewalls plastered
with fading photographs

of her only grandson.
Her husband bed-bound for years
regressing in age, brain-dead
but body living, kept alive
by her care, monitored by machines.
We always visit his room
just before we leave,
she lifts his curled hand to salute us,
the stench is always sour,
the air unbreathable.
His mouth retracts around gums
the insistence of his jaw juts out
like a cliff, he is aware
of nothing. His face moon-polished
like a veterans medal. We all unfold
into the garden, fill our nostrils
with flowers, she has created
this small paradise for herself
landscaping space to live
alongside the dead.

Hessian Lungs

Janette Ayachi

I have been ill for weeks
my health is anchored to the oceans bed
and I am nailed to mine
muscles ache in symphony
my chest purrs its wheezy percussion
these lungs no longer trust me
they deflate like an old Hessian sack
released of its coal or potatoes
a dead weight lined with dust and dirt
as if I had been buried alive.
One virus floods my system after another
my left lung fills with pneumonic fluid
how the body betrays the fit mind
tricks it with fever induced dreams.
Unhinge the door to the next dimension
of analgesics, opiates, and antibiotics
where I can walk without my mouth agape
make decisions without the capsize of vertigo
answer questions without a front-line cough.
Let me wake tomorrow
parallel in the mirror, no holes in my cheeks,
eggs in my womb, released from my oxidized bones
ready to rise out of this skin, this tenement skyline,
like the balloon that escapes a child’s grip in the street
so you stop to watch its flight
until colour then shape is just sperm then speck
and no one ever knows whether it will combust
or where it might choose to land.

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What's Wrong with You

Ben Margolis

"What's wrong wit' you?" asked the shopkeeper.

"Ain't nothin' wrong with me," scowled Mr. Jackson as a flap of skin unfolded across his chest. Hinged at the side like an armoire door to Mr. Jackson's body, the flap opened at the breastbone, curling outward towards his left arm. It pushed part way into his sleeve, filled out the space under his armpit, and then unrolled down to his hip. Cramped by the shirt, it bunched into lumps along his side and pulled the material just enough to draw open gentle slits between the front buttons. From a distance or a certain angle, someone might just see him as fat, but the shopkeeper was standing close and looking straight on.

"Yeh there is. I can see half yo ribs and yo stomach muscles, yo *real* stomach muscles. And yo ain't even been embalmed yet."

"What you talkin' about!" trembled Mr. Jackson, furious, his right hand pulling back as soon as he got his change. He hadn't looked down yet to see, and staring straight ahead, he dropped the sixteen cents into his left shirt pocket. The tips of his fingers felt an unusual hardness through his shirt and a surprising wetness.

"I must be sweatin'," he grumbled, still not looking down.

Mr. Jackson cast a quick glare at the shopkeeper, headed straight for the bright sun gleaming through the store's glass front doors, and stepped out into the neighbourhood street. Johnson's Liquors skulked to the left, and just beyond, a grated metal shutter in front of a long-closed fast food chicken joint. He kicked some crumpled beer cans and an empty liquor bottle out of his path and walked past. His arms swayed a little more slowly now as a new flap had opened up on the other side and made his shirt even tighter. The breeze cut through to his chest, now fully exposed.

Still determined not to look down, he glanced across the street to two teenage girls slouching on the steps of a three flat. He had known them since they were babies and had a memorable go with one of their mothers back when she was beautiful, he handsome, and they both thought maybe.

"Hey Mr. Jackson," one called, waving and smiling, a little uncharacteristic of her usual teenage glumness.

"We got something for you," the other followed, teasing and inviting, but Mr. Jackson suddenly got colder and started breathing heavier. They held up the front half of a rib cage and pushed it forward.

"No you ain't!" he said, almost shouting. "Yo crazy! Where you get something like that!" He walked right over to the girls, the front of his shirt now fully drenched and softly yielding as he felt with both his hands. “I must be sweatin’ something! What’d I eat this morning?” He racked his mind to recall.

His wife had passed not three years ago and he had pretty well settled in and made sure to keep his refrigerator full. He had learned to take care of himself, which really meant deciding to take care of himself while feeling lonely. The biggest thing since then had been his knee surgery, but he was walking fine now. After thirty years together, it had been hard not to have her there for that, but enough friends had visited the public hospital, and a good one had given him a ride home. He was managing.

The muscle and lining of Mr. Jackson’s abdomen were now open.

“We got something else for you!” The girls leaned forward, arms outstretched, almost seductive. Their t-shirts were high-necked so he couldn’t see their breasts as they angled towards him, but despite his rage, he imagined what he might have seen. They held up palmfuls of clear, straw-yellow fluid.

“We got yo lung fluid!” They were laughing – but it wasn’t mean laughter, or even unkind. It could never be.

Just as they had become part of his life, he had become a part of theirs. They had grown up knowing Mr. Jackson from the neighborhood and had occasionally come to his house where his wife had made them dinner on days when they found their own front door locked, their mother stuck at work doing a double. One of the girls’ fathers was dead and the other girl's had just never been part of the picture. Mr. Jackson, like a few other men in the area, was neighbourhood family, especially when Mrs. Jackson was alive, although now they saw him less and the front steps more.

"You got nuthin'!" He rarely yelled at these girls, but he was still furious at the shopkeeper and just didn't see how else to respond.

"Don't forget yo intestine!" they called out after him brightly, the sunshine bouncing their words forward to Mr. Jackson's hurrying back. His intestine had fallen onto the sidewalk — just the small intestine (the large was still in place) its inner edge fanning out from a central sheet of fat, the worm-like coils ringing round and around in sagging, veined loops. It had come out in one unbroken piece and there was no leak or stain on the sidewalk. It just sat there.

Mr. Jackson arrived home practically livid, threw himself on his old crimson vinyl armchair and scowled. He pulled a footstool up, heaved both feet on top and hiked up his long pants. The scar from his right knee surgery showed over the middle of his exposed lower leg. It always intrigued him. He hiked that pant leg up some more, bunching it at the thigh to get the bottom edge above the knee. The scar crossed the knee and Mr. Jackson knew it continued up even further. He couldn't lift the pant leg any higher so felt along his thigh for the scar. He was somehow still mesmerized even after so much time had passed.

Mr. Jackson rubbed the scar on his thigh, then his knee, then his lower leg.

"Hmmh!" he grunted and walked to a full-length mirror in his bedroom.

By this time, his voice box was coming down with his esophagus, and his heart and lungs were dangling over his abdomen. His eyes widened as one elbow pulled back tight and then shot forward, crashing his fist into the mirror and splintering his image into a radiating halo of glass and metal sliver shards. Shattered glinting fragments of him fell to the floor in a delicate crackling shower.

"Oh, Hell!" he raged, helplessly. He turned and ran to the front door, but as he opened it his prostate, bladder, and lower colon started to come out. His organs trailing behind him, Mr. Jackson plunged back into the bright street and stopped. Looking up and down the street, he searched for something, not an ambulance, not a friend, but for something else to come to his rescue.

"Margaret," he whispered.

He decided to run back to the store having left his organs beside his house and he burst through the glass doors just as his scalp was peeling open.

"Brains in aisle four," said the shopkeeper, not looking up. "Brains in aisle four."

Mr. Jackson sighed, grabbed a cart, and walked over.

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Little Deals

Kurt Rheinheimer

She met him at the candy store, and didn't find out till weeks later that it was the only time either of them had ever been in it. She'd gone to Honeymilk Mall to start thinking about Christmas shopping and had walked in idly, to make sure little sugar hearts still existed in their pastel colours and still carried two-word messages. He'd been on his way to Barnes and Noble to fulfill his resolution to read the Sunday *New York Times* every week, and had stopped in to see if the store had gummy worms, his own favourite.

Neither would have said a word to the other, but while they stood in the single aisle of the little store, a mother and son—three or four—had a minor showdown over sugar and naps, and the boy, bundled to twice his bulk against the weather and his face collapsing toward tears at his mother's tone, stepped back and into a spindly-legged display of tiny bags of jelly beans of every flavour. The little bags came down off their little pegs and onto the floor. The boy and the mother both cried, the lady running the store said there was no harm done, and the two other customers stepped in to help re-hang the jellybeans, a process that involved matching colours, names, and numbers to their appropriate pegs. Mother and son both apologized and departed, leaving the remaining three to comment to each other as they worked.

“What’s the difference between anise and licorice?” the young man asked the shop owner, who said she couldn’t find any difference in taste—just that some people felt better asking for one over the other or liked one word better.

Susan wanted to say something but had nothing except what had occurred to her as she’d listened to the woman. “Hardly any rhymes for licorice except maybe ticklish,” she heard herself say and then quickly moved to cover it: “Pear is my absolute favourite in a jelly bean flavor.”

At the door on his way out, the young man turned back to the shopkeeper. “These going to the FedEx box?” He pointed at a stack of three small FedEx-ready packages.

“They are,” the shopkeeper said.

“I’m on my way by it, if you want,” he said.

“Sure,” she said, her instant trust in him apparently built over the five minutes of candy re-racking and conversation.

He said goodbye to both of them and walked out into the mall.

Susan, more self-conscious now that she was alone with the shopkeeper, watched the departing young man with no gummy bears and then opened her purse to look for the letter she wished she really had written to her mother’s sister—the only person in the family she came even close to really talking to. But you didn't FedEx a letter anyway. And writing it in the first place would be a good thing. She told the shopkeeper goodbye and started out, hoping to catch up with the young man.

It would turn out that he had gone to the same university as she had—but in a different program and two years ahead. They'd both been out almost five years, they discovered next; he was twenty-eight, and she, twenty-seven. She swam; he was a sometime runner. Good discoveries all on a walk to the far end of the mall, where he inserted the packages into the FedEx box, and she asked him whether you could get stamps in the mall.

What she hated second-most about herself was her name. What new mother, twenty-seven years ago, with a world full of beautiful and unusual names before her and her husband leaning onto the bed to look in the baby's squinchy little face, would say, with a straight, non-squinchy face, "She looks like a Susan to me." And what father would not say, "Wait a sec, why don't we just name her Standard Issue American Girl?"

There was a worse aspect to the name Susan, which she resisted thinking about as best she could.

There were more current failings to her parents as well. Their favourite topic of conversation in Susan's presence was that she "hadn't, quite frankly, quite yet lived up to our hopes and dreams."

So her resource for someone to talk to was the aunt. She certainly couldn't turn to either of her sisters, who shared a basic disdain for life as an approach, glomming, as they did, to their parents' overall sick world view. And how, by the way, did the older one get to be named Savine, and the younger one, Celeste? If that wasn't a conspiracy, what was?

And so, four weeks and three meetings into her relationship with the young man she had accompanied to the FedEx box at Honeymilk Mall, she found herself tempted to talk to him—to get it done before the eight-weeks-tops that she ever got from a boyfriend. The temptation was spurred by his having mentioned, on his own, that he couldn't believe his parents had named him John, and that they still insisted on calling him Johnny. And she noticed small oddities that might have kinship to her own. After he locked his apartment door, he pulled at it four times to test the lock. There was just enough play in the door to create a little thunk-thunk-thunk-thunk percussion concert before he could walk away. He had a need to open the back driver's side door of his car every time he got out. How else could it be that every single time you got out, you forgot something, or had to check on something back there?

And so, early on, she came close, but not quite, to telling him.

What she came close to telling him was that she thought she might have walked into it of her own free will, in tenth grade or so, when she had trouble going to sleep, or getting back to sleep, from worrying about exams in the advanced placement programs. The teachers had frightened her with: “Come mid-semester, there are going to be *college-level* exams coming at you.” And what does a high school kid know about what *college-level* really means? They could just as easily have been saying she would have to memorize a thousand poems in Chinese.

So, to go to sleep, she picked a word and tried to find its rhymes. She had the rhymes jump over the base word there, in a little bigger type size, like little word-sheep hopping into a soft bed made of the letters of the alphabet piled up like wood chips at the playground.

