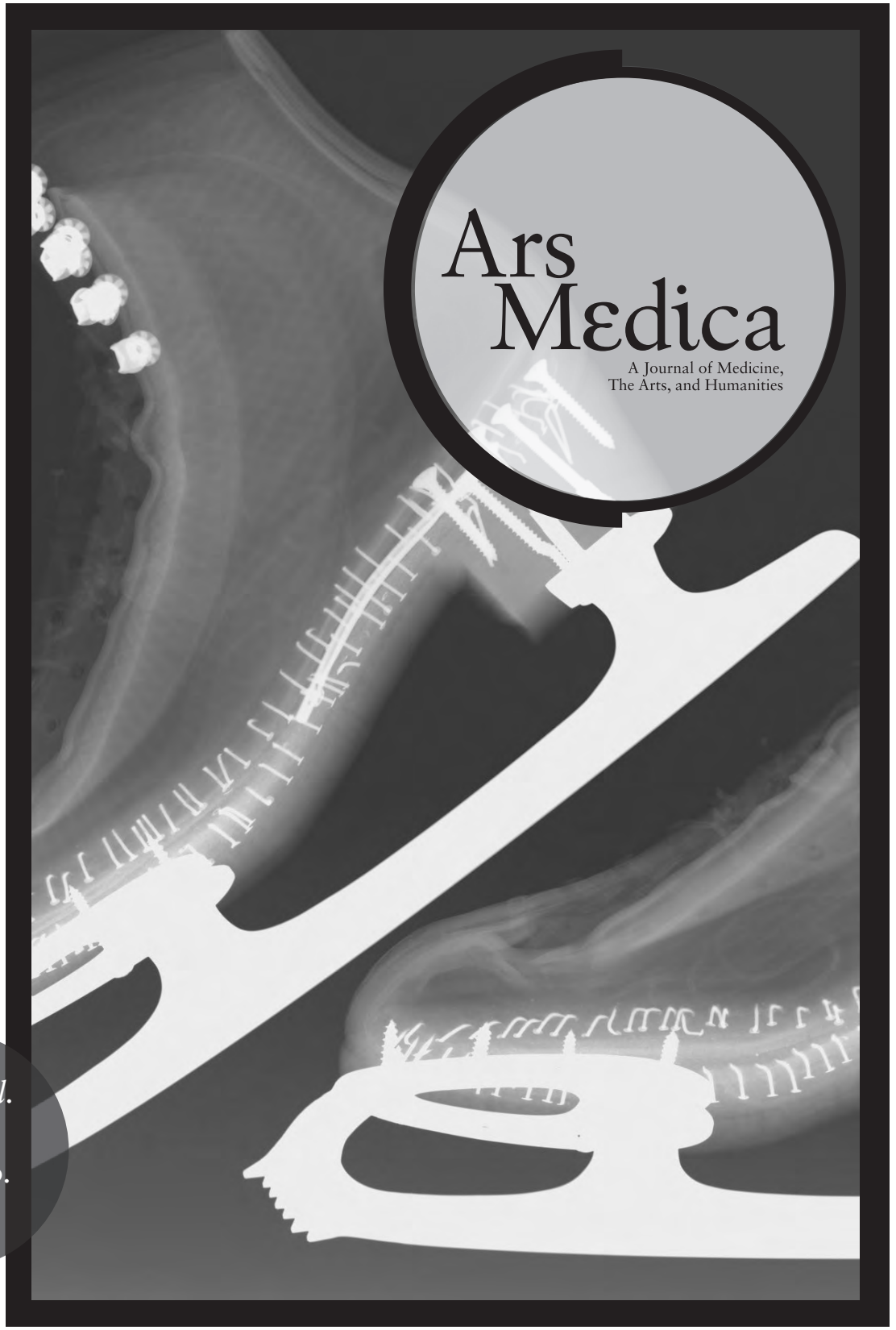

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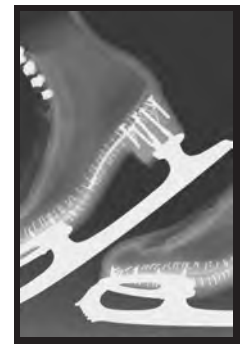
Radiological Technology

Masood Hassan



These X-ray images were produced at the Michener Institute for Applied Health Sciences in a learning activity to provide radiological technology students with an opportunity to develop a better understanding of X-ray attenuation and technical factors. This was a highly successful activity, which the students enjoyed.

Masood Hassan is a professor of Medical Radiation Sciences at the Michener Institute for Applied Health Sciences. He received a Bachelor of Science from the University of Toronto and a Diploma of Radiological Technology from the Michener Institute. He is pursuing a Master of Health Professional Education and works part time at Sunnybrook Health Sciences Center as a technologist.

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Boundaries and Bodies in a Cyborg Era

Editorial

Liz Richardson, MD, FRCPC

> I am making an argument for the cyborg as a fiction mapping our social and bodily reality and as an imaginative resource suggesting some very fruitful couplings.
>
> — Donna Haraway[1]

In the era of posthuman medicine,[2] our medical bodies are cyborgs. But contemporary human/non-human hybrids are not apocalyptic creations from science fiction. Our cyborg bodies are subtle. A person may have a porcine heart valve or an artificial retina. She may be connected to a dialysis machine or to a watch that monitors heart rate and physical activity. Healthcare trainees practice emerging skills on simulators such as a mannequin, with heart sounds recorded from a "real" patient, or on a virtual patient on a computer screen.

Contemporary imaging technologies extend a healthcare practitioner's gaze below the body's surface and bring to light its depths to be named, mapped, and shaped by science. In the era of cyborgs and posthuman medicine, boundaries between technology and the body are more permeable than ever.

Many of the works in this volume of *Ars Medica* foreground the theme of boundaries in healthcare, in particular the boundaries between technology and the body. Masood Hassan's photographic X-rays expose the interiors of domestic objects and reframe the banalities of everyday life as wondrous. But the wondrous X-ray images are also expository ones; they remind us about the vulnerabilities of opening up interior spaces for diagnosis, treatment, and judgment by a dominant medical gaze.[3] Other works in this edition allude to the patient-as-cyborg: tubes taped to a boy's face during a catastrophic neurosurgical procedure (William Orem), a small plastic catheter entering a toddler's femoral vein (David G. Thoele), a premature baby on a ventilator machine (Amitha Kalaichandran), or the prosthetic breast of a breast cancer survivor (Bahar Orang). Cyborgs also represent hybridity between humans and non-human animals. Stephen Gore's story about the wolf underscores how hybridity may lead to fresh perspectives as we "learn from a world turned sideways." Even the literary trope of *metaphor*, which holds together two disparate ideas, is a figurative enactment of hybridity and its resultant creative possibilities. Anthony Mistretta's biker, a metaphor-

ical patient with a terminal illness, demonstrates how metaphors and hybridity lead us to new ideas as he discovers an undescribed route that offers a different path for the dying patient.

The works in this volume of *Ars Medica* explore boundaries and liminal spaces beyond those of the cyborg and its human/non-human hybrid species. The boundaries between life and death seem mutable and messy due to technological devices as described in Chiara Luna's "Letter from a Dead Lover" or William Pence's story about an audio recording. Joy Wasserman's "Unexpected" challenges the boundaries between youth and age, as her protagonist is diagnosed with premature ovarian failure, a reminder that life stages do not conform to the linear diagrams depicted in a biology textbook.

While contemporary cultural representations of cyborgs may be nihilistic, the works contained in this volume of *Ars Medica* unveil the creative promises of cyborgs, boundary-walkers, and hybrid spaces. They put forward a multiplicity of perspectives and unexpected pairings and, in so doing, explore new possibilities for both patients and healthcare providers.

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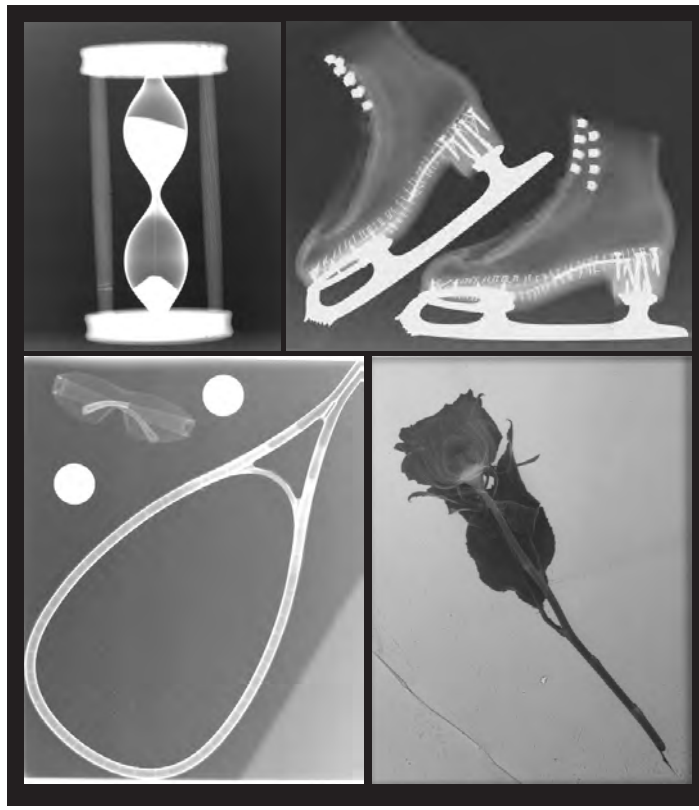

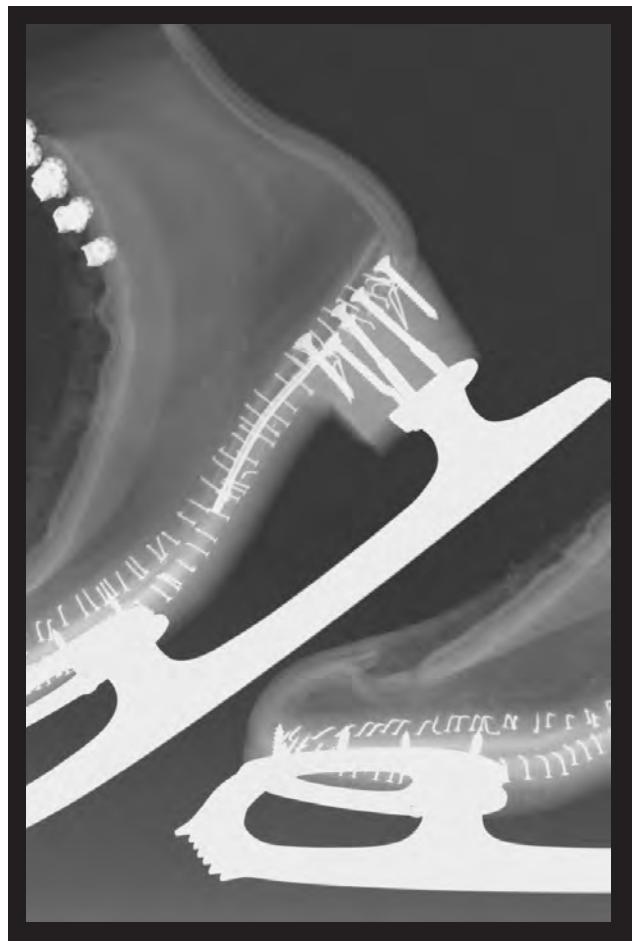

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December May

Chiara DeLuna

I was surprised to find a birthday card from Curt in my inbox. It was especially strange because he had been dead for five months.

And it was a day early. May 11th. The day before my 29th birthday. I had started receiving cards through regular snail mail, but wasn't expecting the usual slough of e-cards until tomorrow. But that, of course, wasn't really the weird part.

I sat in the large open room I shared with a dozen other graduate students, the cold fluorescent light revealing every scratch and smudge on the surfaces of the desks, every tear patched with tape on the secondhand chairs. Hunched forward over the desk I time-shared with two other students, I stared into our dust-covered computer screen. In the fifteen seconds after recognizing Curt's name in the *From* column of my inbox, I gripped the tattered arms of my chair as one emotion after another crashed over me.

Recognition—that familiar name in my inbox.

Surprise—*The header says* Happy Birthday! *That's strange, I didn't expect Curt to remember my birthday.*

Delight—*He remembered my birthday! And sent a card. That's so sweet… and personal. Maybe he wants to resume our old flirtation.*

Confusion—*Wait… This is wrong. Curt is gone. Isn't he?*

Dread—*That's right. He's gone. I remember now.*

Hope—*But what if it's all a big mistake? He didn't really die, he was just really sick, and now he's recovered?*

Despair—*No. He's really gone. I saw him waste away.*

Anger—*Who would pretend to send an email from a dead man?! How sick! And cruel!*

Curiosity—*Who would* pretend *to send an email from* a dead man*? Why? How?*

I opened the email. Then clicked the link to the Hallmark e-card.

Two animated characters tortured me with an off-key rendition of "Feliz Cumpleaños" while I waited for the moment when I could skip ahead to the message.

> Happy Birthday!
> I had wanted to have you for dinner tonight—the dinner I promised but never got around to. But it looks like that's not going to happen. Sorry.
> Have a great day.
> And a great year.
> And I hope you catch a cold.
>
> Curt

The last line was an inside joke. One day when we were working together, three feet apart in the tiny office that he generously shared with me and another grad student, I had stifled a sneeze.

"Ohhhh … noooo. You can't do that," he scolded, a little sternly, a little playfully. "A sneeze is like an orgasm. You've gotta let it go, you've gotta get into it. You can't stifle it."

Just then Jenna, the other grad student, walked in to find Curt giggling and me blushing.

"What?!" she demanded, never wanting to be left out of the joke.

"Oh, nothing," I replied, trying to hold my own despite my flushed cheeks. "Just talking about Curt's cold. He hates to cough but doesn't mind sneezing."

"Whatever." Jenna sounded annoyed, obviously not being let in on the joke.

It had to be Curt who sent it. Not even Jenna would have known that inside joke. Not that she would do something like this anyway. But how did he send it? And when?

His death was completely expected. The prognosis was clear. The radiation treatments he had undergone in his twenties to rid his body of cancer had now caused the cancer that would take him. But the finality of his death—announced in a department-wide email—still knocked the breath of out me. *He died peacefully, surrounded by his family*. I had wept quietly, staring at that email on my computer screen in this same vast office I now shared with so many others. The other students must have gotten the same email at the same time, but glancing

around the room, I saw no particular reaction, and no one noticed mine.

After his funeral, I was haunted by his face, seeing it for weeks in shadows, reflections, abstract art, and in other people's faces. Not his face as I had seen it in those last few weeks, thin flesh over a narrow skull, but his face as I had known it for the last few years, bright-eyed and grinning mischievously, or staring gently and thoughtfully into mine. Was he haunting me now through the computer as well? Reaching out from beyond through an electronic medium? I had to know if he sent that email, and when.

I still had a key to his office. I hadn't returned it yet, even though I hadn't been in there since he had died. I had worked there, finishing up our last research project, after he had stopped working. But our project ended a few weeks before he went to the hospice. And even though it was a nice, quiet workspace, I couldn't bring myself to be in there. So I had taken up residence in the graduate student office, while Curt's office became an unoccupied memorial.

I opened the door to his office and looked around slowly, breathing shallowly, afraid to feel alive. It looked just like it had. It hadn't been cleaned out yet; they were waiting 'til the end of the academic year, still a month away. Everything was where he'd left it. His books, his files, data collection equipment. His computer.

We had so much fun in this tiny office. The department should have given him a much bigger office, considering the size of the grants he brought

in, but it was a political thing. They never gave him the respect he deserved, nor the office he earned. Oh, well. A bigger office probably wouldn't have been as much fun anyway. I had reminisced about it in a goodbye letter I sent him the week before he died. His ex-wife-turned-reluctant-caregiver had sent me a thank-you note on his behalf, saying it was the only humorous goodbye letter he'd gotten, and a much-needed reprieve.

> Curt,
>
> Even though we've only worked together for a few years, you've managed to provide me with the most practical lessons of my graduate education, including:
>
> - how to fit 3 people into one tiny office and still get work done.
> - that one should never underestimate the number of consent forms you'll have to sign in order to get a decent sample size. And relatedly … buy the damn signature stamp!
> - how to analyze my own handwriting, and yours … a short, funny man with a self-deprecating sense of humour.
> - that everyone is political, despite appearances to the contrary.
> - how to get a research grant to pay for a toaster oven.
>
> I've enjoyed working for and with you. I was looking forward to learning more from you.

Here are some of my favourite memories of our time in the office:

- you, me, and Jenna daydreaming about building a loft in the office, in which only I would be short enough to work.
- you buying a toaster oven for the office (on the grant) just so you could make us bruschetta while we worked.
- me almost setting the office on fire because I was trying to make toast, mail merge, print 50 letters, and stuff envelopes at the same time (glad no one else was there for that one).
- you and me making Jenna squirm by talking about hippies, and sex, and anything else "too personal" for such a "professional" work environment.
- sneezing.

May whatever God you believe in kiss you goodnight.

By the time I sent that letter, he had been slipping away for months and was mostly gone. As the cancer shrank his body and the pain depleted his spirit, he became more and more a ghost. The last time I saw him, the shadow of his lively, funny self still played behind his eyes as he hobbled anxiously to check his email. But his energy drained quickly, and his shoulders folded into his chest, shrinking his already small frame.

He had become more affectionate when he found out the cancer was back to stay. Hugs in greeting hello, hugs in parting. Now he hugged me

and I could feel his hands like a skeleton on my back. Rigid arms around my shoulders; cold, stiff fingers on my back. As if rigor mortis had already set in. I could hardly believe this was the same body of the same man with whom I'd worked for the last two years. I couldn't associate this body hugging me with the body of the vivaciously self-effacing man who had been my boss, my mentor, my friend. Usually so calm and resolved, he began to break down as we said goodbye. Maybe he knew it would be our last meeting. I didn't know, but I suspected.

I sat, straddling his chair and leaning forward into the back, like we always used to do. I turned on the computer. It was old and took minutes to boot up. I spun in his chair and stared across the small room at the chair I had occupied for the last two years.

We had laughed so much in this office—at ourselves, each other, at Jenna. Long hours stuffing envelopes and cleaning data turned into conversations about ourselves, and we'd still be in the office an hour after we'd finished working. Straddling our chairs and leaning toward each other, over the months we moved from talking about work and our own paths that led us here, to department gossip, politics, and personal aspirations, then to anything—relationships, goals, insecurities, sex, hobbies, spirituality, and occasionally the study we were working on. Sometimes he drove me home. I never asked him in … I had roommates. Instead, I hinted that I would accept an invitation to dinner at

his place. He hinted that he might invite me one day, but he never did.

The log-in screen came up. He had told me his password once. The name of an old lover, Robin, who had continually broken his heart. I typed it in, and waited again.

I had wanted to know him for a long time. I had wanted to learn more from him than this short twenty-four months and two projects had allowed. I wanted him to help with the statistics in my thesis manuscript. I wanted to publish with him. I wanted to keep talking with him. I wanted to know him better. I never knew whether he wanted anything from me. The last time I saw him, he just wanted to die.

I stared at the screen, not sure what to do next. I needed some indication that he had sent the message—some folder or file—but if I didn't find it, I wouldn't know if it was because he didn't send it or because I didn't know where to look. I opened My Documents, scanned the lists of folders. I clicked on a folder called Personal. Nothing with my name on it, nothing that said "birthday" or even "letters," let alone "letters to send after I'm dead." There were files with the names of other women I knew he'd dated: Robin, Linda, Daria—his last girlfriend, a crazy professor in the Agricultural Department who was the world's leading expert on walnuts and would barely let Curt out of her sight outside of work. He wanted to date casually, but she told him they were going to be together for life. That was three months before he found out his prognosis. It turned out she was right.

I began to feel like a voyeur, or a grave robber. Pilfering the private thoughts of a dead man. I closed the folder and leaned forward, letting my chest rest against the back of his chair. I lowered my cheek to the chair back. It smelled like him—a mixture of his aftershave, old leather, and some unique Curt-scent.

When I looked up at the computer screen again, about to turn it off, I saw the date in the bottom right corner. May 12. His computer was set a whole day ahead. He had done that on purpose, his own way to stay ahead of his deadlines, though it meant he missed a lot of meetings. He had probably used a timed message delivery program to send the card, and hadn't thought to correct the date. When did he write it? How long before he died? How long had he known he wasn't going to be here now?

It didn't matter. He had known. And he had thought of me as he was preparing to go. I shut off the computer. It may contain the last remnants of his thoughts, but not his ghost. He is gone.

With a doctorate in Human Development, Chiara DeLuna carefully observes human behaviour, and loves exploring different voices and perspectives in her stories. Her lifetime goals are to be posthumously famous as the author with the most diverse set of work ever discovered and to popularize the peanut-butter and pickle sandwich. Email: ChiaraDeLuna75@gmail.com

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That Elusive Quality of Life

from the collection Across the River

William Orem

The two doctors were angry with each other, but you could only tell it by the way they lifted or dropped their brows over the white surgical masks and beneath the white surgical caps. They were both relatively tall men, but the one holding an electric saw loosely in his slick gloved hand was younger than the other, and that was visible in his eyes as well. He had blue, bright, sympathetic eyes. The other doctor had a darker look, larger adult brows to draw down, and his choice of mannerism was to hold himself posed, speaking in a slow voice that simmered with distaste. Two nurses in blue-green surgical dresses and masks stood by the men's sides, looking downward and pretending not to hear the argument, which had moved on now to alternative points of entry. On the table between them lay the sheeted form of a boy, thirteen, only the shaved side of his head exposed where they had drawn dotted lines on the slightly swollen flesh so that it resembled a large baseball.

"Are we ready to do this, people?" the older doctor asked to the room in general, although it

was quite apparent he was speaking to the younger one. "While I appreciate the eagerness for change that comes with a new face on the staff, I think this is hardly the time for a protracted debate on methods. So can we cut now, or do we have to keep talking until this young fellow's parents come back for him?"

He took the saw from the younger man and started making an incision along the dotted lines. The blade edge hummed against the bone, growing hot. Both the nurses were involved in suction, which meant they had to catch the blood, as it started to flow, in long plastic tubes that would not interfere with the surgeons' hands. They stood next to a small machine called, quite unaffectedly, the *suction box*, and inserted these tubes like insect fingers. The operating room around them was beatifically white: where it was not sterilized formica and glass, it was hard bright steel, narrow aluminum poles supporting cloth-covered trays and cloth-lined tables. It looked something like a picnic with all the open containers spread neatly out and their contents exposed.

The younger doctor watched the procedure with his hands held relaxed in front of him, palms up, the thin rubber gloves making his fingers look plump and greenish. He was threatened by this older doctor, he felt patronized by him, he was uncertain as to how his position on the staff would be affected by the older man's opinions. He had hurried himself from MCATs through to his postdoctoral, and now in actual practice he was finding he was still rather young. Cadavers

and blades were not breathing flesh and blades, and there had already been incidents—noted, he thought, among his peers—where his nerve fluttered briefly or his judgment was thought imprecise. Perhaps it was not too late, though, to win the other man's respect, to gain him back onto his own side. He breathed in and the mask was cold against his mouth.

"This is just what I didn't want to see," the older doctor said, as if musing. He was examining the exposed inner side of the skull fragment, which was brown and pulpy-looking, like a slightly bad fruit. "This is supposed to be dry—it's supposed to be chalky. That means the major arteries are distended. Swelling." He pronounced the word as one might pronounce a diagnosis on an old car that confirms what an able mechanic should already have known before popping the hood.

"You're right," the younger doctor said, deferential. "Of course you were right."

"You can see it here already. It looks like a blood orange in here."

"Yes. I see that now."

Together they segmented the *dura mater*, the thick skin which surrounds the brain, and the younger doctor took the flap from the other's hands and secured it in an open position. The still-concealed organ underneath resembled a large purplish welt. Then the older one slit the *pia mater*, the subtler skin known as "little mother," and it began to bleed. One of the nurses turned the suction box up so it made a louder whirring noise.

"It's not bad," the older doctor said, as if someone had asked. "I can mop it. It's just fluid, some CSF. No problems. No sweat."

When he spoke this way, the older doctor was trying to appear more youthful than he was. It was an affect he had adopted coincident with the loss of his frontal hair and the sparkling greys that were appearing in his proud moustache, and one of which he was unaware. He was a specialist in open brain surgery, in the profession for almost two decades because he hated death like an enemy and wanted to do away with it altogether. Of this he was also unaware. In brief and intermittent consultation with the irritatingly fresh-faced doctor he had seen himself being brought in as a "point man," the quickest and most efficient surgeon on staff. How the parameters of disease had been determined, or where, in the course of its secret genesis, it could have been otherwise interrupted, were issues with which he was little concerned. He was the reliable one, the luminary. He had never met the boy under the sheet.

The bare exposed side of the thirteen-year-old brain was pink and soft looking, rolled into tight whorls indicative of the cortex and higher cognitive functioning. It sat like an island in a small pool of blood and milky cerebro-spinal fluid that was constantly being drained away and replaced through suspended plastic bags. When the heart beat, the arteries that snaked across the top of the brain like fleshy vines swelled and contracted, and the blood puddle stirred. Under the sheets the boy flinched a leg.

"He's awake," the younger doctor said, alarmed. "Jesus. He's coming out."

"No, he isn't," the older doctor said, showing not even mild concern. He raised the large brows and peered into his work, delicately pressing around the moist flesh with his fingertips. "That's a halothane spasm. If you were touching motor cortex I'd say you were causing it, but over in the parietal lobe as we now are—" He continued to speak to himself quietly as he worked, a habit that had always allowed him to concentrate and simultaneously lent to his actions the satisfying character of a demonstration. The younger doctor was much put in his place. He had heard of halothane spasm, knew they were using halothane narcotic in gas to keep the boy under, knew they couldn't administer it directly into the blood because of transfusion and the danger of shock. He knew that under these draped sheets there was a plastic tube and a funnel taped directly to the boy's face, through which he breathed in his chemical dreams. He knew the knees and lower abdomen were likely to shake. But he had forgotten. Why had he forgotten? He looked the fool.

The sheets were rather discolored now, taking on a pinkish stain near where they worked. "Cut here," the older doctor said. Together they sliced a thin line through the cortex, following its ridges as much as possible, and the older man lifted the flesh up and suspended it. There was a darkness underneath. He sighed. "This is just what I didn't want to see," he repeated, standing straighter and looking across the operating table. Like the eye-

brows, his moustache was grown big and furry and bulged underneath the mask, giving his mouth an oddly puckered look. “If the tumour were contained, we would find it in a localized section of tissue, just nestled in there. The edges would be clean. But this … ” With his scalpel he gestured into the purply blackness. “This is severely diffuse. The tumour doesn’t have any breaks, it’s diffuse through the brain. The preoperative strategy you laid out, I now see, will be wholly ineffective. We’re going to have to cut as much as we can and see what we’ve got left.”

He ordered another set of scalpels and started to work.

“Are you with me, young man?”

The dark eyes were on him and the younger doctor turned back to his own work. He would have to cut simultaneous with the other man because shifting position around the table was impossible: together they would be required to lift sections of growth away. But he burned with the knowledge that his analysis had been found deficient, and more so, that he had not even been consulted in this eleventh-hour alteration. The way the older man leaned down into his cutting was dismissive. He hadn’t been consulted, he had been ordered to work. Unhappily, he took his blade.

The first few sections came easily, from the heart of the tumour: pale, almost plant-like cubes of toughened matter. They collected the pieces in a steel pan held out by one of the nurses, as if she were receiving charity. Then it became harder: there was more of the thick red material of human

brain, interspersed with the yellowy tendrils of cancer. It came up in bloody lumps, sometimes tearing. Soon it was necessary to start making thin slices, the action not unlike scooping out a gourd. Under the sheet the leg kicked and the younger doctor gasped.

"This goes all the way through," the older doctor announced to the room, clattering his instruments down into another pan with a loud finality. He took on the air of a man who has discovered something defective from which he himself is immune, something almost morally wrong. "The tumour runs through into deep brain. I believe it crosses over not just moderately but significantly into the left parietal cavity, which is leaking. That would explain the pressure. And again, that would explain the swelling." He stared across the table and the anger was back in his expression, the vindictiveness. "What on earth did late MRI show? Or didn't you do one?"

"The cavity was compact," the younger doctor said. His hands were slicked with blood and for a second he found himself clenching them, had to remember to hold them upright and free. He could see the magnetic resonance scan in his mind, the glowing silver cloud of cancer in the midst of the computerized indigos and reds. He knew the rough parameters of the tumour, knew about the leakage in the lateral ventricle. But somehow he had not pictured the edges of the problem. How could he not have seen?

But in the exam room, when he had sat the child down and spoken with him, he *had* seen the

mounting incapacity. He saw the dumb crookedness of the boy's left eye, as if it had been poked. He was aware of the constant swallowing, the complaint of odd tastes. How could he have misjudged that information? But he himself had compensated for the boy. He had wanted the boy to be better off than he was.

"The lateral ventricle was compacted. I could see that. But verbal skill was all right. Motor skills were all right."

"All right?"

"They were *intact*."

"Could he walk?"

"Yes. Yes, he could walk fine. I examined him on several … "

"Could he *talk*?"

"Yes. I told you, I didn't see any … much of any …"

"This patient is going to die. You understand that, don't you? Now what you're telling *me*, it seems, is that a brain that contains a diffuse parietal cancer, which, as we now see, extends well over seventy millimetres—let us say, for the sake of comparison, roughly the size of a golf ball—was not apparent to you."

There was a quiet in the room. The nurses looked at each other, bright quick eyes under caps. One of them spoke.

"Dr. Malamut, don't you think …"

The older doctor turned on her. "Is pressure steady?" She glanced at him for a second, looked away.

"Yes, doctor."

"Is suction steady?"

"Yes, doctor."

"Then shut your mouth. You're in surgery."

The older doctor returned to the blackening mess with a slow shake of his head. The blood was thickening where he bent and needed to be cleaned off but he began to cut again anyway.

"Suction here."

"Look, Dr. Malamut," the younger doctor said. "If we go any farther, we risk hitting motor cortex. You could leave him with nothing."

"The brain, young man, is a surprisingly resilient thing. Now I need you here."

"If he doesn't go into coma, he could still be totally unresponsive. He could be paralyzed, or mute. He'll have nothing." Then, as if it were relevant: "He's only thirteen."

The old doctor looked up again, furious and calm. He spoke in a precise tone, highlighting each syllable slowly, as if to a non-native speaker in the language of rationality. "And if we leave it, as you seem to suggest, the outer rim of this cancer will eat away the rest of this brain until it is completely gone. The patient will die within the year. Now, I don't know what they were teaching you up in Chicago, but I don't look on that as a positive result. Do you?"

The young doctor thought to himself, the images moving with ferocious speed behind his eyes. He saw the accepting face of the mother he had met in the front room, a previous-generation widower who still looked on doctors as if they were little deities, whose face already accepted the worst even

before he had given it to her. The wrinkled mouth holding in the pain, the solid and unflinching eyes. She would understand completely; that was the terror. She would not blame him or the institution or God or the gods. She would understand that surgeons had to make these choices, that they weren't trained as philosophers, that they only knew brute facts: it lives, it dies, it enjoys or it enjoys not those strange idiosyncratic elements they were told to preserve. She would touch his wrist with both her hands and squeeze it and press her lips together again and again. He would explain to her how the catheter bag worked, how to operate the wheelchair, and discounts the family could have on parts for the future. He would explain it all to her. He would explain it all.

"His name was Randy," the young doctor said.

"What?"

"His name was Randy. Short for Andrew. When he was in here, we tossed baseballs in my office. He was pretty good. A lefty. He wanted to pitch for his high school team in a year or two.

"His favourite season was fall, because of all the smells. He hated school, but he said he knew how to get the grades. He was good at English and history and art. He'd just become aware of girls. There was one in particular, but I shouldn't tell his mom about her. That's about it. That's about all I remember. Except that when he went under, he still had all these things, and he fully expected to come back up to them. I think we should all know that."

The old doctor waited, his eyes uneventful.

"All right," the young doctor said finally. "All right, then. Proceed."

"Are you quite sure? Really quite sure? Because we have all day."

"Yes," the young doctor said. "Yes, I see it now."

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In the Mouth of the Wolf: Cancer and Its Contingencies

Steven Gore

We feel his ivory teeth, we feel his head shake, we feel his warm drool and the rhythmic trot of his lean legs and padded feet. We smell gamey breath blowing from his wet nose and through his teeth, and we breathe musty dust rising from the trail …

… and look sideways at the world passing by.

We puzzle over whether the wolf has the sort of mind that can change, whether he prefers some of us over others, whether he gives virtue its due, whether he will reward our mindfulness or our courage in the face of death by releasing his grip and pursuing, instead, more deserving prey.

But then we watch other wolves carry away those far more mindful and courageous than ourselves, while casting only disinterested glances at the petty, oblivious, and cowardly.