Which worked okay for a period of weeks—even helped her fall asleep sometimes. But over months, it began taking things over. You could be talking to her, say, about how your brother had a brain tumour and six weeks to live, and while Susan was patting your arm and saying all the right things and maybe crying—all sincerely—she was also seeing the sentences go along in front of her. They would be in a nice font reversed out to white on a black field, at a pace that didn’t change no matter your rate of speech. And then, completely out of her control, one word would present itself and jump up out of the line to stand alone.

While she continued to listen to you and talk to you, she was compelled to take that word and put it up there, to the upper right of her consciousness, and start finding its rhymes. She went through the alphabet from start to end, even when some of the obvious ones popped into her head before she got there. She could get bonus points for those, but after that she couldn't give the points to herself, because the orderly way to do it was from A to Z and then to check back through in the other direction.

Maybe "tumour," say, though the word was usually something dumb and peripheral; anything three syllables and over. She could go with just the last two, if needed.

Tumour: boomer, doomer (end-of worlder), fumer (angry guy, informal; smoker?), humour, pumer (JFK pronunciation for certain type of cat?), rumour, womber (slang for baby?), zoomer.

To miss a rhyme was to risk… well, she couldn't admit it even to herself.

She had no idea why she was in math. She had six years of French in middle school and high school and did well. And she spent a college semester in Paris—heiress (phonetic A), bares' (dropped T), caress (mispronunciation), Ferris (proper noun), Maris (Roger), raress (informal for female horse), spare us (Nashian), terrace—for God's sake, and loved it. She wondered if she'd be a better translator, all things being equal, than an accountant or CPA. Somewhere way back—eighth grade?—that's what the family had collectively picked out for her.

What brought her closest to talking to John was that he came close to admitting his own when she asked. He said, yeah, there were a few things he felt he had to do when he knew well and good that they were totally meaningless to the rest of the world. And really, when you got down to it, to him.

"And I bet if you told me why you have to do them, you'd have to kill me, huh?" Susan said, and he laughed, maybe too loud.

"You could say that," he said. And after a pause: "And how would you know that?"

With reading, she learned that his kind was far more common—touching, repeating, avoiding certain places or situations—and easier to see.

The thing she wanted to ask most was how it started getting in there. Basic anxiety, she knew, and a way to deal with it, manifested in making little deals with yourself. Before you knew it, your whole life revolved around four thousand little deals, along with how to make sure no one in the world could see the little deals, because they'd know you were nuts, and then you'd have even more anxiety and have to make a million more little deals.

She did try a shrink. Actually two. The first one in high school, when her parents decided she wasn't concentrating. Susan shared nothing beyond the difficulty she and her parents had in getting along. Dr. Michaelson brought in her parents after the fourth session and told them all at the end of one hour that he really wasn't in a position to do much, since both sides seemed pretty entrenched. Susan decided immediately it was a bold ploy—calling on blood to be thicker than $95 an hour so things would be healed up right quickly. Her parents protested, almost in unison, that he hadn't even heard their side. Dr. Michaelson reached for another notebook and read the stuff they'd said about Susan when they'd first come in to talk about the problem—another futile attempt to get the family to run to each other's arms.

The second one she went to on her own. Dr. Frachescini was thin and blond and maybe thirty-five and enlightened-looking. Susan told her, after three sessions. And Dr. Frachescini told Susan plain and simple and straight-out: Just Stop It. Just stand up in front of me now and start talking or listening or whatever and when it presents itself do whatever you need to do—shove it aside, look the other way, concentrate on my mouth, set the word on fire, whatever you need to do. And do that every time—every single time—it happens until it doesn't happen anymore.

Susan could feel that her mouth was open a little.

"That's therapy?" she said.

"That's what you do," Dr. Frachescini said. "That's what anyone does with whatever set of behaviours presents itself. And the longer you wait, the better chance it has of being twice as bad, or triple—" (cripple, nipple, ripple, tipple, Whipple (Mr.) "—as bad as the problem it is now."

Susan told her she'd work on it and never went back. The books, she found out afterwards, say that's exactly what the doctor is supposed to say. Just cut it the hell out. And then it's up to you to find a way to stop thinking the unthinkable things you do when you try. Find new things to focus on. Get some exercise.

Which was what she and John did best together—most often in the form of swimming. He was more a runner, but was glad to do whatever she wanted. He was not a good swimmer, but liked that it got him so tired so fast. She had swum in middle school on the eighth grade team. So they were equal in the water, and at ease in the water, and less likely to be analytical in the water—just plain less likely to talk toward seriousness in the water.

One day, at ease as they were, having had wine with dinner and then decided to hit the water, she told him—of course, in a goofy, playful manner, so he would think it was a joke.

In fact, that's what she said: "This is a joke, John, a total joke. And also bloke, coke, choke, cloak, poke, soak, smoke, spoke, stoke, toke, woke, yoke."

"Mmmm," he said. "I see"—dragging out the word *see* to convey that he certainly did not see. They were treading water in the deep end and it felt good—good easy motion.

"You most certainly do not," she said.

"I see it starts with a joke and ends with a yoke," he said.

She dove under the water stop herself from taking that the way she wanted to—as his cryptic way of conveying total, instant understanding. She grabbed at his treading legs and spun him upside down.

He came up smiling. "So you're a little torn?"

"Born, corn, horn, morn, mourn, porn, scorn, torn, worn," she said.

"Starts with born, ends with worn," he said.

"Does it ever," she said. How had she set him up two times in a row to touch her to the core? "Is that like you?" she said.

"Is what like me?"

"Born, torn, worn?" she said.

"Could be," he said. He looked at her differently—more strongly—and ran a hand across one of his cheeks, letting it slide off with a little push that made it come across and hit his other shoulder. "Not that I'd ever necessarily talk about it in the next thirty thousand years."

"How about five minutes?" she said.

He laughed, nervously. "Pretty close to the same time frame. What is it you're seeing with me?"

She splashed him lightly as if to keep her nerve, and build his. "The apartment door, the car door, to name two."

He blushed. The same hand went to his face, but this time skimmed the other way across the check and went just below and behind his ear to scratch while he looked down. He put the arm back under the water to smooth his treading.

"You know every rhyme there is, Susan?" he said.

Susan. That's what she hated most about her name—that every single rhyme was negative: boozin', cruisin', floozin', losin', woozin'. Which of course long ago gave her the theory that she couldn't shake: that this was why her parents picked the name—they knew what was coming for her and wanted her to experience it to the fullest.

"I know the ones I need to know when I need to know them," she told John.

"I see," he said.

She felt cold suddenly, or afraid. She looked around herself, as if to assess if the feeling were real. There were only two other people in the pool, standing at the shallow end, talking. The feeling, for just a fleeting moment, was that she and John were alone together in the world. Or maybe that she loved him. Or that he could understand her. Or that he was just the best water-treader there was. She didn't know what it was and found no foundation from which to trust it. She shivered with it, treading a little harder.

"You cold?" he said.

"Well, we've gotten a little warmer," she said.

He smiled. "You like the water?" he said.

"I need to be in it right now."

"Why?

"Because I'm in it and you're in it." She wondered if that was the most intimate thing she'd ever said to anybody. She was ready, she guessed. If he'd have said love, she'd have said love. If he'd have said drowning pact, she'd have asked how they would do it.

Maybe he saw that in her eyes. "Do you know why I am?"

"In the water? I think I do," she said.

He winced, and she worried that he thought she was fishing for the *because-you-are* right back.

He took a breath. "No walls in here," he said. "No lines, no steps, no blocks. Just fluid."

"I knew that," she said, and she did. "And no doors."

"No doors."

Then, treading, watching, nearly crying, nearly exploding, she saw only a few words and said none—floors, gores, lores, pours, pores… —before he interrupted her, before she let herself be interrupted.

"But the deal is—the kill-you deal is—that once I've said that out loud, once you know that, then they will be—all of them—they'll all be in the pool too—the same as they are everywhere else—lines will appear in the water, blocks on the bottom of the pool, steps up every wall."

She confronted the word *wall*.

He swam away from her.

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Goodbye

Bryan Sisk

Home for the holidays,
a ten hour drive.
My first time seeing Grandma
in over a year.
Dad says she has faded,
the amyloid plaques invading her memory
day by day.
I see her at the family dinner,
shockingly frail,
hardly the person who helped to raise me.

After dinner, I walk her dutifully to the car,
describing each step as we go,
because her degenerated eyes
cannot see in the dark.
On the drive to her house,
I prod her memory
to see if she is still there,
searching for some splinter, some shard
to prove I still exist
in her life.

I dig back to when
I used to shovel her drive,
or how I would set up
her Christmas tree
every year.

She says she remembers
that I am studying to be a doctor,
says she prays for me
every morning,
even if it is the only thing
she can still do for me.

Then I walk her up to the house,
the same precarious routine
of careful steps,
until we are safely inside.

I look around her house
where I spent so much
of my childhood,
the whole summer during the flood.
Everything looks smaller than I remember,
like the house and my Grandma
are shrinking into each other
until they remain only as a memory.

Once she is settled in,
I give her a hug and say goodbye,
but she wants to light up her Christmas tree
before I go.
I help her to plug it in, then

I give her a hug and say goodbye,
but we look at the picture on the wall
from my wedding day,
me, Grandma and my wife.
She doesn't remember
but pretends to, then

I give her a hug and say goodbye,
spending an extra moment in her
weak embrace,
reliving our memories
for the both of us,
because I fear this will be
my last goodbye.

Bryan Sisk, MD, is a paediatrics resident at St. Louis Children's Hospital, and a graduate of the Cleveland Clinic Lerner College of Medicine. He is pursuing a career in academic paediatrics with the goal of interweaving the humanities into medical education and clinical practice. His undergraduate training was in biochemistry at the University of Missouri—Columbia. He is an avid musician and writer, and is author of the book *A Lasting Effect: Reflections on Music and Medicine*. He serves currently as assistant editor of "In the Moment" humanities section at *Academic Pediatrics*, as well as editor of "SOMSRFT Monthly Feature" at *Pediatrics*. His prose and poetry has been published in several journals, including T*he Examined Life, Hektoen International, Yale Journal for the Humanities in Medicine, Burning Word*, Texas Heart Institute Journal – "Peabody's Corner," *Journal of General Internal Medicine, Clinical Pediatrics, Miser Magazine,* and *Stethos*.

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Serenity Prayer

Melissa Cofer

How far should I chase you?

The air is
heavy with heat.
Tender geranium leaves

dry becoming bitter
brown, discarding
scarlet petals.

I identify this
as a waste
of water.

But I can’t

stop tending
the soil, can’t
make myself stop.

Six weeks
silence
to follow.

Patch of green,
spot of red,
three buds

turned nine
turned twenty,
backdrop – my greed.

She lives
one week
longer.

Should we discontinue our letting go?

Our tomato tree
grown tall
as this shelter,

survived all three
storms, all three
amputations.

I find her folded,
limp against herself
and cry.

Fray of yarn
my crutch, my
prayer.

Another week's
gentle abandon
as ants

claim
jaundiced trunk,
strip her away

and yet

upper branches bear
pale blooms, birth
three pear-shaped fruits.

Are we never without hope?

Today you lope
as a deer,
white tail

dissolving
into cactus
and mulberry.

I watch you go –
my feet
tangled in sage.

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Yearning for the Farther Shore

Rita Ariyoshi

"I'm going to apply for a license to kill." Stokes stood in the doorway gripping a bucket of rags. It was five-thirty and he had just finished cleaning his van.

"People won't bring you their pets anymore for flea dips and sani-shaves." Theresa didn't look up from her magazine. Twelve years of living with Stokes and his various entrepreneurial schemes that all unravelled after outlays of two to ten thousand dollars had numbed her to any possibility he would ever pull off anything but "Honolulu Mobile Pet Groomers – Your Pet Will Be Stoked." Inexplicably, she still loved him, much to the bewilderment of her friends, who whispered that Stokes must be really fantastic in bed for her to put up with him. He also kept her car gassed and serviced.

"Not pets," he said. "People. I want to kill people." The man was lanky and dark, not quite handsome, but had a shadowy deprived look that Theresa found intriguing.

"Shouldn't you leave that to the *yakuza?*"

"We'll beat the mob to it." He was clearly excited, sprinting through his sentences. "The state legislature just legalized assisted suicide. Right?" He didn't wait for affirmation, but plunged on. "The Dutch have been putting down the sick and elderly since 2002 and the Swiss since the forties. I guess their countries are so small they need to make room – like Hawaii. I read on the net that the Dutch just started these mobile euthanasia units. They come to your home and do it there."

"Death makes house calls?"

"I like that. I'll put it in my brochure." He headed for the kitchen, still talking, the rags dripping on the tile floor. "Vets do it all the time. They come to your house so Fluffy's not scared when he gets the goodbye-Fluffy shot."

Theresa called after him, "Won't you need some equipment?" The word *expensive* was implied.

"I've already got the van, a generator, sinks, a vacuum cleaner, all the sponges and rags." He opened the refrigerator. "Course I'll have to repaint the van."

She heard ice clinking into a glass, money rushing from her checkbook, a diet Pepsi can popping. "Sponges and rags? How are you planning to kill them? With a sword?"

"Lethal injection." He was back in the living room and flung himself into a chair. "Maybe a pillow? I don't know. I'm sure there are guidelines." He sipped his Pepsi. "Do you think it will be very messy?"

"You watch *CSI*. You tell me."

•

Six months later, after completing the required courses and getting certified by the State of Hawaii as a euthanasia practitioner, Stokes launched Aloha Sundown Service. He had his van painted yellow, neither cheerful daffodil nor somber ochre but a discrete shade between the two, which he thought of as “whatevah yellow.” His logo, which Theresa commissioned as a gift, consisted of an orange line with a faded out half-sun resting on it. His ecru business cards bore the same logo. It was all very tasteful. Theresa was public relations director for a Waikiki hotel and made sure there were no tacky skulls or hemlock twigs in Stokes’ collateral material.

Sundown’s first client was Lucinda Ackerman, a centenarian and retired teacher in Lanikai. She had broken her pelvis, and it refused to mend, leaving her in constant pain. During the initial consultation, she told Stokes, “I’ve had my day on the stage, and now it’s time to bow out.”

Stokes arrived the morning after the mandated forty-eight hour waiting period. Lucinda’s daughter, Kim, had dressed her for the occasion in a shimmery bed jacket and a lei of fragrant pakalana. “Her favourite,” the daughter explained. The old woman’s hair was white and softly wavy.

“Are you ready, Lucinda?” Stokes asked in a professionally cheerful voice, as if he were proposing a morning in the solarium.

"I'm ready and willing—and you're able." Her smile was grim, her voice scratchy. Her daughter took her hand.

Stokes plugged in his equipment, which was modelled on the late Doctor Kevorkian's Thanatron. It consisted of a trolley of three canisters, the first containing a saline solution; the second, sodium thiopental, a sleep-inducing barbiturate; and the third, a lethal mix of potassium chloride, to stop the heart, and pancuronium bromide, a muscle relaxant to prevent the patient from twitching and unnerving the witnesses.

Kim called her husband in from the yard. "Clyde, this is Stokes Halsey. I told you about him."

Stokes put out his hand.

Clyde looked down at his own hands, which were dirty. "Sorry. I was digging in the yard."

Stokes whispered urgently, "You realize, of course, that it's against the law to bury your mother-in-law in the backyard."

Kim rushed over to reassure him. "No, no. It's all arranged with the funeral home."

"I was just transplanting some heliconia," Clyde said. He was clearly uncomfortable, bordering on hostile.

Stokes' many failures had rendered him particularly sensitive to insult. "I see." Clyde stayed in the doorway. Stokes, now cool and professional, slipped on his latex gloves, deftly inserted the intravenous feed into the back of Lucinda's other hand and nodded.

Kim's eyes filled with tears. "Thank you, Mom. You are the best mother I could have hoped for, always there for me. I—"

"You can cry when I'm gone if you have to, but I want the last thing I see to be my child's smile. My suffering will soon be over. I've had a good life and I love you fiercely, but now my hand is stretched out in yearning for the farther shore." Lucinda looked to the doorway but Clyde had disappeared. She said to Stokes, "I'm ready to roll."

His hand was steady as he gave her the wire with the Stokatron Free Choice Switch.

Lucinda closed her eyes and without hesitation flipped the switch. A faint smile eased her face. Her breathing simply stopped. The whole process took two minutes.

Kim laid her head on her mother's breast and wept. "The *Aeneid*. My mother's last words were from the *Aeneid*. She was one of a kind."

Stokes discreetly waited to unhook the deceased. He didn't know what the *Aeneid* was, but had always associated "Ready to roll" with *Flight 93*. He said, "Those were brave words."

The daughter lifted her tear-streaked face to him. "I will always think of her with her hand stretched out in yearning for that farther shore." She composed herself. "I'm sorry. I thought I was ready."

•

As Stokes drove away, the sky had never seemed as blue, the trees as green, the mynahs so belligerent, life so strong and dear. He finally understood the God myth; he felt like a powerful deity. This time he would make it big. He knew it with every fibre of his being.

When Theresa got home that night, he told her of his plans to buy a Mercedes hearse, to build an Aloha Sundown Centre, to go global. He had picked up brochures from the Lexus, BMW, and Mercedes dealerships and spread them out before her. "I want you to pick out a new car for yourself, test drive them all so you'll be ready to buy as soon as this thing takes off."

"That's nice, Stokes. Did you put on the rice?"

He had completely forgotten. "We're going out tonight. The pampering starts here."

•

The pampering seemed to end there, too, for business was slow, until Theresa came up with the idea of promoting Aloha Sundown Service through Hawaii's tourism bureau. "Why not?" she asked. "Tourism is Hawaii's number one business. It's a natural. I Googled and found out that death tourism is so big in Switzerland that the government's thinking of cracking down."

Stokes said, "If I had a Swiss euthanasia company, I'd call it 'Time's Up.'" He lifted his Pepsi glass in salute, then became serious. "This one, Theresa, this one's gonna work. I know it. Did you test drive the new Porsche yet?"

As usual, she feigned enthusiasm, cheering him on, although with ever more muted rah-rahs. She went through the motions, setting up appointments for Stokes at the various travel desks in Waikiki and designing a website and colour brochure. She always put effort into his ventures, even if they were doomed.

According to the brochure, Aloha Sundown's services included, but were not limited to:

- Pre-event consultation (required by law)
- Fast-lane facilitation of state Department of Health requirements
- Choice of method
- Choice of site for event: home, beach, waterfall, chapel, golf course
- Personal shopper for event outfit, legacy gifts, etc.
- Grooming
- Photography
- Choice of floral bouquet or lei
- Music
- Spiritual invocation
- Catering
- All arrangements for "celebration of life" festivities, either pre- or post-event.
- Souvenir death certificate for next of kin, suitable for framing
- Disposition of the remains

The methods of deliverance, which were deemed too technical and perhaps a touch peccant for the brochure, were lethal injection with the Stokatron, or the Sundown Hood, in which a plastic bag is placed over the head and helium gas administered.

Sundown's big break came when a travel writer for the *New York Times* interviewed Stokes. The story ran under the headline "Death Takes a Holiday." Inquiries and reservations suddenly materialized. Theresa quit her hotel job to work full time with Stokes, taking care of the event planning, shopping, public relations, and marketing, while he administered what they came to call "the exits."

"It's really not that different from wedding planning," Theresa said happily to her friends, vindicated finally in her taste in men. "Stokes said his clients reach out their hands in longing for the farther shore. Isn't he poetic?" Her friends smiled weakly until she took them out to the parking lot and showed them her new silver BMW.

•

Aloha Sundown Service cleared over a million dollars its first year in operation. Surprisingly, most of their clients were in their forties and fifties. "One would have thought it would be the elderly seeking death with dignity rather than ending up drooling in a nursing home," Theresa said.

Stokes didn't answer. He just sat there and stared straight ahead.

"Hello. Earth calling Stokes." She waved her hand in front of his face.

Recovering himself, he apologized.

"You weren't listening," she said.

"Yes I was. You said you were surprised most of our clients were younger." He sat up, leaning toward her, his colouring florid. "The young do it because they have Parkinson's or terminal cancer or had disfiguring surgery or have been in motorcycle accidents and are quadriplegic. They do it because they're depressed about the state of the world or rising sea levels or they've lost a child, a spouse, even a beloved pet. Who really cares about the reason? All I need to know is: Stokatron or Hoodie?" He sank back in his chair.

She felt his forehead. It was hot. "Maybe you should cancel tomorrow's exit."

"An appointment with death is not like a dental appointment, Theresa. It's much bigger, grandiose. People get all psyched up for it. And the Asatos came all the way from Japan. It's my first Japanese exit. I can't screw up."

"Then I'll come with you."

"Thanks. I feel rotten. I think I'm getting the flu."

"At least you don't have to worry about giving it to clients. They'll be dead before the first sneeze."

•

The rented wedding/funeral chapel had a revolving three-way altar: Buddhist, Christian, and Jewish. Today, the golden Buddha waited in ponderous contemplation to determine which realm the soul's accumulated karma had earned and to send that soul on its way to another human existence, an animal incarnation, one of the labyrinthine torture chambers of Hell, the restless jealousies of Asura, the perpetual seeking of the Hungry Ghost, or one of the thirty-seven levels of Heaven.

The door opened and an old Japanese woman in *yukata* hobbled in on the arm of her son, who led her down the aisle to the foot of the Buddha, where a futon awaited her. Mrs. Asato, thin and bent with age or osteoporosis, did not look up when Stokes introduced Theresa. The old woman was the cliché image of Asian humility, first paying homage to the Buddha, adding a pinch of incense to the smouldering bowl, then letting her son ease her down to the futon.

Stokes wheeled the chosen Sundown Hood and helium equipment into place, plugged it in, and whispered to Theresa, "I have to sit down or I'll pass out. You know what to do, right?"

"I think so."

"You can't think so, you have to know so."

"Okay, okay. We practiced. I know what to do."

"I'll be right over there," he said, retreating to a pew.

Kenji Asato approached. He was dressed in a dark business suit and walked with the rigid posture of an impatient man. "Is there a problem?" he asked in accented English.

"No, not at all," Theresa said. "My partner isn't feeling well. But we've done hundreds of these events. Is your mother ready?"

Without even glancing at his mother, Mr. Asato answered curtly, "*Hai*. Yes."

As Theresa bent to tenderly fit the hood about the woman's head and neck, Mrs. Asato opened her eyes and tears streamed out. Her look was frightened and pleading.

Upset, Theresa turned to the son. "Are you sure she's ready?"

He knelt beside his mother and spoke to her in brusque, guttural Japanese.

The old woman shrank from him.

"Go ahead," he said to Theresa. "She's ready."

Theresa felt tears rise in her own eyes as she secured the Velcro around Mrs. Asato's neck and handed her the switch.

The woman held on to it for several seconds and then her ancient face hardened. She became the cobra about to strike, focused and lethal. In a sudden angry movement, as if killing someone else, not herself, she flipped the switch and the hood began to fill with helium. Mrs. Asato stared at her son with pure hatred and mouthed incomprehensible Japanese words in a Mickey Mouse helium voice. He knelt over her, never touching her, and smiled.

As soon as his mother's eyes closed, he got up and walked out, signalling the hearse attendants to come in and collect the body.

Theresa excused herself and ducked behind the altar in the shadow of a large menorah. She couldn't stop shaking. She was as cold as the deepest part of the ocean. She waited until the sounds of business and removal subsided and the chapel door closed.

"What happened to you?" Stokes demanded. "I'm sick, and you left me to deal with this."

"I have to go outside in the sun. I don't feel good."

He followed her. "You don't feel good? I can hardly stand. I can't even read the goddamn check. It could be made out to the Queen of England for all I know."

She sat on the chapel steps in the sunlight and lifted her face to the breezes and warmth.

He thrust the check at her. "Here." It was a traveller's check.

"Sit down, Stokes. Grab some Vitamin D. It's free."