We ask ourselves: can the wolf hear our prayers and oaths and offers? And if he can hear, will he listen? And if he listens, will he reward our faithfulness and our devotion by returning us to the life from which he snatched us? And will he

then kneel before us and massage away the teeth marks in our flesh and deliver to us the apology the Hebrew God owed to Job?

But then we watch other wolves dine on the reborn and the unrepentant alike, on the humble and the proud, on the holy and the profane, and they do so in buildings that are not churches, but are sometimes named for saints. And within those walls, where prayers to the infinite fail to resonate against the machines of medicine, we see the wolves' victims humbled by the limits of the possible.

We conclude, in the end, that the wolf—our wolf now—is simply a mindless creature who knows nothing of fairness or piety. We decide he's an instinctual being who must—must—by force of nature flinch at the sight of the swooping eagle aiming for his throat or the hunter aiming for his heart, and then drop us to the forest floor and slink away cowering and defeated.

But then we watch other wolves rise up in defiance, standing with their paws down on the throats of their victims and howling skyward. And we hear a chorus of their hungry brethren on the cliff edge above and see them silhouetted against the dying light, pacing and prowling and peering down into the shadowed valley, depriving all who pass there of comfort and all who remain there of peace.

In time, we come to understand that these fantasies of barter and release and escape contain no truth, for the wolf is our wolf, and he must feed on us or die. And until he kills us, or dies along with us at the hands of another, he cannot let us go.

Pity the poor wolf, if you must—not as a being with hopes and fears and will—but only as you'd pity any other act or thing of nature: a grassy slope stripped by a landslide, a redwood uprooted by the wind, a storm that failed to reach its destructive perfection.

But don't pity us, the prey, for although we feel the ivory teeth against our flesh and the head shake and the warm drool and the rhythmic trot of his lean legs and padded feet, we also sometimes feel the irony of his whiskers' tickle …

… and learn from a world turned sideways.

Steven Gore, a writer in the San Francisco Bay Area, was diagnosed with lymphoma in 2000 and was in treatment from 2009 until 2011. His sixth novel, *Night is the Hunter,* will be published in February, 2015 (HarperCollins). Website: www.stevengore.com. Email: stevengore@stevengore.com

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The Unexpected

Joy Wasserman

The first real punch in the gut.

The first sense that I might not be well came hard and fast and knocked me to my knees. There had been other diagnoses, but nothing that I had given much thought to. But this one, this diagnosis, left me sitting on the bathroom floor, curled up into the corner by the bathtub. My hands cradled my head, elbows on my thighs, crying so hard that breathing seemed to momentarily stop. My heart broken beyond what I thought could ever be repaired. Thinking that the life I wanted would never be granted to me. Grieving for what wouldn't be, couldn't be. I'd experienced major surgeries, broken bones, and took them in stride, just a part of life. But this was not supposed to be a part of my life.

Two hours before this, I sat with my husband, Bill, in front of the reproductive endocrinologist's desk, an appointment we'd waited three months to get into, in hopes of discussing ways to increase my chances of conceiving. We sat nervously in her office. Our normally loquacious conversations fell

to silence. I sat fidgeting in my chair, picking at my fingernails. He sat studying the many brochures that he had grabbed from the waiting room.

My OB/GYN, Dr. B, had scheduled this appointment for us. We had been trying to get pregnant for almost two years and had been seriously trying for the past six months. The last months were a series of calculating my monthly cycles, buying ovulation kits from the pharmacy, and making our sex life more of a scheduled activity rather than a romantic act between husband and wife. We both wanted children, and I was now 34, Bill, 40. Each month seemed to bring more and more stress, as each month I was not getting pregnant. My periods even seemed to respond by becoming irregular.

When I explained to Dr. B that we had been unsuccessful at conceiving, she recommended that since I was almost 35 (apparently a marker for conception and reproductive concerns), I should come in to see her before my annual checkup. I went expecting to have a full pelvic examination, including a Pap smear. Instead, she examined me quickly, stating that my uterus looked fine and sent me to the lab to have my blood drawn. She told me that she'd call me with the results. When she did call I was sitting at my desk at work. Usually one of the nurses called to follow up with any issues, or to discuss examination or lab results. This time it was Dr. B herself.

"Do you still want to get pregnant?" she asked.

"Yes, of course!" I responded, a bit confused by the question.

"I want you to see a reproductive endocrinologist. Your blood results have me a little concerned. I set up an appointment up for you with Dr. T, a reproductive endocrinologist I've worked with in the past. You don't have to keep the appointment, but I recommend that you do. I want you to get in as soon as possible. The soonest she can see you is three months from now." She explained that I had a general release form on file with her office, and asked me to call my primary care physician (PCP) to ensure that I had a form on file with her, too. She wanted my PCP to send all of my current medical records over to Dr. T.

I stood up from my desk, closed my office door, and asked anxiously, "Is there something wrong with me?"

She told me that my FSH, or follicle stimulating hormone, was high.

"How high?" I asked.

"High," she replied.

"What does that mean? How high is it?" I inquired.

She expressed that she didn't want to put too much emphasis on the number before I had more lab work. FSH is a hormone that helps control a woman's monthly cycles and stimulates the ovaries to release eggs. "Sometimes the numbers can be off. I want you to have it retested. Come in to the lab, preferably two to three days after starting your period. Are you still getting your period?"

Yes, I was still getting my period. Why would I not be getting my period? She gave me the address and information for the doctor and told me that we'd follow up after the appointment.

I knew people who had sought out the assistance of a reproductive endocrinologist. I knew this was the doctor who specialized in helping women get pregnant, usually by means of a variety of fertility treatments. I'd prefer to conceive naturally, but wouldn't be opposed to fertility treatments if necessary. Later that evening, when Bill and I discussed the conversation between me and Dr. B, neither of us felt too concerned. We thought that, at worst, we would discuss fertility options at the appointment, but we didn't think they would be necessary.

We continued trying to conceive, both of us hoping it would happen naturally. We did not succeed. When we drove to the appointment, we were still full of hope, curiosity, and willingness to do whatever we needed to get me pregnant.

The reproductive endocrinologist's office was relatively plain, except for the pictures of Dr. T's two beautiful children that seemed to cover almost every available surface: pictures of babies with adorable little bows attached to barely enough hair to hold them in place, laughing siblings sitting side by side in matching outfits, babies playing, babies smiling. Cruel, almost—this excessive display of happy, beautiful children. Why would a doctor specializing in fertility treatments have so many pictures of babies, and why would they all be pointed at the chairs in front of her desk, rather than inward, towards her?

Dr. T walked abruptly into the room, not making immediate eye contact. She was carrying the medical records from my OB/GYN and my PCP.

When she was halfway through the room, almost to her desk, she aloofly introduced herself. Then, not even completely seated, and without any hesitation, she blurted out, "It would be virtually impossible for you to get pregnant using your own eggs."

I sat and stared at her, not quite registering what she had just so casually and curtly said. Surely she was going to follow up with a more reassuring statement. She did not. Confusion started setting in. My husband's hand found its way to mine. He held it gently. I was shocked. Bill was defiant. "You can't possibly sit here and say that it would be virtually impossible for her to get pregnant. You haven't even examined her yet," he said in the authoritative, terse voice he reserves for people who really piss him off. "Besides," he continued accusingly, "I noticed here in your brochure that you specialize in donor egg pregnancies."

"No, Mr. Wasserman, I have not yet examined her, but I do have the lab results, and your wife has gone through an autoimmune form of premature ovarian failure, a type of premature menopause."

Failure? Menopause? I had no idea what she was talking about, and why ovaries and menopause and failure were being used in the same sentence. She went on to explain that, due to antibodies shown in my lab results, it seemed my body was attacking my ovaries as if they were foreign objects. "We will need to discuss other matters after the exam," she continued. "I will need to examine you, before I have the nurse take your

blood samples. So, Ms. Wasserman, if you would, please meet me across the hall in the examination room. Get undressed and put the gown on."

I was still speechless. My husband asked, "Why can she not use her own eggs? And how can you say she's gone through menopause? She still gets her period."

Dr. T explained that (according to this particular lab's results) the FSH of a woman who is still menstruating would be between 4.7 and 21.5. A woman who has gone through menopause would have an FSH of 25.8 or higher. My FSH was 89 from the first lab result, 98 from the second. "When was your last period?" she asked.

"Six weeks ago," I answered quietly.

"And the period before that?" she continued.

"Five weeks prior," I said.

"Well, you should stop getting your period any month now," she stated, as she stood and began to walk out. "Please meet me in the examination room."

I was confused. What was she saying? Did she just say I can't get pregnant? Did she say I'd gone through menopause? Ovarian failure? Was I hearing her correctly? I'm too young, I'm only 34! I felt myself losing control over my tightly held emotions.

I stood up and stumbled enough that my husband had to steady me. As we left the office, I excused myself and slipped into the restroom. I stood, trembling, looking up at the ceiling (as if that's where my God resided) and pleaded, "No. No. No. Anything but this. Please, no. Don't take this away from me." Tears started coming. I lost

my legs for a moment and had to crouch on the floor. I tried to compose myself, and wiped the tears. More came. I wiped them again. Tears continued to stream down my face. I stood and took several deep breaths. There was no way I was letting that woman see me cry. I had to look as if I had not just been shattered into millions of pieces. I took a paper towel and wiped my face.

I entered the examination room wearily, surprised to see only my husband present. The room was quite large and resembled an operating room. In the middle of the room was the examination table, surrounded by many pieces of medical equipment that I was unfamiliar with. My husband immediately stood and walked over to me. "Are you okay?" he asked softly, as he rubbed his hands on my uppers arms and shoulders. I just stared at him, trembling, feeling only loosely attached to reality.

"I need help," I said in a voice so faint, I could barely tell it was mine. "I need help" is not a phrase that ever passed through my lips. At those words, Bill more fully understood my state of mind.

He began helping me undress. We stood almost stomach to stomach, as he slowly took off my clothes, making sure one arm was somehow always around my quivering body. I could not tell if I was cold from the temperature in the room, or from shock. Bill sat through the examination holding my hand. I was receiving a transvaginal ultrasound; the doctor was trying to get a closer look at my ovaries. At one point, I wondered if she realized that I was an actual human, with both physi-

cal and emotional feelings, and not a cadaver that she could just shove an instrument inside of. After the examination, I sat staring into Bill's eyes as a nurse drew 12 vials of blood from my arm. "You're doing great!" he encouraged me. I could tell he was as upset by this completely unexpected experience as I was.

We sat through the doctor's post-examination meeting, which was mostly a blur (either from the shock of the experience, or from the enormous amount of blood that was just taken from my arm). I remember discussions of the need for hormone replacement therapies, bone density tests, genetic labs in California. She mentioned that my recent diagnosis of hashimoto thyroiditis, and adult onset asthma, along with my self-reported increase in joint pain were of concern to her. She wanted to look for other autoimmune diseases and inflammatory markers. I remember mentions of adoption as an option, the use of a surrogate, possibilities of donor eggs. Mostly though, I remember hating her.

My husband drove us home. We sat mostly in silence, except for our description of the doctor—who we will forever refer to as "The Devil Doctor." At home, I slipped once more into a bathroom (which for some reason seemed a safe place to hide).

This is where Bill found me. "Joy. Joy? Joy!" I could not answer. I could barely breathe through the sobs. I was too distraught at the idea that I could not bear children. As a little girl, when I was asked, "What do you want to be when you grow up?" I had always answered, "A mommy!" I could

not fathom that this might not happen; that being infertile was something that would be part of my reality. Somehow, sitting on that bathroom floor, almost in a fetal position, seemed fitting.

When Bill opened the door, he took a moment to notice me. "Oh, Joy, come here." When I didn't move, he sat his 6'1" frame next to me on the floor, wrapping his arms tightly around me. "Breathe, Joy, breathe. Shhhh. Just breathe." We sat this way for a very long time. He held me close, and rocked me back and forth. I could do nothing but sit there, still weeping heavily. How many tears could possibly come? My usual strong self was too distraught to even stand. My mind was flooded with thoughts of *premature menopause*, *autoimmune issues*, *ovarian failure—failure, failure, failure!*

"I'm sorry," I managed to squeak out, suddenly full of feelings of guilt and inadequacy.

"Oh, no. No! It's okay. Everything is okay. We'll figure this out. She's only one doctor." He grabbed me under my legs and around my waist and carried me to the couch. He held me, pulling the throw blanket over us both, giving reassurances that everything would indeed work out as it is supposed to.

•

This was the first biggie. The first big punch in the gut. One of many diagnoses of autoimmune maladies that would eventually lead to the diagnosis of systemic lupus erythematosus (SLE). Lupus SLE

is a chronic inflammatory autoimmune disease in which the body's immune system mistakes its own healthy tissue for an outside invader (such as germs, viruses, and bacteria) and creates antibodies to attack its own self. It can affect any part of the body: the joints, the skin, the organs, the nervous system, anything, any part of the body. Lupus SLE typically affects women during their reproductive years. Although the disease strikes mostly females, ten percent of those afflicted are males. There is no cure, and there is no known cause for the onset of this devastating illness. Lupus is known as the great imitator, often imitating other maladies within the body. Bill and I would soon find out how many illnesses lupus SLE could, and would, manifest.

At that particular moment, we did not know that we would sit many times on that couch discussing illnesses; sometimes full of sadness, sometimes full of fear. It now seems ironic that my husband whispered to me, "We'll go see another doctor." We had no idea how many more doctors we would be seeing; how many more vials of blood, how many CT scans, MRIs, procedures, X-rays, and tests there would be, following this first heartbreaking diagnosis. Premature ovarian failure was just the beginning of an unexpected journey that would take us along a very complex medical path, a journey we would walk through together.

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Pressing Replay on a Life

William Pence

I watched my daughter lean forward to hear Dr. W. ask, "What is your biggest fear?"

Dr. W.'s first name was Hope, a suitable name for a young doctor, not yet forty, in the specialized practice of caring for the dying. Hope spoke warmly but with clarity and volume, aware that the Cisplatin chemotherapy had damaged Molly's hearing. On previous visits to my daughter's home, Hope had designed a hospice plan, ordered narcotics and oxygen, and scheduled attending nurses. On this day, she brought a message: "Weeks, not months."

Molly and Hope sat in the centre of Molly's living room. My wife, Linda, and one of Molly's friends sat in a corner. We were a defeated army listening to the terms of surrender in a quiet room. The late-morning sunlight filtered through the Douglas-firs of the Seattle suburb. Molly looked straight into Hope's eyes and said, "My biggest fear is that my children will forget me."

Molly rose that day to see her children leave for school: her daughter to second grade, her son

to preschool. Then she rested for an hour before dressing for the meeting with Hope. Her mom helped her into a button-front cotton shirt that opened easily so that Hope could examine the port in her chest for any signs of infection. They chose a matching bandana for her head. Some of her red hair remained, peeking out, stubborn as her melanoma, unyielding to Taxol or Cisplatin. Before the strong chemo drugs, the doctors had tried surgery, interferon, radiation and forty-two infusions of interleukin-2. She paid a price for each of them.

Molly's two children, Remy and Max, were eight and four. Their memories were fragile, capable of being overwritten. That's why she had family pictures taken after the diagnosis fifteen months earlier, in March of 2008. A framed enlargement showing Molly, her husband, and her two children hung over the fireplace. When the dying became certain, she went to a gift shop with a girlfriend and picked out birthday cards for Remy and Max for the next five years. She checked out in a hurry, anxious to avoid questions from the clerk, unable to contain her emotions if asked, "Why so many cards?"

Earlier that month, she met with our minister, Karl, to discuss her memorial, a sad bookend since he had conducted her wedding service only twelve years earlier. He came to Molly's house, sat with her, and said, "There is nothing to be afraid of. Death is a natural event." Then, holding her hands and looking into her eyes, he said, "But it's just too damn soon." After goodbye hugs, Molly, knowing

she would never see him again, said to her mother, "Kind of like full circle."

Our minister was right about death being a natural event—as long as the parent dies before the child. I should have gone first. It would have been natural for Molly to help with my services. We were both good planners and list makers. If I asked for a New Orleans jazz band, she would have said, "Oh, Dad! Really?" I could have talked about wills and distributions to her children and felt accomplished. If the new framed picture on her wall was my final portrait, I would have been content and she would have promised to take care of Linda.

Molly's answer—"That my children will forget me"—faded in the quiet of the living room. Hope was still. I swallowed and said, "Honey, your kids are growing up in a world of computers, websites, and virtual images. We can put your voice on a website. You can leave them your thoughts and messages. I can do it for you."

Molly turned to me and said, "How would that work?"

I said she could record her thoughts on friendship, college, dating, or anything kids are curious about, and I would take care of the rest. I imagined my grandchildren waiting anxiously for fresh messages to pop up on their private website, a multiyear stream of reminders of their mother's love, like getting loving phone calls several times a year, insurance that they would never forget her. She nodded and said, "Let's do it."

She announced our plan to her friends: "We are going to come up with some mommy/parent-

ing/life questions that I will answer for little Max and Remy. The answer is really always that I just want them to be safe and loved and have amazing lives."

We chose sixty-three questions and wrote them on index cards. Molly scribbled her answers on the back of each card. For an hour or two each afternoon, boosted by oxygen and Fentanyl, she was comfortable and alert and we worked on the project.

We sat close together on the sofa in her family room. Seattle was warm in late June but Molly bundled herself under a quilt. She grew thinner each week as the tumors ravished her flesh. The cancer had induced cachexia, a terminal condition. No diet or supplement can offset it. We had hiked and skied and shopped together for thirty eight years; I had watched her carry Max as easily as a loaf of bread. Now she could not help him into his bed. When I hugged her, she felt breakable. Her pale skin felt cool to the touch. She picked up a few cards and checked her notes on the back. She set her water bottle on the coffee table, said, "Okay, I'm ready," and pulled a card that read, "Will You Be Watching Over Me?"

Molly said, "I'm not sure. But I believe in Heaven. I believe I'll be with you always. When you need me, hold still, listen, and maybe you will hear me. And also listen for yourself—the answers are within you."

The next question was, "How do I be a good friend?" and she said, "Be kind, consider their point of view. Don't gossip. Be trustworthy. Be fun!"

Molly directed a long answer to Remy for the question, "How were we alike?" She spoke of a shared love of animals and I remembered the goofy Weimaraner she raised before Remy was born. At mention of how they both enjoyed reading, I regretted the opportunities I let pass by to read to her when she was young. Molly's tone was soft and clear—no apparent sadness—as she told Remy that they shared a love of "dress up." When Molly was growing strong and tall, I griped about the cost of multiple pairs of designer jeans, the ones that "all the other girls are wearing." I told her every day that I loved her, but was losing a race to make up for the times of neglect.

The next card read, "What was it like when I was in your tummy?" Molly said, "This is for Remy," and continued with, "Peak experience of my life, my purpose for being here, pretty darn easy and a beautiful, fussy baby!" For her son, she restated, "Peak experience and reason for being," before telling him that she was a little more relaxed with him. Then she recorded, "We drove fast down to Swedish Hospital in the VW in the middle of the night and you came fast!" The last sentence was spoken with pace and humor and a smile, which I mirrored. She was my peak experience.

I wanted to give her a thousand questions to answer, to spend all day with her. As long as we were working on the project, she was alive. In her mind she was helping Remy and Max with the puzzles of life. Her love and wisdom were strong, but her stamina was limited. She looked at the stack of index cards and said, "We can do more to-

morrow." She needed to rest before the highlight of her day—watching her children eat dinner. The nightly meal was a noisy frenzy orchestrated by Linda and centred around casseroles or trays donated by neighbours and friends. Molly still sat at her customary head of the table, leaning forward to hear every bit of gossip about second grade and preschool.

It was June 2009. Molly, my only daughter, was 39 years old. She had exhausted all possible treatments for metastatic melanoma. During the prior six months, I had chased down renowned experts, tried to enroll her in trials of experimental drugs, conjured up off-label options, but the melanoma was relentless. I moved from Los Angeles to Seattle to take her to chemotherapy and doctor visits, run her errands, and even paint her bathroom. I stopped praying for the doctors to help her. They had done their best. One night, I asked God instead to please make just one, small adjustment: just give it to me. How could that upset the balance in the universe or break the laws of nature? The sincerity of my prayer gave me a moment of euphoria and I slept easily with a vision of her recovery bringing joy to her children.

My love for Molly was always manifested in actions. Loving deeds were easier to finish than loving sentences. I hung shelving for her stuffed animals, taught her to drive a stick shift, carried her bags, and showed her New York. The love stays as I fulfill my last promise to her. Since her death, I have edited and posted a half dozen of Molly's messages. Her voice, the one I have missed for two

years, sounds a little hoarse, as if she has a cold. I choose a photo or two to post with her words—she is close by, almost touching my shoulder, barely out of sight at the corner of my eye. I smell the coffee she loved. I ask her, "Which message goes next?" and I listen.

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The Perfect Day

David G. Thoele

My alarm rang at 5:30 on a chilly winter morning in Chicago. It was dark outside. I rolled out of bed, tiptoed down the too narrow stairway of our home, and began the ritual of making our morning coffee. My yoga class would begin soon, but I wanted my wife, Marla, to enjoy a fresh cup of coffee when she awoke.

Going to a hundred-degree yoga class might not sound like heaven to most people, but it is to me, especially when it's freezing cold outside. Maybe it's because of how different it is from my professional life. As a doctor, anything can happen. And I knew I had a busy day in front of me. My yoga class, on the other hand, is predictable: always the same 26 poses in exactly the same order.

After gathering up my yoga mat, a fresh towel, and a bottle of water, I hopped on my bicycle and pedalled furiously. I arrived at Om on the Range just in time for my 6 a.m. silent yoga class.

I rolled my mat onto the warm wooden floor. The room was softly lit, peaceful, and completely silent, except for the sound of deep breathing dur-

ing our morning meditation and the intermittent whirring of the overhead heater.

I was glad Richard, a pudgy middle-aged man, was there. Richard and I were equally inflexible, so I felt like less of a failure compared to the more limber female yoginis.

Although I can't always move my body into the "full expression" of each posture, I've been taught to measure success in yoga as breathing, paying attention to my body, and staying in the room, even if things get a bit uncomfortable. Not a bad philosophy for life.

The class started and ended with quiet breathing, lying flaccid on our mats in Savasana, the corpse pose.

I left the class refreshed, centred, and powerful. I felt that no matter what else happened that day, I could handle it in a peaceful, calm way.

I showered, ate breakfast, and considered the best way to travel to work. Most winter days, I drive to the hospital. But the sun shone intensely on this January day, melting the dusting of snow that had fallen. I decided to use my preferred mode of transportation, the bicycle. If I left right away, I could still make it in time for the start of the heart catheterization on Maria, one of my patients.

Since childhood, riding my bike was my favourite way to get around. Even in my mid-fifties, I still feel like a kid every time I ride, and I love avoiding traffic jams and gas bills. I donned my helmet and bright orange jacket and set out on the twelve-mile journey from the urban jungle to my suburban children's hospital.

Snow had prevented me from riding my bike for two weeks, and it felt great to be back in the saddle. The intense cloudless winter sky contrasted sharply with the gritty buildings as I headed northwest on Elston Avenue. I rode past the Muslim Community Center, a dimly lit car repair shop, and several car washes with dirty neon signs offering the Early Bird Special. Next came the sprawling Illinois Secretary of State Driver Services Facility, followed by the massive Chicago Transit Authority bus parking lot. Outside the CTA lot, a parked maroon Oldsmobile had a bumper sticker that said, "At Least I Can Still Smoke in My Car!"

I rode past the trees of the Forest Preserve and cemeteries, leafless but strikingly beautiful against the blue winter sky. I breathed in nature and clean suburban air.

I felt like telling someone about my morning. I called my sister in California, and left a message on her voice mail describing the start to my day. After yoga and a winter bike ride, I felt peaceful, confident, and alive. The day was perfect.

I locked my bike outside the hospital and dropped off my backpack and coat in my office. On the way there, my pager went off. I recognized the number. Maria's heart catheterization was about to start in the cath lab.

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A few days ago, Maria, a beautiful two-year old girl with long dark hair, tiny gold earrings, and a heart-melting smile had been admitted to the hos-

pital. She had been less energetic than usual and hadn't seemed like herself. An ultrasound showed pulmonary hypertension, high blood pressure in the lungs. This was not good. Even with treatment, patients with pulmonary hypertension often do not survive. If the pressure is too high, the heart can't handle it and fails.

I had met Maria's parents shortly after her birth. She had a major heart problem called *transposition of the great arteries*, and at one week of age she had had open heart surgery, an arterial switch operation. Her chest was opened, she was placed on a heart-lung machine, and her aorta and pulmonary arteries were switched to their correct positions. Maria had done well, despite a rocky start.

Yesterday, I had seen her parents for the first time in almost two years. When I examined Maria, she became agitated, more than most sick children her age. As she cried, her skin turned pale.

Maria's father was thin, with neatly trimmed dark hair. Her mother was short and wore a bright yellow dress. Her hair was tied tightly in a bun. They were grateful their daughter's life had been saved from a lethal condition, but didn't understand why she was sick again. Originally from Mexico, they were trusting, but worried: "Cómo está María?" How's Maria doing? "Cuando puede salir?" When can she go home?

I explained in Spanish the probable diagnosis of pulmonary hypertension, the need to confirm this in the catheterization, and the medicine we would use to treat Maria.

They didn't like the idea of another test.

"Puede salir ahorrita?" Can't she just go home now?

I explained that Maria could probably go home in a few days, but it was important to figure out what was going on, since pulmonary hypertension is dangerous. Al, the most experienced pediatric cardiologist at our hospital, would do the catheterization to confirm the diagnosis. I would work with him to decide what medicines to give. The parents nodded silently and reluctantly signed the consent form.

I had gained special expertise on this rare condition during my fellowship, when I had worked with one of the leading authorities on childhood pulmonary hypertension and had learned to use special medications to bring down the high pressures.

I arrived in the cath lab changing room. As I put on my scrubs, I could feel my peaceful mood begin to change. It was time to start acting like a doctor.

I donned a leaded vest to protect my body from the radiation. My neck and shoulder muscles tightened slightly, holding up the extra 15 pounds that pressed down on my shoulders.

I entered the cath lab. My partner Al was there, halfway through the procedure that would confirm whether Maria had pulmonary hypertension.

The room was about the same size as my yoga studio, with a focused, quiet energy. Unlike the warm, light brown wooden floors of my class, the floor of the cath lab was grey and spotless, cool, with walls of white ceramic tiles and stainless steel cabinets. All was silent, except for the faint buzz of

overhead fluorescent lights, an intermittent swooshing sound from the ventilator, and the *beep beep beep* of the heart monitor.

Maria, lying on a moveable platform, looked tiny underneath the giant X-ray camera that took pictures of her heart. Unlike yesterday, she was motionless, covered in blue drapes, with only her face and part of her groin visible. To control her airway, an anesthesiologist had placed a breathing tube, given sedation, and was monitoring her vital signs.

A cardiology fellow stood next to the cabinets, watching the procedure. A technician was in the control room recording pressures, another shuttled blood samples from Maria to a machine that measured oxygen levels, and a nurse brought supplies and equipment to the draped table.

With only a sliver of her right groin visible in an opening in the sterile drapes, a small plastic catheter entered Maria's femoral vein. Al, his silver hair mostly covered by his surgical cap, stood next to Maria, guiding the catheter into her heart.

I was glad Al was doing the cath. A seasoned pediatric cardiologist in his early sixties, Al was the best. He'd been doing this procedure for over 30 years.

Although his body was completely covered with a blue sterile cap, gown and booties, Al's eyes sparkled intensely, darting from the patient to the monitor to me, as he concentrated on the task at hand.

I felt nervous, but tried to act calm as I questioned him.

"So, does Maria have pulmonary hypertension?"

"Boy, does she ever! Take a look at those pressure tracings. The pressure in her pulmonary arteries is really high. It's pretty impressive."

In the world of medicine, when a doctor says, "It's impressive," or "I'm impressed" (which in most situations in life sounds good), it usually means something bad is going on. Looking up at the monitor, I saw the pressure tracings that had so "impressed" Al.

Normally, the blue pulmonary pressures would be located at the bottom of the screen, indicating normal, low pressures. Now, like colorful waves in a stormy sea, the blue waves undulated high on the screen, above the red systemic waves measuring her arm blood pressure. The pulmonary hypertension was even worse than we had suspected. If the medications couldn't improve things, Maria might not have long to live. The high pressures put a huge strain on her heart. We had to do something.

I tried to regain some of the peace I had felt in my yoga class. Maria depended on me to help guide this procedure. I swallowed, took a deep breath, and offered my advice.

"Let's go ahead with nitric oxide. Maybe we can bring those pressures down."

I glanced over at Al. His light blue eyes were staring straight at the monitor. He didn't waver; he didn't blink. But I thought I detected a slight quiver in his lower lip. He was nervous too.

The anesthesiologist started nitric oxide, a gas that can help lower pulmonary artery pressure. At first, nothing happened. The pressure remained

high. I knew what we had to do. I used my very best confident and authoritative voice.

"Let's go to a higher dosage. Up on the nitric!"

Gradually, we increased the dose of nitric oxide. All eyes were focused on the monitor, watching the waves undulate, sometimes a bit higher, sometimes a bit lower. After what seemed like hours, the blue pulmonary artery pressure waves started to drift downward on the screen. My feeling of intense anxiety changed to quiet excitement. The medicine was starting to work.

I could hear gentle sighs of relief from the doctors, nurses and technicians, as we realized there was hope for our patient. Our tension had suddenly dropped like the pulmonary pressures, and everyone was elated. I took a deep "om" breath, and felt a bit of moisture returning to my mouth.

Then, unexpectedly, the red waves, indicating Maria's systemic arterial pressure, also began to drift lower on the monitor. This could be bad. Nitric oxide mainly relaxes the pulmonary blood circulation, but sometimes can have the same effect on the arteries supplying the body. Although uncommon, I had seen this before during my fellowship. I knew if her struggling heart didn't get enough blood, it would fail, unable to generate pressure of any kind.

To mask my feeling of helplessness, I matter-of-factly whispered into the ear of the cardiology fellow, "If this kid goes into a full cardiac arrest, she won't come out of it. Patients with pulmonary hypertension either turn around quickly, or they

don't. If she doesn't improve in the next few minutes, she may be circling the drain."

Maria's blood pressure continued to drop, and her heart rate slowed. My heart started pounding. This was now a full emergency. Crap.

Maria was dying.

Part of me felt an adrenaline rush, ready to dive in. Another part wanted to disappear or escape to the Forest Preserve. Before I could say anything, Al took command.

"Quick, give her some atropine!" he yelled. "Mix up an isoproterenol drip. We've got to get the heart rate up."

After receiving the medicine, Maria's heart rate increased; then, it began to slow again. The *beep beep beep* sounds were spaced further apart. I glanced up at the monitor. The red and blue waves were dangerously low on the monitor.

I looked at the frown on Al's face. His eyes no longer sparkled.

In the midst of this intense situation, my mind turned to Maria's parents. They had no idea any of this was going on, that their daughter might not survive this test.

"I'm going to talk to her family and bring them up to speed," I said to Al.

"Good. We'll keep working on Maria. Should I put in a temporary pacemaker to speed up her heart?"

"You might as well give it a try. I'll be back in a few minutes."

I left the cath lab, hyper-awake, but also in some kind of an out-of-control dream. I wasn't sure what to say.

I walked down the hallway, past neatly piled stacks of scrub suits, past the large sinks for scrubbing in.

I entered the waiting room. An elderly couple huddled in the corner, relatives of another patient. A receptionist sat at a desk, near a pot of coffee that smelled old and partly burnt.

Maria's parents were sitting quietly nearby. They practically jumped up, eager for news of how their daughter was doing.

I wanted to be a strong, wise doctor, but I felt weak, vulnerable, powerless. I wished I could get out of this drama. But I couldn't. I had a job to do.

I swallowed hard and took a breath.

"Maria is very sick. Es muy enferma. We learned a lot of information about her heart. The anatomy looks normal, no narrowing of her arteries or veins. She has high pressures in her lungs and her heart, even worse than we suspected. It's very dangerous. Es peligroso. We gave her some medicine, and the pressure improved."

Maria's parents looked relieved. Her father's hand squeezed his wife's shoulder. They looked briefly at each other, and then back at me, listening politely to my technical jargon. Nodding their heads, they seemed dazed, confused, and not sure what this pressure talk meant.

"Unfortunately, then she got worse. Her heart slowed down and the blood pressure in her arm came down. Right now, the other doctor is putting in a pacemaker."

I studied the parents' faces. They no longer seemed confused. Their eyes had widened. They were shocked and terrified. Exactly how I felt.

Though I didn't really want to, there was one more thing I had to reveal. Like many times before, my doctor training took over.

"Maria is still very sick. We are doing everything we can to help her. She's so sick, there is a chance she might not live through the test."