"So's melanoma. I want to get home. I'm sick. Remember?"

In the car, Theresa said quietly as she drove, "That woman didn't want to die, Stokes."

"She flipped the switch herself, didn't she? That's all we have to worry about."

"The son's an eel. He probably wanted her money."

"I can't worry about family dynamics. I'm not a psychiatrist." He pushed the passenger seat to its lowest recline and closed his eyes.

They drove the rest of the way home in electric silence.

Stokes was sick for days and they had another exit scheduled, a New York financier with terminal brain cancer. He was flying in with his wife, ten friends, and two servants in a private jet. As instructed, Theresa had set up two days of touring and a lavish farewell dinner at the five-star Armand's on Waikiki Beach.

"If I still feel like this, you're going to have to handle this one on your own," Stokes said, bleary-eyed from his bed.

"I can't do it. Call the guy."

"Guys like that can't reschedule. They're busy."

"I bet he's got nothing on his calendar after Friday."

"These are big shots, Theresa. These dudes run the world." Stokes propped himself on his elbows. "If we do this one right, the sky's the limit."

"I'm done, Stokes."

He shouted, "Don't sabotage me. You never believed I'd be successful. Never. You patronized me all along. I'm not stupid."

"I'm not sabotaging you."

He continued his rant—"Poor loser Stokes"—then sank back on his pillow and changed his tone. "Help me out on this one, Theresa. It's a really big one. And I'll never ask you again."

Tears rolled down Theresa's cheeks. "I can't."

"Tell you what." He took her hands. "You do the airport welcome, the whale watching excursion, the visit to the palace, the big dinner, and I'll handle the exit. Hopefully, I'll be on my feet by Friday. Okay?"

She nodded.

"We'll take that cruise you always wanted. The Riviera, Greek Islands, Turkey. How's that?"

She nodded again, defeated.

He continued to hold her hand. "Think about the positive side, all the good we're doing, helping people, easing pain and suffering. This is not a job. It's a calling."

"Really? Who's calling?

"Well, nobody—we know that. I meant, it's like becoming a priest or a doctor—a god even. It's special."

That was a bit too much. She gently withdrew her hands and left the room. She sat down and turned on the television, but every show involved death or politics, so she turned it off and leafed through the Ross Simons catalogue.

•

Ira Weinfeld, the New York financier, was tall, skeletal, and bald, with Frankenstein scars in his scalp from surgeries that obviously hadn't worked. His eyes were the clearest, most enlightened blue Theresa had ever seen. They made her think that Ira Weinfeld already saw that farther shore and was ready to storm it. When he spoke, he boomed, as if he had decades of take-overs still in front of him.

His wife, probably his third or fourth, was at least twenty, maybe thirty years younger than him. Predictably blonde and named Chantel, she was surprisingly devoted to him. She carried his medicines in a large, bright yellow Dior handbag, along with a supply of immaculate, monogrammed white linen handkerchiefs, which Ira seemed to need in abundance. His eyes and nose ran almost constantly, yet he managed to make his dabbing and wiping look like an eccentric affectation.

Theresa assisted with the in-suite check-in, then returned to the lobby to phone Armand's and go over the menu one final time. Ira Weinfeld had personally worked with the chef on his last supper: an appetizer of caviar from Aquitaine served with blini and potato, a salad of spring greens with truffle fraiche dressing, roasted duck breast with lavender honey on a bed of butternut squash, and a symphony of five desserts. Theresa then followed up with the tour reservations.

Since Ira Weinfeld was a yachtsman, his exit event involved a fleet of outrigger canoes plus a small catamaran equipped with the "Anchors Aweigh" maritime version of the Stokatron.

Just as Theresa was wrapping up her arrangements, she spotted Chantel rushing through the lobby with an already bulging shopping bag. She waved and Chantel hurried over.

"I can't believe what I just paid for a straw hat." Exhausted from spending her husband's money, she plopped into a wicker chair opposite Theresa.

"That's Hawaii," Theresa said, bored with her.

"I don't want Ira to get sunburned. Brain cancer's bad enough without skin cancer." She laughed at her own absurdity.

Theresa realized she had misjudged this wife, had pictured Chantel weeping theatrically in a floppy-brimmed, flowering ridiculosity that she had paid seven hundred dollars for in the lobby boutique. "That's so thoughtful of you to rush out and get him a hat."

"Really, I think a hat gives a man authority. I mean, look at the Pope." She began to cry. "I don't know how I'm going to get through this. He may be ready, but I'm not. It's like everything is the last. The last plane ride, the last check-in, the last—it's just so, so hard."

Theresa leaned toward her. "You may not be ready, but Ira's hand is reaching out in yearning for the farther shore."

Chantel smiled through her tears. "That's so beautiful, but it isn't Ira. He wants to live, but he can't, so he's choosing to go while he's still himself." She shrugged. "Still in control." She dabbed at her eyes with one of Ira's hankies, leaving a mascara smudge on the linen. "Is that a poem, that yearning for the farther shore thing?"

"You haven't met Stokes yet. My partner. He said it. You'll meet him Friday."

"You'll be there, too, won't you?"

"Unfortunately, I have other arrangements that day."

"Please. Ira's friends hate me. They think I'm a bimbo because I didn't go to Harvard, and I have big breasts that I don't mind flaunting, thank you very much. They think I'm after Ira's money, but we really fell in love. I was his manicurist and we fell in love holding hands. Ira's a wonderful man. Please help me on Friday." When Theresa hesitated, Chantel pleaded, "We invited Ira's kids but they wouldn't even come to his death."

"Okay."

•

Theresa had booked the *Navatek* for whale watching because it had the smoothest ride, but it was the end of March and they saw only one whale. At Iolani Palace, she got the little party there in time to watch the brief documentary about the overthrow of Queen Liliuokalani. No matter how many times she saw it, Theresa cried. When she glanced at Ira Weinfeld, he was dabbing his eyes, but she couldn't be sure if it was emotion or brain cancer. Chantel leaned into him. Their affection for each other was so obvious, how could anyone hate her? Perhaps love was precisely why they hated her. Theresa realized with a sharp pain that while she might love Stokes, she didn't like him. His success had been too long in the making, and the seeds of her contempt were too firmly rooted.

•

The dinner at Armand's was superb. Ira tapped his wine glass with his fork and stood up. "We each have an allotted time on this Earth, and it flies by. Please remember me by doing at least one really good thing every twenty-four hours." He seemed so robust, so full of life as he raised his glass. "I want to thank everyone for making this final journey with me. Each of you is special to me and my beloved Chantel, and tomorrow I want only joy as you see me off, for death is the destiny of every man and the day of death is better than the day of birth." He raised his glass higher. "Ecclesiastes: 'The heart of the wise is in the house of mourning.'"

Someone said, "Hear, hear," and they all sipped their French burgundy as Ira reclaimed his seat.

Chantel stood up and proposed a toast, "To the finest man I've ever met, Ira Weinfeld." She leaned over and kissed his bald head. "And the sexiest." She posed provocatively, displaying her incendiary décolletage.

The guests dutifully drank again, glancing at each other over the rims.

Chantel sat down, then popped up again. "And I'd like to thank Theresa here, from Aloha Sundown Service. Hasn't she done a fantastic job?"

They all clapped decorously.

Theresa wished she were anywhere but in the house of mourning.

•

Friday dawned softly, with faint breezes rustling the palms. Theresa had gotten up early and picked a bagful of plumeria blossoms with which to blanket Ira Weinfeld's body after his exit. Stokes said, "You don't have to come, you know. I told you I'd be okay by today."

"I promised Weinfeld's wife I'd be there."

"You can't let yourself get emotionally involved with clients." He shook his head in exasperation. "Stay home, read a book."

"I promised I'd be there."

"Suit yourself. But you'll have to ride in one of the outriggers. There's no room on the catamaran."

She shrugged.

The fleet of outrigger canoes was beached on the sand in front of the hotel, with a contingent of paddlers standing by. The small catamaran waited at the water's edge. The paddlers in surfer jams stood at attention as the funeral party arrived, Ira in his new straw hat leading the way.

Theresa had a list of who was to ride in which outrigger and who was going on the catamaran. She was to climb into the last outrigger to be shoved off from shore. When Chantel saw this, she yelled for Theresa. "Here, ride with us. Come. Please."

The catamaran was already afloat, and Theresa had to wade in. She had worn a muumuu and got wet to the waist, dripping on everyone as Chad, the helmsman, helped her climb aboard. She apologized for puddling while Stokes glared at her, his arms protectively around the Anchors Aweigh Stokatron.

The tradewinds picked up as they sailed toward Diamond Head. It was a glorious Hawaiian morning. Suddenly, in a gust of wind, Ira's hat blew off. It swirled in the air, scooted across the waves and settled in a trough. "Oh, no," Chantel cried. "Ira will get so burned. And that hat cost a fortune."

"Want me to come about?" the helmsman asked.

Gripping the mast, Ira stood up. "No need," and he dove in and swam for the hat while Chantel shrieked, "I can't swim. I can't swim. Someone help him."

Chad brought the catamaran into the wind and held it there. Theresa quickly pulled her muumuu over her head and jumped into the water in bra and panties. She heard Chad shouting, “Whales. Whales at ten o’clock.” She looked over the waves and saw their dark, shining shapes undulating. It looked like two adults and a baby, and they were swimming straight for Ira, who was so intent on chasing his drifting hat that he didn’t see them.

The whales barely stirred the water in their approach, then began to circle Ira. “What the—” he yelled in panic, then began to laugh. When he looked back at the catamaran, his face glowed in ecstasy. The outriggers arrayed themselves on the waves at a respectable distance. Then, as quickly and quietly as they had come, the whales dove beneath the sea and were gone. Three paddlers rolled out of their canoes and swam for Ira and Theresa. The hat was nowhere in sight.

Once they had been helped back aboard the catamaran, Ira ordered, “Trim the sail and let’s catch some wind. Today is too beautiful to die.”

Stokes began to object until Theresa poked him. He growled in her ear, “No refunds, no discounts.”

Chantel had her arms around her husband. She had given him her big straw ridiculosity for shade. “I told you,” she said to Theresa. “Ira’s hand is not reaching out in yearning for the farther shore.”

Ira looked at her in delighted amazement. “I didn’t know you read the *Aeneid*.”

Chantel smiled sweetly. “I think the whales took your hat.”

As they sailed along the shore of Oahu, Ira said, “I wanted to assert some control over this damned disease, to have victory through death.

And I have to admit, I'm terrified of what I'm facing, dementia, pain, but today I've been surprised by joy, by absolute twenty-four karat rapture, so I've decided to ride each moment left to me. Whatever lies ahead—so be it."

Stokes sat next to his deadly canisters, calibrating his costs, while Theresa's soul reached out in yearning for a shore on which Stokes did not stand. She opened the bag of plumerias and scattered the flowers to the wind.

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Twenty Years

Robert Oldshue

A writing teacher once told me that he'd written (and sold) a half-dozen articles—all different—about the same event. A teenaged girl had been injured in a car accident and had lain comatose in the hospital for several months before recovering. Too much time has elapsed, now, for me to remember which of his articles went to which magazine, but most of them were magazines I knew. The story of the accident itself went to the local paper. The story of her treatment and dramatic re-awakening went to its Sunday supplement, *Parade* or something like it. The story of her return to school and attendance at that spring's junior prom went to *Seventeen*, and somewhere along the way there was a made-for-television movie and an article in either *People* or *Reader's Digest* and then a new set of articles about the family's sudden fame and the parents' resulting divorce and the girl's dependence on pain-killing drugs—some of these for the same magazines that had published the earlier, more inspiring versions.

But were all of those different stories *true?* I asked my teacher.

Every word, he replied.

And while I didn't (and still don't) believe him, I've come to believe his point.

An event is not a story. Neither is a series of events—a car accident and the series of accidents or non-accidents that follow it. A story requires a teller, a point of view with a stated or implied set of values. These values determine its conflict, rising action, climax, and resolution, and each of those changes every time the teller and his or her values are changed. So, to tell the story of my infection with Hepatitis C, I must decide how to tell not one story, but several, because I was, during my twenty years with the virus, different people with different values and, therefore, different ways of putting things together.

The facts are these.

In April of 1985, while a third year medical student at Case Western Reserve University in Cleveland, Ohio, I was doing a clinical rotation in surgery at the Wade Park V.A. hospital and stuck myself with a contaminated needle. I don't remember the needle-stick itself, as there were several that year, and such events were (until the 1990s and universal blood precautions) largely ignored. I do remember that the symptoms began – probably a day or two after the stick – on Easter Sunday while I was on-call with a surgery resident, who was initially reluctant to let me leave. Surgeons *never* allow students to abandon call, not on a Sunday, not on a Sunday that was also a holiday, one my resident wasn't getting. But I was periodically doubled over in pain, and there was little he could do. I was suffering the first stage of my illness, one I mistook for a twenty-four hour flu until several weeks later, when, at the start of my obstetrics rotation, I turned yellow. I went to the campus health service and was diagnosed with "Non-A, Non-B Hepatitis," the designation for the yet-to-be-discovered form of hepatitis I actually had. I was sent to a faculty hepatologist who told me that my liver would recover and that I'd most likely be fine, although I could never again donate blood. Relieved, I went back to obstetrics and my fourth year of medical school and my years of internship and residency, only occasionally remembering the whole thing until, in 1990, having completed my training, I began to use the episode in teaching.

After seeing a patient in the outpatient clinic, students would come to me frustrated.

"This guy's all over the map," they'd complain. "He says his chest hurts but he can't tell me for how long, and he says his vision in one eye is going bad and that it's somehow related to his chest pain, but he can't tell me how. And then he starts talking about his knees. I don't know what he wants or why he's here or what he expects me to do for him."

They'd finish by telling me that the patient was a "poor historian," and I'd tell them that everyone who's sick is a "poor historian." I'd tell them that I was sick, once, as if the whole thing were over. I'd tell them about my hepatitis and share the fact that I ignored both yellow skin and brown urine until they were noticed by somebody else. I'd tell the students that, yes, some patients are limited, whether educationally or intellectually, but a nonsensical history can sometimes act as a sign, something like smoke in a house not yet known to be burning. I'd tell them that to be sick, really sick, is to be afraid, and that people can only share those parts of their history they're ready to face. Hence the chest pain that might be knee pain. Hence the indigestion that might be what the patient ate a day ago or a week ago, or maybe didn't eat at all.

And hence the first story of my hepatitis.

However frustrating they may be, patients are lost in a hall of mirrors (remembering this but not that, remembering only the information we least need), and our job is not to hate them for being lost, but to extend a hand and lead them out.

One day, I told a medical student this, and she asked if I'd heard about the new test.

"What test?"

"The one for Hepatitis C," she replied, which I had heard of but had chosen to ignore.

When the results came back positive, my story—my first story—failed, and I found myself with a new one, with a new teller and a new point of view and a new set of values and a new everything. No longer the scarred but triumphant survivor of medical training, I was the victim, the failed Samaritan, the poor guy who'd worked so hard to get into and through medical school and then residency and board certification just to find that he hadn't made it after all. I wept. I screamed and pounded the steering wheel while driving home that night. When I repeated the test and it was still positive, I wanted the alternative, second-generation test, and when that too was positive, I went to see a hepatologist, a new one, a "smarter" one, I thought—one more likely to tell me what I wanted to hear, but who gently confirmed most of what I feared. With the new test, a new population of patients was being identified, and the early conclusions about their fate were pretty bad. Although Hepatitis C is less severe than Hepatitis A or B, it's much more often chronic, and many cases seemed to progress over twenty or thirty years to cirrhosis and death, unless the patient was lucky enough to receive and survive a liver transplant.

Left with no treatment, nothing but the promise that one might someday be available, I re-entered the hall of mirrors I thought I'd escaped. I would first convince myself that I was fine—that the information about Hepatitis C was coming from academic centres, where the patients were sicker and would fare worse than young, healthy people like me—and then I'd convince myself of the opposite. With perfect illogic, I'd switch from terror to devil-may-care, sometimes several times a day, but was never without *some* story, *some* logic, *some* sense of progress, whether forward or back. I needed a narrative that could act as a shelter, and having two, I ran from one to the other depending on where the Big Bad Wolf was and how terribly he was puffing.

And before long, I'd started work on a third: an angry, if toothless, *j'accuse!*

Things like this don't *just happen*, I thought, once my defences were ready to re-form. They're somebody's fault. Somebody was supposed to be watching, keeping me safe, keeping us tuition-paying medical students from wandering out onto the wards and falling into the traps any truly caring system would have spotted and removed. I focused on the surgical resident who'd been reluctant to let me leave that long ago Easter Sunday. I replayed my interactions with the hepatologists, the first one especially. Abrupt, I decided. Uncaring, or at least, insufficiently sympathetic. I remembered the first of my third year rotations, medicine, where a nurse told the new students the rules of the ward. She'd made a particular point about drawing blood. She'd said that she disliked students who drew blood and then put the syringe and the needle, still attached, in the one needle disposal bucket that served the whole floor. The syringes were large and weren't dangerous and took up much needed space and should be detached and put in the regular trash. But there was something even worse, she said: students who walked from a patient's room to the needle bucket with their used needles "uncapped" posed a hazard to whomever they passed in the hall. After pulling a needle from a patient, we were expected to replace the plastic, protective cover. This practice was subsequently discovered to be the point at which accidents like mine most frequently occurred.

This story, my attempt to absolve myself by blaming everyone I could think of, was the weakest of the three and, generally, the least useful.

After all, the nurse had told me nothing that wasn't correct at the time. My hepatologists had been of little help, but there was little help they or anyone could have given. However disgusted, the surgical resident had let me go that Sunday, even though it meant he'd had to do all the ward chores and write all the Sunday admission notes himself, a considerable annoyance. And he hadn't known. Neither had I.

As soon as hospitals saw what was happening, they changed their blood drawing procedures and apparatus and put one or more needle buckets in every room rather than one on every floor. And anyway, what should any of my residents or the nurses or any of my other teachers have done to protect me better than they had?

"Now, Bob. This is a needle. You're supposed to stick it in the patient. Don't stick it in yourself."

In any case, this story was quickly replaced by a fourth—of all things, a love story.

The medical student who suggested the test for Hepatitis C was a woman I was dating. It was the first and last time I had a relationship with a student, and she is now my wife and the mother of my two children. Our relationship was, if technically unethical, otherwise virtuous. It had to be. The risk of breaking the medical school's code on sexual harassment was dwarfed by the risk we were taking with my infection. Although the risk of transmission between a monogamous, long-married couple is low (a few percentage points over a lifetime), in the early 1990s, the figure was yet to be established and the estimates then were much higher. From the first, we had to talk to each other in full, honest sentences about who we were, what we wanted, what we had to offer in return, and which things were likely to change and which to stay the same. We had to discuss what intimacies we enjoyed and how much, and which we could delay, until suddenly, we were comparing the risk of co-infection to the other risks spouses inflict on one another. Divorce. Substance abuse. Spousal and child abuse. Even the risk of being a bad driver and killing your spouse in an automobile accident or having different interests and boring him or her to death. By the time we were married, my infirmity was such a part of our relationship that my successful treatment in 2005 brought an odd sense of loss. Yes, I was and still am delighted. Yes, I no longer feel a kick in the stomach every time I drive past a V.A. hospital, anywhere in the country, all of which look unfortunately similar. But my wife and I are no longer Rodolfo and Mimi singing our way through *La Bohème*. We're no longer Pyramus and Thisbe trying to spot each other through a wall of CDC-mandated bodily fluid precautions. We're just another middle-aged couple trying not to overeat. And then there are all the other things I didn't notice when I was sick: the spread of HIV, the rise of terror, global hunger, global warming, not to mention not-so-global problems like leaky gutters and broken windows and doors that squeak or don't close and kids that need to get to school and then to soccer and baseball practice and skating and piano and dance lessons.

Imagine my pleasure when, in 2007, more than a year after treatment, I found all my old needles, the ones I had used to give myself a total of forty-eight weekly doses of Interferon.

Aha! I said.

Another story. One last narrative. A final chapter, or maybe epilogue.

I had missed a required flu vaccination at work, so I brought a dose home and administered it myself and, afterward, wondered what to do with the syringe. This is when I suddenly remembered that sharps container, the personal one I'd been given by the mail-order pharmacy that had supplied my Interferon injections. After each one, I would put the needle in the bucket and close it and put it back in the unmarked cardboard box it had come in and put the box high on a shelf in a corner of the attic. The idea was to hide the needles from my children but, apparently, also to hide them from myself. Embarrassed, I called the pharmacy and asked what to do. I couldn't put the bucket in the trash, I thought, not when I knew the needles to be infected. What if a trash collector found it? What if he dropped it and the bucket fell open on the street? The pharmacy told me to bring it to a hospital or, if I preferred, to any fire station. I thought this was odd, but I stopped at the station on the corner anyway and asked.

No! The fireman on duty replied, as if, in his line of work, he heard a lot of crazy questions but mine was about the craziest. So I called my hepatologist—my third and, hopefully, last hepatologist—but his nurse said that she couldn't help either. She said (incredibly) that she'd never had a patient ask, and suggested that I call a local pharmacy, which I did, but they too said they couldn't help. The trash should be fine, they said. But to me, it still wasn't. Having been injured myself, I couldn't be casual about the risk of injuring someone else. So I asked my boss if I could bring the needles to work and dispose of them by whatever means our clinic disposed of needles, and he agreed. He said I could bring my bucket to the clinic and simply empty it into the bucket in one of the exam rooms, and I almost did. Unfortunately, my bucket had only a narrow opening, too narrow for me to simply invert the bucket and expect the tangle of needles and syringes to slide out. I'd have to reach in and fish them out, which meant that I'd have to risk sticking myself again, which I couldn't because I knew that my infection with Hepatitis C in no way protected me from another infection with Hepatitis C, even from *my own* Hepatitis C infection. That's why it's so often chronic: it generates an indicator antibody but no curative or protective antibodies—none that could be used, for example, to create a vaccine.

Was it a sign? I wondered. Was the risk of handling my old needles telling me something about the risk of handling my old stories? Are stories told and re-told until the teller, rather than the story, is complete?

Was it time to move on?

I now live in Boston and was informed by the Massachusetts Department of Public Health that, yes, so long as needles are in a puncture-proof container, the curbside trash is an acceptable means of disposal. The next morning, I took my needle bucket and sealed it with duct tape and put it out with the rest of our trash and went back in the house and got to work on some writing—this remembrance, among other things. Several times I heard the roar of a truck in the street and went to the window, only to be disappointed until, about noon, I looked out and saw the trash truck. A stocky man with short white hair took one bin and dumped it in the truck, while a younger, taller man in a baseball cap took the bucket of needles and dumped it in, and then our old Christmas tree, and then, after the white haired man had pulled a lever that crushed the trash, the truck roared on, down the street and was gone.

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The Jew in the Body

S.L. Wisenberg

I grew up in a religion in which my first prayers, when I was four, five, six—described experiences of the body. I memorized the Hebrew blessings recited upon seeing the light of the Sabbath candles, the blessings before eating bread and before drinking wine—or grape juice, as the case was. The nightly prayer my father taught me mentioned not the soul but the body, the senses. Hear, is the first word. Hear. Listen. The rest of that prayer, the Shema, has to do with remembering the words of God by signs on your arm and in front of your eyes. We are a literal people. Because of the words of this prayer my father would, during morning prayers, wrap the straps of his tefillin around his fingers and arm and around his head. The box goes on the arm so that we will remember that with a strong arm God took us out of Egypt. My father did not put on tefillin every weekday morning, like his grandfather (who had been a Hebrew teacher in the Old Country) did, or probably did, but my father knew how to lay tefillin, as it is said. And on Friday nights my father said the extended kiddush following the prayer over the wine, a familiar paragraph that includes “zecher litsiat mitzrayim,” in memory of OUR liberation from Egypt. We remember our liberation from Egypt. And lest we think this liberation happened to someone else—our ancestors, for example, back in the days of the pyramids—all we had to do was wait around for Passover, where we would be reminded over and over that we were celebrating our own deliverance from slavery. We defied the words of Heraclitus, who said that a person could not step into the same river twice. Every Passover we stepped into the Red Sea, and every year, it parted.