There was a brief pause. The mother was now angry. She started to shout, pleading with me to do something.

"No. No. No! That's not supposed to happen. It's just a test. What are you talking about?"

Maria's mother cried and screamed, then moved closer to me and pleaded directly: "She has to live, Maria has to live. Don't take my baby away. Don't let her die!"

I could hear myself say some of the doctor platitudes I had learned: "I promise you we are doing everything humanly possible, but she is very, very sick."

Maria's mother and father held each other in a desperate embrace. I looked around the room. The receptionist was reading a book, pretending not to notice what was going on. The other people had left the room.

The peacefulness of my early morning seemed far away. I felt like crying. I felt like screaming. I felt like hopping on my bike and riding home right then.

But I had to act strong. I had to act like things might turn out okay. Like I knew what I was

doing. I was overwhelmed and I didn't know how I would handle it if Maria actually died.

"I'm going back to the cath lab. We are giving her the very strongest medicines we have. I think she can make it. I'll be back in a few minutes to let you know how she's doing." My doctor training kept the outside part of me going. Inside, I wasn't doing so well.

I turned, left the waiting room, and retraced my steps back to the procedure. The overhead fluorescent lights seemed intense, reflecting off the shiny grey floor. I dreaded what I might find in the cath lab.

I took a deep breath, and pushed the door open.

Maria was now in a full cardiac arrest. Al had called a code. He barked out the orders. Nancy, the charge nurse, recorded everything on her clipboard, anesthesiologists administered the meds, in a futile attempt to jump-start Maria's heart. I thought of my prophecy to the cardiology fellow. By now it was clear that no matter what anyone did, she wouldn't make it. Maria's life would end in the cath lab.

Al was the conductor of a symphony of medical personnel, guiding chest compressions, epinephrine, isoproterenol, temporary pacemaker, and shocks from a defibrillator.

I stood silently, observing the frantic scene. It was intense, close, but at the same time distant, far away. I wished it was someone else's patient, someone else's nightmare. But this was my patient. And this was no dream.

Nothing brought her back. The code ended. It was over. Maria was officially dead. The room was quiet. Just the buzzing of the fluorescent lights. And my head.

As a doctor, I felt like a failure. I wanted to crawl onto the floor in a fetal position and disappear. I couldn't do that, so I just stood there and tried to act professional.

All of us were in shock. This wasn't supposed to happen. Even though congenital heart disease is one of the top reasons for death in children, two-year-olds shouldn't die. We were all physically and mentally exhausted.

But our job was not yet finished. We had to tell Maria's parents.

We called for a priest, and then Al, the charge nurse, Nancy, and I went to the waiting area, now cleared of the other families, to talk to her parents.

I recognized the priest, who had visited the bedside of a number of my critically ill patients in the past. Tall, thin, with a wisp of grey hair and a light blue clerical collar, he had a quiet, calm demeanor. I was glad he was there. And not just for the family's sake.

As we walked into the darkened, quiet room, the mood was somber. The silence was deafening.

Al's soft voice pierced the silence.

"The baby died."

After a brief pause, the mother exploded.

"No. No. No. No. Noooooo! Maria can't die, she's too young. No, no, NO!"

Her eyes were wide open, dark, angry, intense. She turned to Al and screamed, in full throttle voice, "YOU KILLED MY BABY!"

She turned to me.

"And *you* killed my baby, too. You *both* killed my baby. *Why* did you kill my baby?"

I took in a deep breath through my nose and exhaled slowly.

•

In the past, when I had lost patients, I had made it through feeling allied with the parents, like we all had done our best to help the child live. The parents weren't alone, and neither was I. We got through it together, a tragic, shared experience.

That's not how Maria's parents felt. The doctors they had trusted to help their daughter had instead failed miserably. It had to be someone's fault. They blamed Al and they blamed me.

Worst of all, they felt alone. Exactly how we felt.

After the final "You killed my baby," the room became silent. All I could hear was the quiet, occasionally deep breaths of Maria's mother and father. All I could feel was the pounding of my heart.

I looked at her father. He stared off to the side, stone-faced, silent. His wife's face was full of intense sadness, cheeks moist; her spirit seemed drained.

Her mother began speaking in a slow, deliberate voice.

"I'm going to sue you for killing my baby—and you, too! I'm going to sue you both. Why did you kill my baby? Por qué?"

I remained frozen. I like to think of myself as a healer, not a killer.

My mind was racing. I felt sorry for Maria, sorry for her parents. I felt sorry for Al. I alternated between feeling guilty and sorry for myself.

How do I explain the unexplainable? How to comfort the inconsolable? How can I find words for something that leaves me speechless?

I understood the shock, the anger, and the need to blame someone for this tragedy. I didn't like being told it was my fault. I already blame myself when things go wrong, and now I had supporting arguments from angry parents. I wanted to fall apart, but I couldn't, at least not now.

While the family talked, we stood silently, nodding our heads, taking deep breaths. Occasionally, Al said, "I am so sorry." I remember saying, "Yes, you are right, this is really awful."

Finally, in a quiet, gentle voice, the priest spoke.

"The doctors feel sad, too. Doctors don't want children to die. Doctors want to help. It's really, really sad that Maria died. I'm so sad. It's very hard to understand."

No one said a word. Used tissues piled up on the floor. The mother's tears started to dry. The father stared away from the group, refusing to interact with anyone.

It was our turn to speak. Al went first. The father turned his head slightly toward Al.

"Even though Maria didn't seem that sick, inside she was very sick. The pressure in her heart was sort of like an iceberg. Even though the part you can see doesn't look too bad, there's a

deeper, submerged part of the problem that's dangerous."

The parents tried to take in the analogy. They remained angry.

It was my turn. There was one more part of this miserable journey I had been taught to include, in hopes of learning from one child's death, in the hope that perhaps a future patient might benefit.

"Because she died suddenly, and we don't completely understand why, I would recommend an autopsy be performed. We need your permission, your signature that it is okay to do the autopsy." It was hard to believe Maria's heart was beating strong less than an hour ago.

Without hesitation, the mother returned to her agitated state.

"No, no, no. You have done enough to my baby. I am not going to let you touch her. Stay away from my baby."

I tried one last time. "Remember your question of why this happened, why Maria died. We are pretty sure the cause was pulmonary hypertension, since it's such a dangerous condition. This is our only chance to find out if there might have been something we didn't know about, that might explain her death. It would be helpful for us, and helpful for you, as we all try to figure out what happened."

They did not sign the consent.

"Contact us in a few weeks, so we can sit down and discuss the whole case and talk about what happened. This is so awful, really tough, but it can help to talk about it. Here is my card, please give me a call."

The parents had completely withdrawn, and would not acknowledge us in any way. I didn't blame them. Finally, Al and I said goodbye to Maria's parents. They said nothing. I walked out of the room, still in a state of shock. The priest stayed.

•

I glanced at my watch. It was 3:30. I had spent five hours struggling to care for Maria, dealing with her death and her parents. The time had passed quickly, but it also felt like I had been in this hell forever.

I asked the nurse what would happen next. Nancy said the family would most likely return to Maria's room on the pediatric floor, accompanied by the priest, where they could hold her lifeless body and try to take in what had happened.

I was on my own to figure out what happened.

First, there was work to be done, despite my foggy brain. I tried to pull myself together and emerge from my dream-like state. I felt like doing nothing. But some patients' parents had been waiting all day to find out what was going on in their child's heart. It was time to give myself a little pep talk.

I can do this. I have done it before. I will have to do it again. Just because you're tired is no reason to quit working. People need you. You can't fall apart now. Just do the minimum, then you can go home.

I made my way to the heart station where a pile of electrocardiograms and heart ultrasounds were waiting to be read. I leafed through the pile

and tried to pick out the urgent ones, following my new favourite rule, "Don't do today what you can put off until tomorrow."

After I finished reading the urgent EKGs and cardiac ultrasounds, I looked through my list of patients and new consultations on the cardiology service. Thankfully, most of them were stable, non-urgent, and could wait until tomorrow.

Only one patient couldn't wait: a newborn baby with a heart murmur, whose ultrasound I had just reviewed. Newborn babies with heart problems can get very sick, so I had to talk to the family. Even non-doctors know that when something is wrong with the heart, it can be serious business. This boy had mild pulmonary stenosis, a minor problem that is usually no big deal. I could handle that. I prefer to share good news with families, especially this day.

I entered the mother's room and did my best to focus on the mother and baby at hand, and not on recent events. Since the baby had only a small problem with his heart, I hoped she would be happy. I summoned my best reassuring doctor voice, and tried to forget that things don't always work out so well.

"We found out what was causing the heart murmur. There is some narrowing of the pulmonary valve, the valve between the heart and the lungs. It's not dangerous, no need for medicine or surgery. I expect him to do well."

The mother burst into tears. Sometimes fear of the unknown can have that effect. But this was a

minor issue, and I reassured the mother her child was going to be okay.

"Really, he's going to be fine. He can live to be 100, he can play in the Olympics, he can be president. Maybe not all at the same time. I'm much more concerned about him growing up in the land of junk food and video games than this little heart issue. I will check him in a few months, just to make sure."

Slowly, her anxiety turned to relief. Again, she began to cry, this time tears of joy. I congratulated her on her beautiful new baby, gave her my card, and left the room. Yet, when I left, it was Maria who occupied my exploding brain.

I couldn't bring myself to return to Maria's room.

I made my way back to the locker room, changed out of my scrubs, and prepared for my bike ride home. It was already pitch black outside. I fumbled around my backpack, located my headlights, and attached them to my bike.

Before leaving, I checked my phone. There was a text message from my sister: "Enjoy your perfect day." I paused for a minute. And headed out the door.

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tick

William Fung

The clock hand moves.

Another minute passes.

I wring my hands slightly, feeling the smooth curvature of my nails. They feel foreign and alien, like hands that aren't my own. I take a deep breath, and the slight burn of fresh air mixed with the faint unfamiliar odour around me hurries down my throat.

A low thunder echoes in my ears, the rhythmic pounding shifting ever so subtly as I breathe. I start studying the wall, trying to ignore the insistent rumbling. But it is still there, a constant reminder of something else creeping over the horizon.

Tick. Another minute.

Does anyone else feel the same? What thoughts lie behind the tired eyes of the woman in the corner? Does the man reading the magazine understand the words running by before his eyes?

Suddenly my eyes meet someone else's, and we both quickly look away; it is an unspoken rule to make no contact. The room is quiet, but it is a

heavy silence. You can hear breathing; someone has a slight wheeze.

Wrapped in our invisible cocoons, here we sit, four strangers. We each carry a story that we guard against all eyes. And yet, here we are, waiting for the chance to tear down every wall and lay that story bare.

Tick.

It is because we do not understand. It is our story, and yet it defies all comprehension. And on the great scale of fear upon which we have weighed sharing against not knowing, the four of us have chosen to know.

We seek a retelling.

But the fear is still there. For while it is our story, it also is not. Here we seek its ending, its denouement. Here is where we wait for the detective to reveal everything, and for the cul–

Tick.

I wring my hands.

They call my name.

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Cleavage; or a Director's Notes

Bahar Orang

Things that resemble breasts: teardrops; flower petals; melons; water balloons; the drooping, wrinkled cheek of the elderly woman who serves coffee at the shop down the way; the oversized bubble of foam floating in the cup; the white, unblemished, saucer; the letter "m"; the cleavage of an unruffled moon peeking out above dark clouds. It was Friday evening, and as Anna sat waiting for her lover, she tried to remember the day. But all she could think of were the breasts that polluted her life; they fell into her lap like pearls slipping off a string. She was an overwhelmed oyster, collecting an assortment of gems that were not her own. Anna sighed, realizing that the only thing not resembling a breast was the floppy, silicon pancake that she had tucked into her bra. The prosthetic knew its fallacy better than she did, and it had dropped out of her shirt when the bus made a sharp turn. Anna imagined it covered in dust, ripping open, huddled in a corner with candy wrappers and used travel tickets. She shuddered and pushed its ugly homelessness out of her mind.

It was her birthday, you know. Friends had called, inviting her over for dinner, or maybe a movie, or a coffee date at the very least. But Anna had plans with the mysterious lover who lived in the building across from her apartment. Not a lot of details were spoken; her love life was private, after all. She only mentioned that he was handsome, that he was rather younger, but very sexy, very sweet. And they were going to spend her birthday together. It would be a quiet, careful fifty-first. She would wear her billowy, dark red dress that hid the asymmetry of the abandoned right breast. And there would be wine, and candles, and a small chocolate cake.

But she was tired, always tired—an endless fatigue that made her dizzy, depressed, cold, and terribly absent. So on the evening of her birthday, Anna sat alone in the bathtub, doing her arm exercises with a heavy heart and aching armpits. A swollen bathing sponge was her lone companion, and she held it over the scar across the left side of her chest, keeping her otherwise naked heart warm and modest. Though, admittedly, it was something like relief to be unclothed. Her deformed sensuality was at the fore of every thought, every movement—all day she longed to caress her own limbs, to stroke the bare skin, stare at the full breast, brush fingers over the empty breast. A tiny variation of the body, and suddenly its vulnerable construction becomes unbearably clear. Such exposure was frightening, poignant, and strangely erotic. And so Anna spent her days with a small, glowing desire to undress, to unravel, to live naked.

She raised the left arm, slow and aching. She held it high for several moments, trembling, and then lowered it, steady and controlled, back into the bath's warm depths. The sound of the limb gently splashing into water reminded Anna of her presence; she was still there. Her body was rather separate from the self, but the ache of that gap was soothed by the body's private gaze—it bore witness to Anna and the struggles of troubled mind and longing heart.

She lengthened her body, and leaned back so that only head and toes were above water. Looking up at the dirty ceiling, she imagined a tiny, invisible camera peering down at her. The possibility was vaguely pleasing, and she curated the footage in her mind—long legs, wrinkled but sensually so, soft stomach, no longer flat but nonetheless inviting—like sweet pillow, and solitary breast, large, drooping, with the other scarred side winking like an overgrown eye. And the face: pale, sallow, poetic, lovely.

The doorbell rang, finally. She imagined the look of horror on her dear friends' faces if she told them the true story of her lover. That a twenty-one-year-old boy had watched from his window as she undressed for the first time following the mastectomy; that he stared as she wept; that although she had closed the blinds with fear and devastation when she caught him looking, during one horrible evening she had gone to the stranger's door and they had made love on his small bed—her crying all the while, him still staring, solemn and silent. The whole thing was unwise, a rather un-

seemly affair, but they spent many more nights in each other's homes, in each other's arms, breathing and washing, Anna's unevenness slightly more healed with each exchanged heartbeat.

The door was unlocked. She heard him open the door, and walk through her apartment hesitantly, in disbelief. Anna closed her eyes, and the soundtrack of his movements swept over her like the delight of childhood memories, like the redness of unspoken shame—an excitement, an elation, a disquiet that took no particular form, that shifted constantly, unexpectedly, with determination, with urgency, with a peculiar sense that the house of the body, the walls of the apartment, were all crumbling beyond fathomable repair.

"Anna?"

"Anton."

Anna was deeply touched by the companionship of their names, by the tangible solace between their mothers. Anna's mother, an Iranian woman—teacher, writer, reader, baker, soft voice, flawless hair, olive skin—had been reading *Anna Karenina* when she was pregnant with her daughter. She appropriated the Russian name casually, carelessly, delighted, and unmoved by the story's tragic end. Anton was named after his father, Anton, who was named after the grandfather, Anton, and Anton's mother liked to insist that they had some vague, essential connection to Chekhov. Anna, former drama teacher, former actress, performing person, performing patient, felt even more deeply drawn to Anton when she learned about his imagined relation to the Russian playwright.

Of course, they rarely spoke of such things. They slept, touched, and Anna rehearsed lines with Anton, who was acting for his university's contemporary theatre company. The stars had come together in some dark way, for the school's play was *W;t*—a story about the brilliant Vivian Bearing, a scholar of metaphysical poetry who had ovarian cancer. Anna was no fool, and she often wondered whether Anton—steady, serious, motivated—was attracted to her because her physical condition aligned so utterly, so mystically, with the central character of *W;t*. She was the perfect research subject, the perfect teacher. Anna knew, acutely but still not resigned, that the affair would meet its inevitable end once the play was over. He would dispose of her the way ambitious youth always do, ruminating about the tragic brevity of their encounter, treasuring the ethereal memories, but moving on, invincible and ready to explore new territory, new lovers and teachers. Perhaps one day she would crop up in his lousy play, and her breast would symbolize something or other.

It must be said that she was not entirely opposed to being exploited thus. She was a charming lover, a spectacular muse—so magnetic that the spotlight shifted, always, in her direction, shining brightly through the space between her legs, the nook between torso and arm, through the curve of her neck, her shoulder. If he was using her, it was just a happy side effect. Anna was the main affair.

"Happy birthday."

"Thank you, sweetheart. Now, quickly, tell me about the prettiest breasts you saw today." She reached for his belt.

Anton laughed, and she enjoyed his exasperation.

"Is there nothing else about my day you'd like to know?" He stepped out of his jeans, pulled off his sweater and Anna looked at the boy, in his underwear, and her impulsive excitement faltered—he was as flesh and bones as she was. The delicate wholeness, the spiritual something that coloured her imaginative vision of Anton often tainted their time together. Anna was made entirely of highs and lows, elated then disgusted, content then disappointed, worried then carefree as a bird who's lived its whole life in vast forests with no fringe in sight.

"Nothing at all." Anna smiled.

"Well, there was my calc professor." He stepped into the bath, and her desire for him returned like a balloon expanding from within.

"Oh? Dr. I'm-a-young-beautiful-mathematic-genius. Describe her tits to me again."

"You're better at this than I am. I can't come up with that many adjectives."

Anna handed him her sponge. "Well, repeat what you've got."

"Round. Big. Full."

"Lovely." She closed her eyes as he turned her around, gently, to lather her back.

"So tell me what *you* saw today."

"Well, there was a martini glass, and it had the most perfect figure! When I drank from it, I half expected the liquid to be a magical elixir that would transform my body."

Anton pressed his lips against her shoulder. She had made him uncomfortable.

"Now, Anton, let's go over your lines."

He leaned back in the tub.

"Ok, the part where I take Vivian's history."

"Lovely."

"How old are you?" How quickly he adopted Jason's rough spirit.

Anna leaned against him.

"Fifty." Well, Anna thought, I'm officially forever older than this poor woman.

"Are you married?"

"No."

Anton breathed in, deep. "Are your parents living?"

Anna tilted her head and brought her ear closer to his heartbeat. "No."

"How and when did they die?"

"My father, suddenly, when I—oh, I forget this line. Something…. My mother slowly. Forty-one, forty-two. Breast cancer?"

"Cancer?"

Anna giggled.

"You're breaking character," Anton said. "You told me never to break character so close to opening night."

"Breast cancer."

"I see. Any siblings?"

"No."

"Do you have any questions?"

"Not so far."

"Well, that's about it for your life history."

Anna kissed him, and parted her lips, wishing that the weight of hopelessness in her body could

be transferred, conveyed, and slightly alleviated by the sharing of inhales and exhales.

*

W;t was a dark play. But it was not the darkness—of the subject matter, of the hospital room, of the nighttime death—that made Anna dread seeing it in the flesh. In fact, it was the glimmer of light at the end, when Vivian finally appears to repent, or regret, or become compassionate toward herself, or God, or whomever—when she walks into the spotlight, naked, "beautiful"—that filled Anna with great apprehension. Anna scoffed at this ending each time they read it. She dismissed the epiphany: it made her secretly anxious because she had found no such light; she had never stripped naked beneath a glowing, revelatory brightness. She had never experienced a spiritual awakening—no sacred wisdom had unraveled as a result of the cancer. And so the play, fictional though it was, made her doubt the unquestionable reality of her own life.

*

But opening night arrived, prompt and indifferent, like most life events. It was snowing, and during that dark wintery depth of a night, Anna somehow remembered her performance in the spring scene of *Three Sisters*. She had been twenty years old, playing Masha Prozorov, the middle sister. There had been simulated bird sounds, a plastic park

bench, and a shadow of leaves covering the stage, implying fresh sunlight. As she walked now through the snow, Anna felt suddenly like she had just drawn back from her tearful goodbye kiss with Vershinin. And she remembered the wave of authentic, uncontrolled pain that overflowed from feigned devastation—as though an actress had inadvertently picked up a real gun rather than a fake gun, and the audience had offered the dying, bleeding woman a smiling, booming, standing ovation. *Encore!*

*

Anna was wearing a long fur-trimmed coat, high leather boots, and that dark red dress. Her eyes were large, her lips were full and bright, and her black hair was stylishly short. Surely no one could tell that she had only one breast, that she was the guest of a very young lover, and that she knew every line of the play. People likely believed she was the attractive, worldly wife of a professor at the school (not the overage muse of the male lead, and not a poor pathetic cancer patient seeking solace from a story that was barely relevant to her own life). Anna especially despised assumptions when they were too true. When people learned she had cancer, they always assumed breast cancer, because she was a woman. Of course, something was displaced when they realized she had Middle Eastern ancestry. Somehow that fact required more thoughtfulness and was not immediately reconcilable with breast cancer.

She presented her ticket, followed signs to the theatre, and sat down near the front. There were five rows below, mostly unfilled, that were "reserved for medical students." Anna's curiosity and sociability got the better of her and she tapped the shoulder of a young woman sitting in the fifth row. She usually felt quite uncomfortable with health-care professionals and students, nervous that they could deduce her one-breastedness.

The girl explained that she and her classmates were to submit a review of the play for their S.A.D. class (social aspects of disease). Such a class would apparently teach them "empathy, compassion, bedside manner—things like that!" Anna all but rolled her eyes at the girl. As if any of them—any person—could ever truly see beyond their own bodies. As if we humans are able to surpass distance and difference, even slightly—such a fallacy is the real conceit. This is the true beauty, the true horror of living, dying, watching theatre.

And so began the play. Anton was excellent—almost unrecognizable, and more desirable than ever. Anna was disturbed and delighted by how skillfully he concealed his true demeanor behind Jason's cruelness. She was thrilled—both envious and excited—that he could play another person so well. There was fear in her heart, but the fear grew small as the heart burst with breathless pride.

But the audience became increasingly distracting. She was annoyed by their laughter during moments of wit, and irritated by their sniffling sounds when Jason was particularly abusive towards Vivian. Anna soon needed air, but of course, ac-

cording to Edson's obnoxious stage directions, the damn play had no intermissions. So what, she decided, so what! She could move as she pleased—impolitely, disruptively—so be it! Such was life. Just as she exited the theatre, she muttered, under her breath, with Vivian, "Are you going to be sorry when I—do you ever miss people?"

"Everybody asks that. Especially girls," Jason responded.

"What do you tell them?" Vivian continued on stage.

"I tell them yes."

Anna looked up at the stage, and observed Jason in his lab coat. She undressed him with her eyes and imagined Anton's slender chest and small frame. What if instead of a prosthetic breast she had another mastectomy? What if she shed her voluptuary concerns and adopted a boyish body? She would be as lithe, as lovely as Anton—a supple blank canvas, a sweet winter tree—firm as Anton, forever as Anton. Just touching his body was no longer enough—maybe relief would come if she internalized him, if she wore him, consumed him, absorbed him. She saw his body, imagined her head atop his shoulder, and the sensual longing that thus exploded inside her was suddenly frightening. These musings seemed reprehensible. What had gotten into her? The scar of lost breast was cursed—or was it the left-behind breast that had grown bitter, igniting such thoughts?

She was outside, finally, and she was shaking. She kneeled, and a hot tear escaped from her eye. A familiar, horrible heaviness returned, and an im-

penetrable, transparent blanket fell between Anna and the rest of the world.

"You okay?"

Anna turned to the deep voice and saw a young student standing nearby, leaning against the building. He rubbed his hands together, keeping them warm.

"Yes. I'm perfectly fine." She stood up, wiping the tear. A human, a person, a full, complete being to suppress, to depress, to conceal her obsessive wonderings.

"Pretty shit play, huh?"

"Yes. Horrible." She smiled, curious and sociable again. "Are you a student here?"

"Med student."

"Ah. So why aren't you seated somewhere in rows one to five? They were reserved for you, after all."

"I just have to sign the sheet at the beginning and at the end. Fulfills the expectation."

"Fulfills the expectation—to see a play about cancer. Lovely."

"You said it was a shit play too." He pulled a small flask out of his jacket and took a swig.

"I'll forgive your crassness if you share."

She noticed him observing her. She wasn't bad looking. Old, but tall. A nice smile. Nice boots. He handed her the bottle. She put her lips on it, just as the hot alcohol finally flooded his cold, bored insides.

"So, no empathy for you, then?" Anna stepped closer to return the bottle.

"I've got enough empathy, don't you worry."

"Whatever you say, doctor." He was taller than Anton, far more handsome, and he came bearing alcohol. Anton was dark and skinny, but the medical student was fair and thick. At that moment, returning to the theatre, returning to the audience, returning to stand before Anton (who was forgetful! who had surely already forgotten her!) was the worst hell possible. The med student smiled, took a drink, and brought the bottle to her lips. She took what was left.

"I have more in my car." And so to the car they went, the snow falling relentlessly upon them.

*

Anna returned to the theatre nearly an hour later, happy, drunk, and slightly more fulfilled. The play was just ending. She heard the final words—Anton's, Jason's, "Oh God"—and she watched Vivian, naked, beautiful, reaching for the light. Anna stared at Vivian's breasts—the breasts of a young, healthy actress. They were not another "thing that looked like breasts," they *were* breasts—round and robust as a bulging, floating bubble in the bath. How she ached to extend her arm and reach back, toward those breasts. But they were unattainable, and she was filled, suddenly, with a thick rage. And in the darkness of the crowd, Anna was hot and bright, and nefarious though it may be, she imagined herself entirely breastless—sliced, finally to nakedness. *Lights out.*

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Early

Amitha Kalaichandran

It is always better to be early they say. Definitely better than being late, particularly as a young trainee in medicine – a field filled with rounds, teaching, more rounds, clinics, and very patient patients who always seem to be waiting.

But sometimes it's better to be just on time. Or even a bit late.

Pediatrics is a unique field in medicine, because generally speaking, most of our patients are in good health. Those who are not often have the opportunity to manifest the resilience characteristic of a young mind and body.

Newborns who enter the world earlier than expected are a bit different. Landon was. His parents, as accomplished as they were optimistic, viewed his birth after just 27 weeks in the womb as a sign he was a "go-getter." Landon had clearly become bored of the mundane intrauterine environment and was ready to take on the world as soon as he had the ability to do so.

And he surprised all of us. Though the delivery was complicated, and he was initially dis-

tressed, he quickly became "vigorous" – a term we use favourably in newborns, as it refers to an infant's ability to transition well to a world outside the uterus. For very preterm infants, it is a challenge to facilitate things that are normally completed in utero – their continued growth and development – within the walls of a hospital. But, we try our best, and many of these infants go on to live normal lives. Landon was expected to be one of them – and at three pounds two ounces he surely showed us the "right" signs.

Shortly after he was born, Landon had an ultrasound of his head that showed moderate bleeding into his underdeveloped brain tissue. "Moderate" is better than "severe" – in medicine, precise terms are often coupled with statistics that attempt to help both the physician and patient distinguish between hope and naivete. His chest X-ray showed lungs that were very small and underdeveloped, preventing him from breathing on his own, but allowing him to live with the assistance of a complex ventilator. His heart, perhaps the source of his resilience, was okay. Indeed, we were optimistic.

Once Landon reached 43-hours of age things changed.

The first time you see a silent cry – the expression of discomfort without an audible sound - you never forget it. When even the slightest touch on a premature infants' tissue-paper skin is met with an inaudible scream, powerful even against the noisy milieu of cardiorespiratory monitors, you start to wonder where to draw the fragile line between healing and harming your patient. When the thin

tube that provides minute amounts of infant formula starts to show flecks of blood from stomach irritation, you start rethinking how basic human needs can be met without causing further damage. When obtaining bloodwork is met with jerking of limbs that barely measure the length of your fingers, you realize that being early can be very a difficult thing.

Landon's parents, at the bedside since his birth, often asked different members of the care team about whether we were closer to sending him home. His mother even kept a carseat near his isolette. It was a gift from a baby shower the week prior to his birth and seemed to serve as a reminder that Landon has a home that had been waiting for him for 27-weeks. Sometimes it is helpful to focus on what we know in medicine. It somehow seems to dwarf the vast amount of uncertainty we face everyday. We knew he was gaining weight, and his heart and kidneys were functioning relatively normally.

Indeed in medicine, when the idea of losing hope is unpalatable, one can choose to stick to "objective" facts, at least until new facts scream back at you.

Over the next few days, Landon's silent screams and restlessness became more frequent and less responsive to pain-relieving medication. His second head ultrasound now showed a "severe" bleed in his brain, into areas responsible for movement, but also cognition and basic functioning. His lungs continued to become more ineffective, requiring even more oxygen, which at high levels can be damaging to other organs. Then his

heart started to show us signs that it was exhausted. He was becoming less resilient in a world that only days ago seemed to be on his side.

Once ahead of the pack, early and eager, Landon was starting to lose the race, and someone had to say it.

The first time you hear a parent cry about their child, you never forget it. They were unprepared for Landon's early arrival, but optimistic. Now things had changed. We assured them that though his arrival was hurried, they had time and our support to process everything we discussed and could think carefully about what they felt would be best for Landon.

They decided to use Landon's own cues to guide their decisions. During bloodwork his heart would beat much faster, he would arch his tiny back, and appear to cry without tears. We stopped the bloodwork. His ventilator was one that required him to be sedated, restricting his purposeful movements. We switched to a more basic ventilator. Efforts to wean his pain-relieving medications were met with further agitation. We kept him comfortable with a combination of two different medications at a dose that worked for him.

One morning my fellow trainees and I received an email that we would be meeting earlier than usual for rounds. That was the morning the silent screams stopped. The noisy monitors had become quiet. Both hope and naivete that Landon had improved clinically flashed ever so briefly through my mind before leaving it blank. Overnight he had pulled out his breathing tube, I was told, and his

parents decided they just wanted to see his tiny face, without tubes and lines. His eyes were closed gently. I'd like to say he had a calm smile across his face. The truth is that his isolette was dark and he was bundled in such a way that I could barely make out his other features. My attending explained that Landon had passed away a few hours earlier. The attending wanted us to experience and understand the decisions and tribulations of letting go of a very sick preterm newborn, the cognitive dissonance between the excitement of bringing a new life into the world and the realization that that life could be inexplicably fragile and short. By arriving early that day we were able to share that time with Landon and his family.

We are taught that medicine is not an exact science, but the pure science of it is actually quite well delineated and easy to master with time and diligence. I think the art of balancing the emotions and ethics of providing good medical care, while respecting the values and integrity of the family and patient is the imprecise part.

During his short life Landon helped shed light on this balance, one that is hard to teach even for the most experienced medical attending. At the end of rounds that day I finally understood that Landon was not early at all. He had arrived just on time.

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A View of Palliative Medicine: The Third Option

Anthony Mistretta

Our hero cyclist was really more of a satisfied middling. The Tour de Bastide was itself much more modest than its famous counterpart, yet it was an equal challenge to the legs and hearts of the less accomplished cyclists who embarked upon its route yearly. The course was divided into phases, each a physical test of specific design. The hills were the first stage—a strenuous symphony of uphill steeps and exhilarating downhill speeds that resonated with the tones of youthful limbs. The planes followed—a 50-mile stretch of paved flattened earth that catapulted seasoned sprinters into the womb of the adoring at the city's finish line.

Our hero was in the truest sense the most average of riders. He was in brilliant shape physically and mentally, appearing invincible to most eyes, except those of his rivals who came from great distances to match him on every conceivable level.

On this day, in fact, he found himself in the most average of positions. Snaking through the hill portion of the course, and currently 44th out of 100

cyclists, he was squarely positioned in the midst of the race's most populous peloton—a predictable showing for an entrant who had consistently finished this race within the belly of the pack.

Sweat streamed from his forehead and poured over the pock of his temples. His heart didn't beat, it lunged forward. His muscles laboured within the paradox of tensing while stretching. It was poetic that, in the midst of this harrowing and panting, he found the quiet of his mind reflecting on the journey that had delivered him to this chosen crucible.

In the off-season, he had trained harder and longer than he had ever before. His family felt the sacrifices of his preparation as much as he did. He was often absent from gatherings, not to mention a few graduations. Mostly, he felt guilty about missing the small memories, like the day his son spilled an entire bowl of pancake batter on the floor while he was out logging miles. Rather than cleaning up the mess right away, his wife had watched as her child pushed his toy boats through the lake of batter, allowing his imagination to see something magic in that moment.