Just to drive the point home once again, during one Passover in the 1970s our enthusiastic rabbi started dressing in white and leading his troops along the concrete-sided Braes Bayou in Houston, re-enacting the escape of the Jews, re-enacting what took place in Egypt, collapsing time. He did it the next year and the next, so that each year his congregants were following in their own footsteps, repeating their journey, from their liberation from Egypt, millennia ago.

An aside: Any talk about the Jewish body would be remiss without a mention of ritual purity—especially the laws regulating women’s bodies. Married women are supposed to immerse themselves in the mikvah after their periods. But since our family didn’t pay attention to these rules, I won’t go here. And if you look at any fundamental practice of religion, you will find restrictions and regulations about women’s bodies.

Along these lines, you may be shoring up an argument in your head that ALL religions address the body, and especially if you grew up with a crucifix in your bedroom or classroom, you grew up in a religion of the body, MORE of the body than Judaism. Furthermore, we're the ones who dismiss the body of Christ and all its torments and miraculous feats. Indeed, a standard Yiddish expression of skepticism is, "Nisht geshtoygen, nisht gefloygen"—which means, "it didn't climb, it didn't fly." "It" refers to Jesus, made inanimate not out of disrespect but in order to throw off the goyim, non-Jews, so they wouldn't have the slightest excuse for violent retaliation. Jesus: not the son of God, not, according to us, the lord made flesh.

You could argue—the ritual bath aside—that we are the people of everything BUT the body, considering our Biblical heroes who keep breaking idols, and Judaism's lack of statues, and until recently, our lack of depiction of bodies on stained glass. It might be true that we're the ultimate dismissers of the body, and maybe that was true for a long time. Except.

In Sunday School, where we learned our history and occasionally talked about ethics, we talked about a different kind of Jewish body, not the ones that recite a blessing upon making light or on smelling sweet Havdalah spices, or the ones that feel in their bones the liberation of the Exodus—but the unmoving and disappeared Jewish bodies from another decade and another continent. Jews are enjoined from worshipping graven images, but that is what post-war Jewry has done, worshiping at the shrine of Auschwitz, worshipping our second cousins twice removed, whom we never knew, who didn't get on the boat with our grandparents in 1910, and who couldn't get on a ship in 1939. Theirs was the road not taken, theirs was our true destiny—avoided. Our six-million martyrs and saints. Unlike the Catholics we don't pray to our saints. Instead we beg their forgiveness—

For living.

We weep for them.

We procreate for them.

We are grateful—because they gave us an essential ingredient in the American post-melting pot. They gave us victimhood.

And in the early 1960s, as a near-sighted eight-year-old girl, who had had asthma since she was only a few days old, I knew that without my glasses and my asthma medicine, if, or when—it was just a matter of when—I was taken away to a concentration camp, I would die immediately.

As I was meant to.

Because of this, or concurrent with this, THIS being the communal burden of the Holocaust, and THIS being furthermore the personal burden of asthma, the burden of self-consciousness that was brought early to my breathing—which should be an unconscious, easy, untrammeled and unnoisy practice—here has been a voice inside me since always. A voice from my body, a silent voice inside my body, since always, telling me: You do not deserve to live.

The voice says, You wouldn't have survived the camps. If your parents couldn't afford your medicine, if they couldn't afford the therapy machine you use for breathing, you would be dead. And why do you deserve the machine, the medicine? It is only money that keeps you alive and what did you do to deserve that money? The voice says that the artificial, the manmade, is keeping me standing and breathing and seeing, that so much has been given over to keeping me alive, that it is unfair, it is simply too much, too much, that too much of the everything of the world is being used to keep me breathing.

The voice asks: How do you justify all that has collected around you to keep you alive, except to devote your life to the care of others, to the welfare of others, you must sacrifice yourself, all of what makes you you because what you have you don't deserve. You will never deserve it—IT being your life—so that the making of art is out of the question; its utility has not been proven. If what you deserve is to die, then you don't deserve to be a writer.

So is it any wonder I write about the six million?

•

I know a woman who works with torture survivors. She says that trauma lodges in the spinal cord, is carried from generation to generation (in Hebrew, l'dor va dor). So is this voice, one that has travelled up and down the DNA ladders, did this voice originate in our enemies, the Cossack and the priest and the czar? In the haters of Jews? Is this the self-hating Jewish voice? I am often too tired to fight this voice. The battle over the voice is a battle over my life, my writing life. The voice is strangling the muse. The voice is the muse.

To have something in you that seeks to destroy you. Like an autoimmune disease. Like asthma, mine since infancy. Furthermore for 24 years (pre-Prozac) I had a lump in my throat, a tightness around my neck. The only other person I've met who had this symptom said to me, sadly, slowly, matter of factly, My grandmother tried to strangle me. That's why I feel this. But I did not have such a grandmother or grandfather or such parents. This death's grip is metaphorical. And real. And from within. And without. It is as real as the fresh lamb's blood we painted on our doors in the slave quarters in Egypt so that the Angel of Death would pass over our houses. It is as stark and real as the identity cards that the French government required all its Jews to fill out in 1940.

Call it a dark star hiding in my blood. It leads me to contemplate other deaths—in El Salvador, Nicaragua, the antebellum South. In Auschwitz, Terezin. Come see the wooden shelf that was your deserved bed.

Before Dachau, before Buchenwald, before Kristallnacht, there was Kishinev, the site of a pogram, in 1903, a massacre in present day Moldova that the authorities allowed, encouraged, did nothing to stop. Afterwards, help was sent from around the world. Reports were gathered. Hands were wrung. My grandfather remembered, as a little boy, pouring oil from the walls of his house in Kishinev, pouring hot oil down upon the heads of the marauders. My grandfather died before I was born, and I am named for him. My name was born in a city that became famous for tragedy.

Sadness walks through my bones.

Jacob wrestles with an angel, with himself. Afterwards Jacob is renamed. He is too exhausted to do more than tell the story. He does not know if it is a good story or a bad story, a story for children or for angels or for the merchants of death. The angel who wrestles me is death and he comes every day, every hour. What the angel wants from me is bigger than death. He wants to be made to stop killing.

I am afraid that this voice will take me over. But all I have is this voice, all I am is this voice. I forget that I have the prayers too, the blessings, to acknowledge the miracles: of light, of food, of wine. Of good company. The pleasures of the body. I forget that the pleasures of the body can save me. That words of appreciation can save me. That passion can move inside the body, from the body, about the body, through the body. That words can chart its movement. Past and present and present and NOW.

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Bag of Tricks

Scottt Raven

Colostomy is a surgical procedure that creates an opening or
stoma on the abdomen for the drainage of stool from the
large intestine.

In other words my dad has this bag attached to his hip that
fills up with shit
from this big swirly thing inside of him, and he now has to
empty it out or have it emptied out
by a male nurse that comes to his house once a day to change
his dressing and wash his penis.
He also has this gargantuan scar that runs from six
centimetres above his belly button down to his pubic region.

And sure this upsets me, the fact that my father is confined to a
house in Freehold
attached to his own fecal matter, unable to digest most solid foods,
paranoid over the bag breaking or bursting, scared to death that
his incision might get infected, and still worrying about me
finding health insurance…
And I realize NOT EVEN I HAVE THE STOMACH FOR THIS.

I mean yes this was better than dying,
better than cancer cells multiplying, spreading throughout his
56 year old,

now 25 pound-less-body, but it's difficult to watch him bite
his lip in pain every time he stands up or wait for him an
extra three minutes to get to the door when I arrive to spend
the day with him.
I'm finding it tough to see him grasping at his side in intervals,
checking to see if his new body part is still attached.
And I have to turn away, cuz NOT EVEN I HAVE THE
STOMACH FOR THIS.

It bothers me that I have to put on his left sock because he
can't bend down to do so himself yet, and do you think I
want to hear him saying every five minutes or so,
"I wouldn't wish this on my worst enemy." I mean what can I say?
So I say nothing, and we watch old movies like the *Hustler*
with Paul Newman
and some early Pacino flick where Al's blind as a Batman and
Chris O'Donnell, who played Robin, takes him all around town.
And when I doze off on the couch, he actually makes me lunch
and microwaves some leftover meatloaf that's waiting for me
at the kitchen table when I awaken.
And this is disgusting—
No, not the meatloaf but this
which not even I HAVE THE STOMACH FOR.

I gobble it down guilt-fully, and all I can offer is to refill his
water glass.
To further compensate I go out in search of a newspaper,
but contemplate not giving it to him.
Alonso Mourning's on the cover—
they say he's got kidney disease and will never play pro-
basketball again.
Well my dad now has no colon, and I don't want him to have
to take care of me ever again.
Here he is considerably sick at his absolute most humble,
beaten and weakened by a life saving procedure,
and I'm the one WHO DOESN'T HAVE THE STOMACH
FOR THIS???

So in that single afternoon I grow-up more than I have in 4 years of college
and 3 years of floundering.
I realize no one should be there to baby me, pamper me, or put my socks on,
until I'm at least 55 and am blessed (fingers-crossed)
with a wife who actually wouldn't mind doing that.
So I cherish every food I can still eat, stay healthy,
and make my Dad dinner at least once a week.
Together we stomach each other's company and savour every second.

Scottt Raven is an actor, poet and the co-founder of Mayhem Poets, a travelling trio of spoken word artists performing around the world. He's also the author of *Sconnettts*, a collection of Shakespearean sonnets based on his relationships. He lives in NYC with his almost-wife and fictional dog Spott. Email: ScotttRaven@gmail.com

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April Fool's Day

Shati Elke Bannwart

This account is based on real life. Names and localities are not mentioned for reasons of privacy.

HE

The room is soaked in the grayish powdered light of a fading moon. By rolling my left eye from one side in an arc upwards and then back downwards I decipher the objects around me. I repeat this tiny oblong circle several times, delighting in the ability to move around in this room by moving my eye, the only part of my body that follows my will and intention.

Every night I wake at about this hour: four o'clock in green electric numbers that colour the desk at the foot of my bed. The moon shadow of the pole with intravenous dripper reaches like a clumsy finger towards the blue-rimmed bedpan and "diapers," and then it crawls slowly along the plastic tray where the medications are stacked according to colours, starting with a mustard yellow at the bottom and stepping upwards through sage green, tomato red and plum purple, bland white sits on top. Black is missing. Nobody colours medications or their containers black, as it is associated with death. I'm not dead yet, I want to live. I want to live. My body is mostly unresponsive, but all of my senses are alert: I smell, taste, touch, hear and see. I perceive the scent of food and spices and the sweet sweating skin of the woman who sleeps beside me. I taste my own saliva before it oozes out between my open lips. I feel the sleepy touch of the woman's hand on my skin. When she follows the contours and folds of my body with her hands, like this night, she knows how to restore the celebration of this man I am, or was, before the radical stroke. The French call it *maladie de l'emmuré vivant*, or the walled-in-alive-disease. It is a condition in which I am fully aware and awake, but cannot move or communicate due to complete paralysis of nearly all voluntary muscles, except for my eyes.

I can think clearly. I am alive, my SELF still exists but it is held imprisoned inside my own body.

The moon shadow of the pole has crawled toward the wheelchair. I don't want to call it "my wheelchair," I reject identifying with this machine, I refuse to admit that it is part of my body. *My* wheelchair, *my* medications, *my* stroke, *my* imprisonment. I am caught in this *I* and *I* and *my* and *my*. This is solitary confinement.