The scurry of snapping gears rustled him from his mesmerism. His eyes pinpointed onto the forms of men ahead of him as he marshalled himself back into alignment. Then, before he could fully fix his posture, fate rifled him towards a different trajectory. An impatient chump a few positions behind him decided to get aggressive and swirled past him on the right. In a moment unpredicted, uncalculated, and unaccounted for, our hero failed to acknowledge the move and did not yield. He would

later reminisce upon this pivotal moment—a mistake waxing bittersweet, born from the distracted reverence of family, not from the zeal of his competitive id. The climax was a cacophony of feet over handlebars and a hard crash into the rocks and scrub brush that lined the roadway.

Initially, he thought he would be able to dust off this disaster with the same alacrity as his toddler bobbing up from his daily tumbles. He didn't feel crushed, just bloody and sore—no reason to stop racing forward. When he untwisted his metal skeleton, he was pleased to see only a flat tire. This, too, was easily corrected using the tool kit and hand pump included with his standard gear. As he hopped upon his mount, by all accounts, he was back in the game—until he started pedalling. It was obvious after just a handful of turns that his condition was far more serious than he originally suspected. In retrospect, he realized how foolish it was for him to think he could get past this type of injury without repercussion—his bicycle, like his body, can only handle so much damage, even with all of the tools and pumps at one's disposal. In some cases, a physical limit is reached before a finish line one would have chosen.

The rim of his back wheel was slightly bent—not visible to the naked eye, but felt in the unnatural resistance, ever so subtle, that it posited against his muscles. Although it would not be obvious to casual spectators, he was no longer a peer of his fellow riders—he was set apart, damaged, inferior, and vulnerable. He could feel it, and he knew it, immediately and deeply, to be true. With each

quarter mile, the added friction pulled him further and further behind the pace of other riders, as if barbs of Velcro had grown into the very grooves of his treads. With the horizon of the planes looming ahead, his quest, even his very effort, now seemed quietly hopeless.

At this juncture, our hero perceived only two options left to his choosing. The first option would be to continue pushing forward—denying stoutly his impossible disadvantage and lumbering ahead with doubled effort like a noble Spartan faced with the fall of his crest. This was, after all, his natural instinct as a seasoned competitor, and it seemed to be the proper code for such a predicament. He would finish the race wrecked, in physical agony, with the cruel reward for his anguish the indignity of a last place finish.

His second option would allow him to eschew the burden of physical suffering but at a cost of even greater ignominy—he could quit the race. The procedure would be simple enough: he would raise his arm in defeat and pull over meekly to the side. He would then surrender his bike and body passively to the faceless crews who would load both parts into the rescue van that trolled behind the living racers like a shadow of weakness. From those lonely confines he could watch through glare and glass the tragic majesty of his stolen story play out in the motions of other actors.

He ruminated upon these two fates as he pedalled. In the sanctity of his indecision, he turned his head away from the back of his frontward competitor and looked instead toward the vista of

the mountain road. Within a few minutes, he felt the knot of his quandary relaxing, and as it did, his eyes refocused like a camera accommodating its subject. He was no longer looking at the scenery he had sped past so many times before; he was seeing it for the first time.

It was beautiful. So remarkable it was that he had never noticed it. In the valley below, there was a spread of vineyards and farms, pastels of green in varying shades spotted with cherries and poppies of pink. The watercolors of this image now washed over his calculations, and he imbibed them with all the fervor he had scratched hours before from the asphalt of his mouse wheel. He was suddenly in a very different place, both in mind and in spirit.

It was at that moment that he realized he had a third option, and as soon as he acknowledged it, he chose it. He would stop racing, but continue riding. He would ride slowly. He would ride not because he had to, but because he wanted to more than anything else at this time in his life. Precious and peaceful, these moments would not, could not be snatched from him like his fast finish. His pace was different now, enlightened, and no longer threatened by those operating in other octaves. In some ways, he felt like a child again, enjoying the pendulum of warm sun and cool wind against his face—a face that was no longer furrowed, nor so sweaty.

The shadow of the rescue van also took on a different shade. Once ominous, the now welcomed protection of its wake allowed him to navigate his new course, at his new pace, and to realize his new ends in safety and in confidence.

In the miles that followed, he venerated a variety of visions—a sputtering tractor in the distance, a nest of sparrows nearby. His favourite though, was the small lake to the north where he could see a small boat pushing its way through.

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Cooper

Gwynyth Mislin

Cooper went off to the bathroom to identify the crawling thing that had sent me shrieking into the living room.

"It came straight at me, Cooper, I swear. It was a horrible, bizarre-looking thing. And huge!" I wondered if I should have sent him. He was getting so weak that an extra trip to the bathroom required more energy than he had to spare. However, I felt obliged to join him in the pretense that everything was just as it had always been, and Cooper had certainly slain monsters for me before.

"Please come out here and tell me what that awful thing was."

His answer was laughter, which immediately became a shallow cough.

"Don't laugh at me, Cooper."

"It was only a little water bug," he said, reappearing in the doorway of the living room.

"Not little," I objected. "Not little at all. Did you kill it?"

"There are bound to be hundreds. Why kill one?"

"As a warning to the others, of course. Cooper, please explain this awful place. How can you live here?"

"You've said that about every place I've lived. I like this apartment. I won't be here long, anyway." He had arranged to move to a nursing home when he became too weak or too ill to live alone. "But never mind that." He sank into his green velvet reading chair. "Give me my quotation."

I sighed. Cooper was brilliant at this game of ours. He was fifteen years older and much better read, so his score was thousands of points higher than mine.

"'Wouldst thou fashion for thyself a seemly life?'" Laughing, I realized that I must certainly have been thinking of the chaos of this apartment when I chose the quote.

Like a flash, Cooper shot back the next line of the poem: "'Then do not fret over what is past and gone.' It's Goethe. A non-English author means a thousand points for me, Dina."

"Cooper, doesn't fairness demand that I be given a handicap? All those years you spent tucked away happily in the libraries of Europe, I was trapped in the suburbs with kiddies and diapers."

"Speaking of your very nice children, I've received charming postcards this week from each of them."

"I didn't hate the children, I hated the suburbs."

"'Through the suburbs, sleepless people stagger, as though just delivered from a shipwreck of blood.'"

"Rarely that dramatic, I assure you, but we had the sleepless people staggering. There's never a wink of sleep with children."

"You're stalling, Dina. You don't know the answer, so admit it."

Of course, he was right; I absolutely did not know who wrote that. I glimpsed a volume of Garcia Lorca in the stack of books nearest his chair. "A poet. A foreign poet. Lorca?"

"Dina, I'm impressed."

Conversation drifted to mutual friends, my husband's work, and the weather, and then he seemed tired, so I asked to be allowed to straighten the kitchen. Neither one of us was entirely ready for me to leave, but Cooper admitted that he needed a little rest.

"I'll just shut down for a moment, Dina. Wake me when you've had enough in there. No shrieks, please." He was smiling, but his eyes were closed.

"Whatever moves is a fair target," I laughed. Like most healthy people unused to the very ill, I had failed to see the signs of his fatigue.

The kitchen was not as bad as I had expected. Someone had been cooking and cleaning up. It could not have been Cooper. I attacked what mess there was with the zeal of a sinner. The truth, we both knew, was that I was at least as messy as Cooper and always had been.

Wiping my hands on a surprisingly clean towel, I walked back into the living room and stood next to his chair. He was deeply asleep. Without animation, his face was much too thin and the colors of his skin looked all wrong. Cooper never had

seemed to belong to his own time. With the addition of a few whiskers, his height and natural elegance would have made him a handsome Victorian patriarch. I had certainly never seen him in riding boots and a long coat with a white stock neatly tied at his neck, yet that was the portrait I kept of him in my mind. But, of course, being Cooper, his stock would have come undone and been just the tiniest bit grubby, and his tummy would have spoiled the line of his riding clothes, and he would have been just as terrified of horses a century before as he was now. I leaned over and kissed the top of his head. He seemed so far away from me.

No one in my life had been what Cooper was to me. He offered comfort, whatever the problem, as long as it was not mundane: "Dina, don't tell me domestic troubles, I can barely manage the dreary aspects of my own daily life, so how can I be expected to help others? I am your resource for the truly important questions of life. What should you wear? What poets ought you to be reading? What direction should the style of your painting take? Should you or should you not buy that Directoire commode, and which man should you marry? These are the questions I welcome, but your troubles with your studio lease are not really up my alley."

Yet Cooper was good at finding original ways of dealing with situations unfamiliar to him. Once, at the beach, he was overwhelmed by the rowdiness of my children in the close quarters of the cottage. On a hot afternoon, he put a Bach record on

the player and the children rushed off to bed for their naps as if by command.

"Cooper, what did you do? They hate taking naps."

"It's a simple plan. I promised them two ice creams each after their naps. Your children are resting in their beds, and they are listening carefully to Bach because when the music stops for good, they may get up." Even after Cooper left that summer, "Bach hour" had been so firmly established by him that it became a family tradition.

He made a light, snoring sound, and I adjusted the thin blanket over him. I wanted to stare at his face, memorizing every part of it so that it would be with me forever. Over the years I had tried to paint him a dozen times, but my efforts ended in frustration and annoyance because I could not capture anything important about him on canvas. The pictures looked like Cooper, but the expressions were never right. Now, I felt sorry that I had painted over them all.

The moment he awoke, I would speak very seriously with him. Cooper usually insisted on keeping the tone light, whatever was going on, but I had important things to tell him. I wanted him to know that I would never leave him alone and that I was fully prepared to make this entire journey with him. I had disappointed myself earlier by chatting idly when there were things that needed to be said and so much that had to be settled.

Curling up in a corner of the huge velvet sofa known as "the barge," I fell asleep too. Asleep and dreaming, I felt Cooper's being expand and surround me. I could not see his face in my dream,

but his presence became an ocean wave that carried my dream-self fast and far away.

I awakened abruptly with the impression that something had brushed against my cheek. The unfamiliar echo of the sea was in my ear. Cooper was sitting up in his chair. He was wide awake and smiling at me.

"Where have you been, Dina?"

Stretching myself out of sleep, I returned his smile. "'I have hidden myself and I have found out the way.'" This was one of Cooper's standard quotations from the Egyptian *Book of the Dead*.

"Dina, I want to ask something of you."

"Anything, Cooper."

"This won't be easy. I want you to promise very solemnly, and I want you to keep your promise."

This, then, was the tough talk I had been dreading. My heart was missing beats and I had to remind myself to breathe. Whatever my friend wanted, I would do. I permitted myself to realize what I had known from the beginning of his illness: Cooper was dying and there was nothing that could be done to save him. He would not get better. We would never resume our old lives.

Clearing my throat so that I could trust my voice, I looked across at him and said, "I will do whatever you ask." From my seat on the sofa, I smiled at my friend, while my entire body called to him that I loved him.

"Please, Dina, I want you not to come here again. I've made plans to be cared for and it's important to me that you not be involved. I want to

say goodbye to you today. I want to leave things with us just as they are now."

My arms and my legs were tingling as if blood had stopped flowing into them. What in the world to do when there is nothing in the world to do? Others would perform the tasks that I had been anxious and terrified to do for him. Someone else would sit with him. A stranger would close his eyes.

"I don't think I understand. What can you mean, Cooper? I want to be with you."

"You've taken excellent care of me, Dina, and I've counted on your affection through whatever has happened to me in this life." He was quiet for a moment, and I watched him set his face the way he did when he intended to get his way. "We've had such fun, haven't we?" He looked across the room at me, and I saw how desperately he wanted what he was asking of me. "There are people who know how to do this, Dina, strangers, but people who know how it goes. I don't want your memory of me to be ruined by what's about to happen."

So much was going on inside my body that I could no longer sit. I stood, walked to the window, and looked down at the trees and the river across the street. Rain must have started and stopped while I slept. The sidewalks looked damp; not freshened by the rain, but muddied by it. Misery and fear were overcoming my desperate attempt to keep from breaking down and begging him to change his mind because I wanted every single moment of him, no matter what it contained. Then I realized that I couldn't let myself cry, because he didn't have the strength to deal with my despair.

His voice came ragged from his throat and he said, "I could never leave you, you know."

"Nor I you." There was nothing more to say. I went over to him and sat down on the floor. I leaned against the arm of his chair and lay my head there as he stroked my hair. Eventually, I felt his hand become heavier, and I thought how weary he must be. Every movement and each conversation drained his diminishing energies. It was time to go. I stood and went to get my coat.

In the bedroom I noticed a picture taken of me one Christmas with my children. Enlarged and framed in silver, it stood on his nightstand. I picked up a pen and pad and wrote my final quotation for him. I left it propped on his pillow.

At the door we embraced. He had been my truest friend, my teacher, my father, and, sometimes, my child. He kissed me softly on the forehead but said nothing. My arms tightened around him, and I pressed my head into his chest, trying to memorize the smell of him. The thought of losing him, the pain of touching him for the last time, trapped my voice in my throat. Against my will I took a breath, and the moment was broken. My numb fingers opened the door, and with difficulty I walked through it. He closed the door very gently behind me.

For a while, I stood outside, leaning against the doorway. My mind was trying to move my body down the hall, but I stayed planted, listening. There was no sound from the other side of the door, and I knew Cooper was still there. After another moment, I heard his voice: "'It is the temper

of the highest hearts to strive most upwards when they are most burdened.'"

Then I had to smile. I leaned against the door and said, "Sir Philip Sidney."

He laughed. "Exactly!" I pulled my coat around my shoulders and walked down the hall.

He would go straight to bed. And when he did, he would find the words from Alexander Pope that I had left on his pillow, "How vast a memory has love."

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Poem Collection

Mary Rykov

homage to music therapy

rocking and crying
your soul in tatters, pain flows
through a shattered mind
we sing and bring you solace
making music with your moans

Bubba

rocks back
and forth
to and fro

slaps at
pain slicing
her knees

we try to hold her gnarled
hands that once soothed
our fevered brows

the same hands that brewed
chicken soup with noodles
made from scratch

she pulls away and shakes
her scolding finger: *don't*
get old, don't get old

don't get old
don't get
old

Mary Rykov is a Toronto music therapist-researcher, editor, and current poetry instructor at Workman Arts. Her work is published and anthologized in venues such as the *Journal of Health Psychology,* the *Literary Review of Canada*, and *The Art of Poetic Inquiry.* Read more about Mary at maryrykov.com

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Lament for a Lost Grandmother

Joanne Sinai

My very darlingest
    my grad at convocation hall
I give you
    her proudest moment
this wonderful vase back
    the day's bright smile false hope
to cherish and to keep as
    the flowery vines on her dress
a token of the deep love
    twisted round each other like
affection, respect, gratitude
    her cancer constricting her bowels
for having a daughter
    she vomited worry
such as you – so caring,
    into a bowl beside her laid out body
so feeling, so understanding
    I shattered my Hippocratic Oath
and such a great support
    thinking I knew best
in these very difficult days
    she didn't know how to lie still to imagine
for me

the trajectory of my motherhood
I have so enjoyed
my first child then second
this piece of pottery and
gnarled knuckles from crochet and knitting
I know how much you
refused to thin out with the rest of her body
love it that is why I
hands waving deliriously
want you to have the
conducting our lives
pleasure of using it from
day timer filled from bedside
now on – and remember,
her husband an afterthought
always, the deep love which
until the pages blanked
accompanies it which will
morphine-faded
be with you forever –
calling to us lushes
the saddest part of my
laughing through
illness is the realization
her back so straight on the commode chair
that this beautiful relationship
choosing not to eat
we have attained and worked
it still took her body months
towards, will end – however
dehydration is worse than starvation
it is my belief that life goes
in a bedside journal the family

on and as such I will
    begin this lament
always be there for you,
    my grandmother
who are an outstanding
    a daughter such as myself
human being
    only sits one day of shiva
with so much
    uber responsibility
love
    losing mourning
your very
    twenty years later
devoted
    generations of mothers and daughters
Mother
    gambling intimacy
and friend
    she allowed herself vulnerability
and admirer
    writing about her love.

Joanne Sinai practices psychiatry in Victoria, BC. She is a sometimes writer of poetry. This piece was inspired by a long lost card she discovered written by her grandmother.

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But how?

Joseph Allencherril

I've been putting my free-range eggs
in the red wine basket
and the olive oil basket
and the whole grain basket

And I'm jumping on
the wild-caught oily salmon train
and the dark chocolate train.

I'm a health nut,
an almond/weightlifting nut

And I'm still on the
gluten-free bandwagon
as well as the organic one
with a sprinkling of
Ω-3 and vitamin D

And you're saying I have six months?

Joseph Allencherril is currently an M.D. candidate at Baylor College of Medicine in Houston. He graduated with a BSc in Biochemistry from Rice University. His poetry, prose, journalism, and film criticism has appeared in several print and online publications, including Pif. His blog is at http://latticeinvesting.blogspot.com .