I am so cared for from morning to late, that I spitefully imagine, during these gray hours of the night, that I might wake up one day and be abandoned, neglected, and forgotten, and thus be free of "help" and compassion. I despise compassion it hangs around me like curtains made of rotten sails, stained by the mold and trauma of disaster. I exude the musty stench of dependence. During the light of the day I ignite irritation and compassion in visitors, they are shy and often clumsy; they turn towards me as an object of their concern and then they turn away because I am *the freak*; I trigger their curiosity and fear, they are glad not to live in my carcass. During the days we keep the sense of dignity alive; *we* are a triangle; my lover, my nurse, and me. Dignity is expected from patient and caregiver. But the night is mine: I dream of being untamed, wild, unkind, rejecting and sticky with decay and repulsive odors. I feel tired of behaving well, of being grateful, tamed and appropriate. During these hidden, uncanny hours of the vanishing night I want to embody and admit the horror of my state and allow it to reveal its suffocating grip around the throat of the powerful person I was and still am. During the night I catch a glimpse of God; I see Him disappear just out of the reach of my inner eye. He's letting me know his presence. We sealed an uncanny contract, a bond that fills me with ecstasy and glee.

Death has been waiting patiently for many years. I linger, ecstatic to live in both worlds, Death allows me to choose the day when I am ready to pull the other foot across the line. I never cared much for this body of mine. I used and misused it as a source of pleasure but felt bored and annoyed when having to maintain it; the dread of daily upkeep was bothersome. That task has been taken on by my devoted nurse of seventeen years and by my lover. I celebrate being relieved and freed from that habitual assignment of civilization.

The woman at my side moves. Her loving hands masterfully shape the landscape of my pleasure and draw the map of my body so that I remember myself. I don't know how she weaves all the strands of our romance into a whole story. She creates and untangles the fabric of this bond like Penelope waiting for her beloved Odysseus.

She moves and my groin tingles as I remember the texture of her hair. Wherever our skin touches and rubs there is *outside*, there is sensual freedom. Our sex is clumsy and thrilling, absurd and frivolous. Her weight on top of me gives meaning to the unmovable bulk of my body. Oh, I feel how her heavy leg crosses and then slides away from mine; she is flesh and I am wood, she is woman and I am tree. Now she puffs feathery snores out of her slightly open lips. Those snores accumulate in the air and gather in piles in the corners of the room and between the objects. I am unable to produce any word or sound; my breathing and my vocal cords don't synchronize. I am a musician, but my Muse is strangled.

The puffs of the woman's snores delight me and turn me on. They take on the shape of wriggling creatures; they interact and move like dancers on a stage. Now they stumble and fall, get entangled and plummet to the ground. If I were able to, I would burst into laughter.

SHE

With eyes still full of night, I strain to lift the lids. Every morning I wake up from the dream that he is still alive, my husband and companion of thirty years, my beloved and friend. Those thirty years of marriage left his imprint in my flesh, in my thoughts, my voice and breath. Thirty years of shared life were abruptly altered that morning, three years ago, when we sat together at the breakfast table. He suddenly gurgled and screeched and then he fell backwards, pierced by the calamity of an inexplicable stroke of fate. That moment was followed by nine months of grim wrestling with decay and death. Nine months of my desperate attempts to reach inside the flesh-and-blood cage where he, the man and companion, was still present. After nine months his ability to fight was exhausted, he died.

I reach to my left and touch the chest of the man beside me. And then I remember this new man in my life the stranger whom I befriended and learned to love. I slid into our bond with force, moved by destiny, like a salmon swimming upstream to familiar waters; in this case they are the waters of disease, struggle and grief. Inside the walls of his diseased body this outstanding man is vibrant, creative, lustful and demanding. I am outside trying to connect, reminded of my dead husband and partner. In my heart the two men merge.

How did I get caught in this room and in his life? How did I slip into my old role as caretaker with a new man? How did I get ignited by this new love story? How will I untangle myself from the cosmic loneliness in the inner space that enfolds this man, who attracts me and lures me into his cave? We are talking about marriage.

When I encountered him for the second time, he signalled to me: “Kiss me!” and so I did, because I was attracted. He sends me flowers and poetry. He dictates it slowly with help of his nurse, a letter-board and the blinking of his left eye when she points to the right letter.

My hand touches his hip, and I am amazed how much excitement such an ordinary gesture holds when experienced from the place of knowing physical impairment. When I wipe the saliva from his chin or rub his shoulder with my cheeks, I live for both of us. When I wash his penis or chest with a soft sponge, I feel his pleasure in my own body. The hundreds of daily burdensome or delightful procedures I am able to do for him every day seem like a dance of grace to me after I have witnessed the restrictions of the disease, that strangled the two men I love. Nothing is the same; I am changed through these encounters with disability. My own window to the world was opened as I observe this extreme human limitation.

WE

I demand that they stay inside the reach of my eye. The two women, my lover, and my nurse of seventeen years, move from kitchen to bathroom and back, and I require that one of them be always in the room with me. I don't trust them. I don't trust this woman and the nurse. The dark shadow of doubt brushes and whips the inside of my skull like a wolf's tail. Suspicion and distrust are the opposites of love or they might be part of it? This love has lasted for two years; it is a love that makes me greedy and ravenously hungry for her attention. I am squirming under my own terrifying attacks of envy and jealousy.

I observe the two women together: how they lean shoulder to shoulder when they turn me over and straighten the linens. How they exchange glances without words. They have secrets. Their secrets exclude me. I am excluded from life outside my walled-in place and cannot tolerate being banned from their intimacy. I feel screeching panic when they move into corners where I cannot control them, beyond the reach of my left eye. Their mutual focus on me bonds them intimately; they are joined into one fluid ballet of caring. They circle around me and I am stuck in the centre. They indulge in each other's warmth, loyalty and womanliness. Their concern for me weaves a net around them, a fabric of charged feminine mystery.

Oh, my demons! They whisper in my brain: "Did you see how their hands brushed against each other? Did you observe their hips touch and halt for a second in intimate closeness? When they prepare the bed for your lovemaking, their cheeks flush with excitement. See how they gasp for air and close their eyes with delight." "It's better to be alone," says my demon, "than to be witness to this intimate, vibrant, radiant feminine bond.

Exclusion from their intimacy will suffocate you like hot ashes in your throat, but solitude is cool, quiet and peaceful."

I usually get what I want. I am a force of destiny, I demand and I am entitled. But I have become weak and nimble. Caught in the net of these women's attraction for each other. I am lost and knotted into a spider's web of resentment and rage. The flow of the energy currents in this room has changed. The engulfing stream of these women's attention towards me is dwindling; they now fold their loving around each other. Their passion for each other drains my pool. That loss of energy tears holes in the fragile fabric of my life. I begin to sink and shrink, the lacy edges and ribbons of death and decay are encircling my prison house.

I am caught in my obsessions, imagining how the two women undress and stroke each other's bodies, touch skin to skin, suck each other's fluids and lick the sweat on their temples, rubbing and sliding along the curves of each other's flesh. I luxuriate in my ravenous fantasies.

If I cannot get what I want, I will construct what will destroy me. I will free myself from the fire of suspicion that clouds my brain. And so I take the last painful but liberating stance in my life: I fire the nurse who cared for me for more than seventeen years. I force her out of my room and out of my life. She bonded me to my physical existence by accepting me in all my royal and disgusting ways of being a powerful man in a dilapidated body. I cut her loose; I rip her out of my existence. She is the one to whom I dictate my letter that terminates her services.

And I let the lover go, the beloved woman and companion. The woman, whose hair covered my face when she mounted me. The beloved, who kissed my distorted salivating mouth. The partner, who massaged my crippled feet and fingers. I take command, and I take revenge. I free both women from the grip of compassion that bonded them to me.

And now, I sit in my room that is saturated with cool solitude, stillness, and loneliness. Death crouches patiently near the window and watches the fading moon. I have fooled him with lovesickness, wilfulness, and genius, and in turn he showed compassion for me. But I don't accept meekness; I would rather have grandeur and humour. Today is April Fool's Day. I give Death a sign: looking at him with my left eye, I blink once, signalling, "Yes!" He scuttles from the window towards my bed, and I step into the moonlight on the floor without casting any shadow.

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Suzanne Edison

Anchored in the alpha of mothering
constructing a house of dreams—untracked slope
of hope, air lit by prospects:
kid-days of dress-up, sports,
friends and school.

He will grow up
and marry, he will be whatever
he wants.

He runs
and shouts with his sister, their breath fogs
a *snap* of winter air,
bare trees crown, climb into blue.

A tweak of gene, tidy replication
missing one number and muscles atrophy.
Illness makes a mockery of life-vested cocoon.

He will be
what we cannot hold.

He sits more, so do we, closer
to coronets of daffodils their waning

cheer pollen-laden, teams of summer bees
in striped jerseys, fallen
autumn apples bruised but edible.

My body the only constant.

I carry him up the stairs, splayed
as a deer across my shoulders,
snare of his heart beating
against my neck.

Suzanne Edison's work appears in various places including her chapbook, *The Moth Eaten World,* Finishing Line Press, 2014; *Spillway*, Dec. 2013; *Pontoon* #6 from Floating Bridge Press; *The Healing Art of Writing*, *Vol. 1*; *Blood and Thunder: Musings on the Art of Medicine; Face to Face: Women Writers on Faith, Mysticism and Awakening; Pearl; and Crab Creek Review.* She lives in Seattle, Washington. Website: www.seedison.com

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Amity

Susan Taylor Chehak

Yes, I knew what was wrong. And I knew what had happened, and I knew my name, and I knew where I was, and I knew who you were, and I knew what you wanted from me, too. I would have said so if I could. Not that I had anything to prove. Not that I wanted anything from you. Just to put you at ease, to let you know I was all right. The words were there, but I couldn't get to them. They were trapped somewhere beyond me, and somehow they formed and floated, but when I tried to catch them with my tongue, they dissolved. I know what that must have looked like: me flopping my mouth open and shut like a landed fish. You would have liked to conk me on the head and be done with it, I knew that too. I could see it in your smirk. You'd have liked to give me a good kick. At least a good rattle—the way you used to shake and shake your dolls. You see, I was still there. No matter what it might have looked like to you.

What had happened to me was only a failure of body; it was not a problem of mind.

•

I was sitting in my chair, as always. I had been doing the crossword, as was my habit. Searching for words, even then. Eating mints for breakfast, and maybe that was wrong, but I would have had the protein shake too—later, as instructed. I would have eaten my lunch—cleared my plate. I would have eaten my dinner—same. Waste not, want not—all that never changed. I am a good girl. I do what I'm told. I stick to the schedule. Except: chocolate mint patties in the morning. My secret. And really: who cares?

The first thing: my pencil faltered. Then: my hand froze. The chocolate was melting in my mouth, and I licked it off my teeth, felt the dribble of it down my chin, thought to wipe it with the tissue crumpled in my other hand. Heard the finches at the feeder outside my window. And the sigh of the refrigerator. The knacker of the kitchen clock. The rustle of my fine silk robe.

It was just this: I couldn't move. There was a flutter to the side, where the shadows seemed to shift. Or no, it was more like a light had gone out, down the hall, in the bedroom, in the bathroom. At first, I thought there'd been some sort of catastrophe. The kind you read about in books. A bomb, say. An invasion. Tsunami. Earthquake. Tornado. But the window was bright. The leaves green. Sky blue and not a cloud.

And then it all collapsed. An implosion, like. The world folded in around me. I folded in upon myself.

How long? I don't know. I heard you tell the doctor: *It could have been days*. Before you called. Before you came. Before you found me there.

•

Amity. My daughter. St. Anne's Hospital. Seventh Floor. ICU. Mary. A stroke. A blood clot on a mission of erasure from my leg up into my brain.

•

They've moved me to a private room, because I have the money to pay to be here on my own, no slab of flesh snoring and rotting and passing gas in the next bed. I know I have Ham to thank for this, as for everything else that's ever in my lifetime been mine. I'm grateful, too, that he's not here to see me now.

The doctor has explained that if I feel emotionally overwhelmed, that's due to the situation in my noggin. He spoke slowly, brought his face close to mine. Whiskers on his chin; onions for lunch.

A stroke is a strangulation of an area of the brain due to a lack of oxygen caused by a blockage, hemorrhage, or embolism. Symptoms and aftereffects of a stroke will vary depending on where the stroke occurs. Movement and sensation for one side of the body is controlled by the opposite side of the brain.

I'm not a foreigner, I wanted to say, and I'm not deaf, I wanted to shout, but I couldn't do either, and that's what's what. My tongue is tied.

He's explained that part to me too, and when you showed up, I had to listen to it all over again. You brought flowers and chocolates, books, a crossword, and Brattles too, because that's not only allowed, it's encouraged. He leaped up onto the bed and licked my face and panted and barked. His small paws tramped all over me. I held him in my one good arm, and you beamed, happy to have provided such a thing, then pulled open the curtains to bring in the sunlight too. Vased the flowers, placed the books, unwrapped the chocolates, turned off the TV.

See, Mom, you said. *Just like home*.

Amity. Your soft hands and doughy face. Your blunt-cut hair, dry as straw. A cow, I thought, looking at you. And was ashamed.

•

Now the burden shows itself, because any conversation can only be one-sided. At first I struggled to respond, but I now I've given up and settled back to let you do all the work, for once.

Amity. You were the little girl in the calico dress I made for you myself. Not because I had to, but just because I could. You were the silent one then, as a child, wide-eyed and reserved, never the first to laugh or have anything to say. Instead, you stood back and you faded. Sometimes it was easy to forget you were there. The three of us, you and Ham and me, we were a quiet little family. Over dinner, for example. Eating on the good china at my mother's lovely table. Our small house was just big enough for us, with a sunny yard and a garden for Ham to tend and an extra room for me and my sewing. I am only remembering the good parts, no doubt. There must have been dark days too, but if there were, I can't recall them anymore.

Now that silence seems an obstacle. You do your best to fill the gap of me with your own voice. Mostly complaints, though you wouldn't like to know that. You're in a pickle yourself, after all, with your own kids gone, the last one off to college, and your own house—much bigger and noisier and messier than mine ever was—looming over you, with all its particular requirements and care. Now you're telling me: Frank has left you too. You dab a tear and cock your head, smiling wistfully, then pull a wad of knitting from your bag. Busy hands, I know.

And so that's how we are, then. Me in my bed, clutching Brattles, who's sound asleep. Your needles flashing. The flowers wafting in the breeze from the overhead fan.

And neither of us with anything more to say.

•

The next time you come to visit, I am that much better. Sitting in a chair, so improved I've expected you to be shocked by the nice surprise of at least having the worry for me lifted from what you like to call your *full plate*. They've washed my hair and combed it, even clipped a little pin here at the side to pull it back from my face, so I am no longer the witch I've recently been. Though the pin pinches, I've chosen to consider that a good thing, a feeling I can feel, a reminder to myself that I am here. My hands are folded in my lap, positioned so you wouldn't know one of them is dead weight, entirely useless to me now. My bad leg in a brace. The struggle of dressing minimized by simple clothes, and ample. Plenty of room in these pants, for all of me and then some. Even shoes with Velcro straps—though not very dainty, at least they're new. Bright white. Athletic shoes. As if.

The flowers on the tables and the windowsill pile up. Here is a carafe of fresh water. And books, useless to me now. Magazines, the same. But I refuse the television and sit instead in my own silence, admiring the sparkle of the parking lot below and the blooming trees beyond.

This time you haven't brought the dog along. Your explanation for why not—even the nurses have been looking forward to seeing him—reveals to me the truth. You've got rid of him. My Brattles. When I make a fuss—moaning and gawping and struggling to stand—you admit the truth, then do your best to bury it in another lie.

You've passed him on to a good family. *It's for the best*, you say. *He has a great home now.* You can't be home all the time with him, the way that I've been. He was lonely—which I take to mean he's ruined something, one of your expensive shoes maybe, your furniture, your rug. I close my eyes against the vision of the violence of what I can guess was your response. You would have killed him, I think, and I check your hands for bite marks, scratches, but am relieved to find no such thing—just your perfect manicure instead.

Still, you overdo it so much, simpering, kneeling by my chair, I am afraid you might be about to put your head in my lap. Asking for forgiveness, telling me how hard this is for you.

You're not the only one who suffers, you say. And the nurse, in the doorway, with a tray, meets my look. Pauses. Then creeps away.

•

This morning you've come to visit me again, with more flowers and the chocolate mints you know I like. Bossing the nurses around and making things nice in my room. Offering me a pillow you've bought, with some oriental silk design. It's pretty maybe, but not my style, and I wonder what you were thinking. Still, I hold it in my lap and the weight of it feels good. The fabric is pleasant to the touch. I'm fingering it at the corner, taking comfort the way I used to take it from the satin trim of a blanket when I was a child. Or the silky feel of Brattles' ear lately. No more news on that front. I'm left to picture him happily romping in the green grass of someone else's enormous front yard. Yapping after squirrels. Barking at the sky.

•

You sit across from me. Me in my chair. Feet on the flaps. My leg in its brace and the clumsy shoes on my feet, sized up a notch to accommodate the swelling. The therapist has me lifting my arms up over my head, but I don't like to do it, and I resist and refuse until, with your negative reinforcement added in, he gives up and lets me be. I'm grateful to you for that. Big bossy girl, you've always been one to have your way.

Other news: you've lost your job. Or maybe you quit. It's not clear and I can't ask and it doesn't matter. I'm going to guess you were fired, because it wouldn't surprise me, and it wouldn't be the first time either. *A shit job anyway*, you say, and you can see me flinch at the word but you don't care. Anything for a reaction. Another quirk: wanting a response, doesn't matter if it's good or bad.

You're telling me you've hired a cleaning service to take care of my apartment. Keep it in order, ready for when they let me go back. You've used your power of attorney to write the cheques to pay the bills, and you've been sorting through things too, while you're at it. I don't want to think about what that means—you with your hands all over everything, judging me.

You're the kind of person who will always turn a conversation, any conversation, doesn't matter what it is—politics, religion, the weather, the price of corn—to yourself, to some anecdote in which you are the star. *Oh, that reminds me*, you say. Or, *It's just like the time I …* Or, *I did that once myself.* Or, *Well for me it's …* Turning a conversation into a monologue. A dialogue into a diatribe. I wonder if that's my fault. I am your mother, after all.

Ham and I let you have centre stage too often, maybe. We listened too closely to you, paid too much attention, let you think it mattered who you were and what you had to say.

Ham always said we should have had another child.

But now that I can't talk, it's all lots easier for you. You don't have to work to turn the conversation around to face and mirror you. You can start right there, gazing at your own reflection, with me right here, a captive audience for it all.

When a person can't talk, people will react in different ways. Some run off as fast as they can. They bring a gift, pay a visit, but I can see they're anxious to get away, and sometimes it can be amusing to try to prolong their discomfort. Keep them captive and watch them squirm.

Others assume if I can't talk, then I must not be able to hear either. They shout at me and mistake my wince for anguish, my scowl for grief.

Then there are the ones who try to do my talking for me. Filling in the empty spaces with what they think I would be saying if I only could. These folks I can listen to forever. I never want this one to leave, and I'm saddened when she does—she must, she has other things to do—because I always feel she's taken some vital bit of me along with her when she goes.

You, however, are different. You just talk and talk, creating a drone of information that fills the room, like the hum of the refrigerator or the whirring of the fan. Pretty soon, I don't even hear it anymore and only miss it when it suddenly stops.

•

I am beginning to unfold. A door cracks open. A window lifts. The power will come back in an instant, dark to light, but this is different, a slow seepage of forgotten words. Paradigm. Incubate. Callipers. Penchant. Relegate. They have no context; they're just sounds that float up like bubbled captions. I move my jaw, lick my lips, prepare to speak. Soon. I can feel it coming. Anon.

•

You whirl in with a bag of bagels, coffee, oranges. The unsaid is like a boulder on my chest, making it hard for me to breathe.

Imperturbable.

A fluff of cream cheese adheres to your lip, and I gesture but you don't understand, and so I watch it float there as you rattle on and on, filling up all the empty spaces with the sound of your own voice. As a child, you made noise just to prove that you were there, you were real. Constantly calling out, *Hello!* into the void.

Restitution.
Permeable.
Valence.

The coffee burns and I yelp, which makes you smile.

Fracking.
Querulous.
Eventual.

•

You've decided not to bother looking for another job. Not right away, anyway. You're old enough to retire; plenty of women stop working at your age. Plenty of women your age have never worked at all. You've also put your house up for sale, at a good price because you want to get it done, get it gone and off your hands, because, you reason, there could be another real estate crash, and even if this isn't the best time to sell, it might also not yet be the worst, and you don't want to take chances. Explaining all of this to me as we sit in my room. With the flowers you've brought—always flowers—so many now a person might think, by the look of them all, that someone's died. The nurses twinkle at me: *Somebody loves you, dear!*

Meanwhile you've moved into my apartment. You've cleaned it up, you say. Taken out the carpet—pee-stained—odorous—*How did you stand the stench?*—and replaced it with wood floors. Upgraded the kitchen. *That old refrigerator! Practically an icebox!* Cleaned the cupboards. *I've sorted things for you, Mother. I've simplified.* Installed rails in the bathroom. Arranged the furniture so there is plenty of space for the wheelchair to move around. You had to get rid of a few things to make that work. Set up a hospital bed in the little room that used to be my office. It will be better for me, you insist. A better view, too, of the lawn and the street below. I'll be able to see what people are doing out there. How life goes on.

You've taken my bedroom for yourself.

You'll take care of me, you say.

The words flood in now:

Preemptive.
Comfort.
Possession.
Caretaker.
Undulate.
Sisyphian.
Objet d'art.
Longevity.

I maintain my silence anyway.

•

When I get home, I see all that you've done to make this a place for us to live together. For as long as it takes.

It's only temporary, you say.

I know I should be grateful. I should say Thank you, but I don't. Not because I can't. Because I won't.

I bite my tongue and give it to the cat.

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Channeling Sabina

Telaina Morse Eriksen

> As wolves love lambs, so lovers love their loves.
> —Socrates

He follows a path inside you, decorated since infancy, carefully guarded, whispering to God in apple tones. And then, like Carl Jung, he pauses to excavate what he considers treasure. And after awhile he doesn't even have to ask anymore, you just give. Intoxication is as irresistible as sea salt. Together you encounter myths; masculine, feminine, heterosexual, homosexual. You stop to pray. Oh Lord, I am not worthy. You realize at some point you have become an Irish Sabina Spielrein. Your intellect, which has always been remarked on, is reduced to that monkey who reaches into a trap to grab an apple and nothing holds the monkey there except its desire, and so it is captured, apple still in hand.

You remember how Sabina screamed and attacked Jung with a knife (or was it scissors?) cutting his hand (or maybe hers?) when he discarded her for his wife when she gave birth to his son.

Sabina merely birthed Jung's soul. You know the story never changes. To receive You. He finds a slender place, paper over an iceberg hole, and you understand you are in New Orleans under a Republican Administration, and you've never owned a Range Rover stocked with bottled water. But only say the word.

He will give you all you want, whatever you want, but he has no way of knowing what you want. Though he has walked with you, he always stops at the dream space, a place his ignorance prevents him from entering. But only say the word. He turns and turns again, and you see it was never about you—it was never just your path but how he saw your path in relation to him, and you remember that after Jung fought with Freud and Sabina retreated, Jung became psychotically depressed and almost ended up in a mental hospital. Only say the word.

And like Sabina, you cannot let him go. You have no Freud to tattle to so you settle for your notebooks and a few friends who are baffled by your half-confessions. "You keep going back. And he's not good for you." You lose your figurative language. You eat until you puke. You hear voices. You scratch at a place on your arm until you bleed. Your suicidal ideation becomes relentless. You don't ask yourself what Sabina would do, murdered by Nazis, she is mute. And I shall be healed. With your head bent, a supplicant, you lay your credit card at the front desk, you crawl into his arms, coming home to the only twisted and exhausted truth you have ever known.

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