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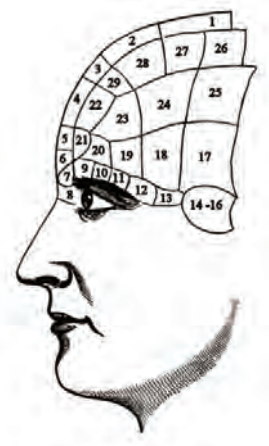
Assemble, Like So (Instructions from the Phrenologist's Lover)

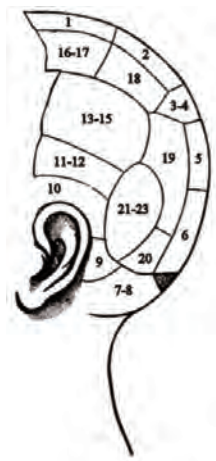
Daniel Scott Tysdal

The spirit is a bone.
—Phrenologist's Adage



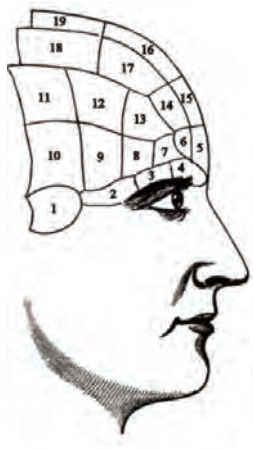
1. Know that not being afraid of
exposing myself for you
2. means clearing my skull of
obstructions,
3. stopping not with my
eyebrows or curls
4. but peeling away the flesh with
them,
5. the muscles and tendons,
laying raw
6. my bone's subtlest expression
of tendency
7. and fate. No lips, true, but no
misplaced kisses
8. either. No curls, but no more strands to get tangled
9. in the headboard. Eyelids will be my greatest sacrifice.
10. When I turn from your disappointment—at an ominous
11. dimple in the region of my "Memory of Things,"
12. or an unsightly bump above my "Sense of Metaphysics"—
13. my eyes will slip loose from my skull and wait

14. for my body to emerge searching, this blind bulk
15. palming at air as it lumbers away from
16. what it cannot see to find. Could we ever
17. be otherwise? Just as grips must obey the principles
18. fists set forth for them, so phrenologists' lovers
19. must free their skulls for love. Laughers must fast
20. on sadness. The living must not remain
21. at funerals forever, falling into coffins
22. and ending up buried, while the dead hang around,
23. not even nibbling on the feast laid out
24. at the reception, and leaving the roads un-roamed
25. by anything but flurries.



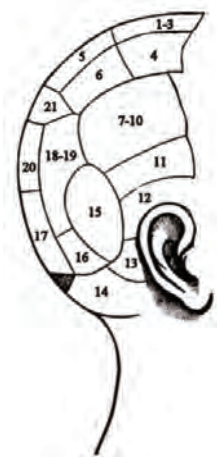
1. Believe that exposing myself will be easy. Our minds
2. are the underneath and ontop of the same
3. shared shard. Both of our sciences are dead,
4. and as seekers we fumble to make them new, to show
5. that what's archaic or killed lingers in more than the gut
6. of what survived to stress over the work
7. of murder and adornment. The hidden, into the hider,
8. trickles. The day phrenologists first put faith
9. in the fact that finger-traced bone said something true
10. about a self, poets pistiled words against the world's
11. cranial mortar—its bodies and its things. They made
12. measurable the graced. They said truths are palpable,
13. open to the residue of fingerprints, the endless elasticity

of seeing. Imagine there's a day when we are identical,
and we travel two centuries in reverse with today's top
surgical techniques to smooth all the unfit skulls, to mar
the crowns that found themselves on the page labelled
"Just." Imagine the day we are indivisible, studying
the snow as though bootprints were traces
of a universal synapse, as though snow angels were
MRIs of the soul, these icy impression limning
eternity, though the arm-thrashed wings melt
and the hemlines in the heat fail to hold.



Decide whether it matters that I misread you, even ask,
"Do you realize I was never moved by the claim
that saintly skulls sustained saintly proportions,
or that bumps betrayed burglars and hurdlers alike?"
If necessary, go further, catalogue what your probes
are really after: "The lost origin of inspiration for
Darwin's symphony of fitness," "the phrenological bust
that first hinted at a self's sentence to the pulpy perdition
of brain matter," "taught men how to tear a prisoner's skull open
and stimulate these neurons to set loose a confession, those
to make him howl." You wouldn't have said that last bit,

12. I know. I only wanted my authorship to fit with your
    authority.
13. I only want to author unfitting actions for your accurate
14. respite: if phrenology had taken a headless subject
15. as its model, would your pioneers have studied
16. the circumference of a neck's mangled stump
17. to determine the contours of a corpse's capacity
18. to do good? Would we range after the faded remains
19. of absences in order to find what is right here?



1. Pull my hands to your skull and guide
   them,
2. teach them a way to get free from
   touching
3. themselves, their strangling of the
   sources
4. of any living adhesions, like the self-
   study
5. the scream unleashed on itself—ears sheltered
6. by scalp-scouring hands as the voice ripples
7. the world away in waves of many-volumed
8. scars (as though making a friend of horror
9. meant only making ourselves horrific (as though
10. hope were truly effaced by the gilding despair
11. that keeps it hidden)). Make us fit
12. together. Make us as malleable as the dolls
13. redeemed in the dream of the child who
14. lost them. Fingers must fight through the canopies
15. of skeleton and penchants that keep them

16. from grasping the hand that ascends
17. from elsewhere. Each sigh is the silhouette
18. of such tactility. Each kiss lights a small cinema
19. on our skin, a home for the movie
20. with the lovers who remain reeling forever
21. in their failure to ever fall apart.

For the day I die, I leave you these instructions. In the age
when no nearness remains squinting around our wishes, and
the only tangling left
are the hairs still tangled in the headboard, strip my skull
clean for real. Then cut from these pages
the words I have written and paste them in the places
marked out for them. Or ink each phrase
over my cranium by hand so the skull can express
unequivocally the bond the longings no
longer lingering inside wanted to be true. Break these lines
into pieces and assemble, like
so,  , the way you asked me to assemble
in you assembling in me, whether after waking together late
in the morning or while passing our hands through the clear
of our bodies
in the night we drank and clutched and cursed
and collided and flickered and fell to sleep.

Exploring the Poetics of Phrenology in Daniel Scott Tysdal's "Assemble, Like So"

Elizabeth D. Harvey

Daniel Scott Tysdal's intricate, luminous poem, "Assemble, Like So (Instructions from the Phrenologist's Lover)," imagines a legacy. The poem's speaker offers directives to her/his beloved, a phrenologist, providing instructions we customarily associate with furniture or toys ("some assembly required") that will enable him/her to reconstruct—and presumably reanimate—the lover after her/his death. The lover's directions mimic and ironically critique the language of phrenology, the early nineteenth-century pseudoscience that sought to map the regions of the brain and to correlate specific neurological "organs" with character, emotion, and mental faculties. Like a testament or will, the poem stretches its consciousness into a future after death. Suffused with an anticipatory elegiac tone, these instructions are designed to reconstitute a mind or spirit that has fled, to rekindle love with the instruments of science. Even as the lover outlines the task, its futility is betrayed everywhere: in structure, in language,

in the eventual collapse of the very endeavour the poem seems designed to sustain.

The poem begins with the command to assemble, and we might usefully linger for a moment on the verb; to assemble means to join, to collect, to bring together, even to couple sexually. But it also carries the cognate meaning of likening or resembling. "Like so," then, suggests that the lover's instructions will provide a template, a map that will guide the phrenologist in the task of reconstruction. Embedded within the directives are fundamental assumptions about relationship, what the poem elsewhere calls "living adhesions"—between language and action, between words and numbers, between science and love, between medicine and poetry, between phrenologist and lover. Likeness is a way of organizing the world. Yet, as the poem suggests over and over in different ways, likeness is continually pierced by difference, by the incommensurability of such correspondences. This disruptive instability is announced in the title, where the impossibility of the task is rendered precarious by the coupling of phrenologist with lover, of science with poetry, categories that seem fundamentally mismatched.

At the end of the poem, the lover imagines "the day I die," and abandoning the numbered schematics, s/he invokes the multiple senses of breaking and assembling: "Break / these lines into pieces and assemble, like / so," "the way you asked me to assemble / in you assembling in me." The words and rhythms transmute the technologies of phrenology—touching, mapping, numbering, cate-

gorizing—into love poetry: "whether after waking / together late in the morning or while passing / our hands through the clear of our bodies / in the night we drank and clutched and cursed / and collided and flickered and fell to sleep." Phrenology's cranial touch extends to the whole body in this erotic assembling, and consciousness encompasses multiple states of being (waking, sleeping, intoxication, eroticism, even death). "To assemble" conjures not just the impartial act of following instructions, but evokes rather the intimate interweaving of the lovers' minds, "me to assemble / in you assembling in me," a passionate mingling that is at once sexual and syntactic.

The title is followed by an epigraph: "*The spirit is a bone*. / —Phrenologist's Adage." The epigraph is a borrowed residue of thought that attempts to capture in a simple equation phrenology's central premise: knowledge of the mind could be obtained by observation, palpation, and measurement of the human skull. Phrenologists thought that they could chart the ineffable spirit and know the nature of character by "palming" the cap of bone that cradles the brain. According to Johann Spurtzheim, disciple and colleague of Franz Joseph Gall, the Viennese physician who first theorized phrenology, the brain could be divided into sections that corresponded precisely to particular faculties or functions of mind. The epigraph equates spirit and matter (bone) through the copula "is," shrinking in the phrenologist's account the mind's mysteries to bumps. Hegel famously contested this assertion in

his *Phenomenology of Spirit* as a reduction of spirit to matter, diminishing unique subjectivity to a set of protuberances on the cranial surface. The skull is the vestige of the human, a signifier of death, as in Hamlet's meditation on Yorick's skull. Gall and Spurzheim collected and measured hundreds of skulls, supposedly converting these icons of death into mirrors of the living mind animated by such attributes as benevolence, wonder, "adhesiveness," and "philoprogenitiveness." The phrenological skull epitomizes the dialectic between death as inert bone and the vital qualities that define the mind, just as the poem uses the imagination to shuttle between lived experience and its afterlife.

Numbers

The poem's ostentatious display of numbers, which tag each line in the first four stanzas, and its apparent keying of the neurological diagrams to poetic lines seem to privilege science. "Assemble, Like So" offers instead, a very different kind of topography, a mapping of what escapes systems and a vibrant critique of phrenology's reduction of the mind. The lover instructs the phrenologist to cut and assemble the lines: "[C]ut from these pages / the words I have written and paste them in the places / marked out for them." Yet the poem continually contests phrenological assumptions, baffling, for instance, in the first stanza the symmetry between lines and numbered spaces on the cranium: there are twenty-nine positions on the skull, but only twenty-five lines. The lines themselves seem to resist the numbered schema, refusing the

clean logic of end-stopped lines, which progressively give way to enjambments or run-over lines, as if syntax, thought, and poetry had a mind of its own.

The first four stanzas have line numbers that seem to correspond to the visual images of the skull, but by the fifth stanza, the line numbers disappear altogether, abandoning system. Phrenology relies on the belief that the brain nestles inside the skull, displaying its outline on the outer layer of the cranium, as the shape of a hand reveals itself in the glove that encloses it: "Our minds / are the underneath and ontop of the same / shared shard." Even as the numbers appear to promise structure and symmetry, they move in different directions; conventionally, numbered poetic lines have a self-referencing rationale that allows citation. This poem is difficult to cite because the lines correspond awkwardly to the numbers, for both poetic line and syntactic unit have other allegiances. Are the numbers integral to the poem or to the system of correspondences aligned with the cranial diagram? The numbers repeat themselves in the first four stanzas, making reference confusing. When we export a part out of its context, how can we identify that part, the residue, the quotation, if we cannot designate it by number?

Phrenologists, the poem's voice tells us, tried to make "measurable the graced," reducing the human to the measurable, numerical, topographical, insisting that "truth" could be "palpable," something to be felt with the fingers or seen with the eyes. But the "they" could as easily refer to

poets, giving a different interpretation to making "measurable the graced." Numbers typically designate the music of poetry, the division into feet and beat that creates a poem's subliminal rhythm. The reader is pulled between scientific and poetic systems, aware on the one hand of the overt, even tyrannical, presence of the numerical, but listening increasingly to the poetic pulse of the lines. The lover pits phrenologist against poet in the second stanza: "The day phrenologists first put faith / in the fact that finger-traced bone said something true / about a self, poets pistiled words against the world's / cranial mortar—its bodies and its things." "Pistiled," cognate with "epistle," is a word that first entered the English language in the sixteenth century. Associated with satire, the Oxford English Dictionary now considers it to be obsolete, a nonce word, used by one author on a single occasion. Yet it appears here again, brought to life in Tysdal's poem, just as phrenology, a relic of a moribund science, is revived. It is as if the act of writing an epistle or a poem could breathe life into the dead or as if the poem's fantastic premise—that the phrenologist's reassembly could reanimate the love—could happen.

The overall effect as the poem progresses is sensory and cognitive confusion, a disruption of the very schema the poem seems to be offering. If satire excoriates vice in order to teach, "Assemble, Like So" exposes the dangers not just of phrenology, but of any neurological technology that might diminish the immeasurable capacities of the mind, reducing to "measure" the properties of "grace."

The lover/poet enjoins the phrenologist to imagine a day in which "snow angels" are "MRIs of the soul," as if the fragile impression could "limn" or record a "universal synapse" or "eternity." Less a sermon and more a defense of poetry, the lover engages poetic technology as antagonist to a science whose schematic understandings might freeze our understanding of evanescent mind and spirit. We might usefully examine several categories of disruption—breaking and assembling—that the poem weaves into its structure.

Alliteration, Breath, Repetition

Alliteration creates linkages among different things through sound; the echo emphasizes connection but not necessarily sameness. The lover uses alliteration as an apparent poetic analogy for phrenology's symmetries: the claim "that saintly skulls sustained saintly proportions" or that "bumps betrayed burglars" seems to mimic linguistically the phrenologist's correlation of a skull's surface with mental attributes. The smooth sibilant of "saintly sustained" contrasts with the onomatopoeic "bump," just as the even curve of the saint's cranium might have differed from the relatively lumpy burglar's skull. Hiding within the words, however, we discern a multiplicity that disrupts these symmetrical correspondences. "Bumps," of course, might refer as easily to cranial protuberances as to the noise inept thieves make. Instead of corresponding to a single faculty of mind, the bump may signal multiple faculties, a deviation and efflorescence of mental abilities. Linguistic vari-

ations and discrepancies jostle one another in the same way that the restless "underneath" of the mind disturbs a simple correspondence with its protective mantle of bone. Words, even as they assemble under the same acoustic umbrella in alliteration, retain distinct identities and divergent tendencies, a kind of subversive linguistic unconscious.

Spirit and breath signal non-discursive sound in the poem: "Each sigh is the silhouette / of such tactility." How do we measure what cannot be measured, what cannot be contained, the "scream unleashed on itself" or the confession "loosed" from the tortured prisoner that emerges as a "howl?" If poetic language disrupts the numerological and phrenological systems, how does the inarticulate, non-discursive sound, traces of inarticulate affect, trouble language as a system? Here, we might consider phenomenological, lived experience, the kind of knowledge we accumulate through the medium of the lived body in relation to knowledge that professes to categorize the mind through a dead or inert body.

Repetition ("saintly … saintly"), like alliteration, sets up correspondences that accentuate difference as it is elicited by changed context. Repeating lines with variations—as in, "Know that not being afraid of exposing myself for you" and its reverberation in the second section, "Believe that exposing myself will be easy"—plays with difference within the echo. The lines cluster epistemological stances and emotions in different configurations—fear, belief, difficulty/ease, knowing, exposing—interrogating the intersections

among them, questioning the relationship between knowledge and belief. Puns are a kind of embedded repetition, meanings conjoined within a single word such as "reeling," which alludes simultaneously to the cinema ("Each kiss lights a small cinema / on our skin, a home for the movie / with the lovers who remain reeling forever") and to the sense of vertigo ("reeling") that the poem produces. A pun may work in ways analogous to the disrupted phrenological project: multiple definitions fit inside a single word, just as the lovers "fit" inside each other ("The hidden, into the hider"), not collapsed into sameness, but retaining their singularity within the pod of their union, a variant meaning of "unfit skulls."

Alliteration opens readerly experience into the sensory realm. Primarily an acoustic device, it is sometimes visible to the eye, and sometimes audible only, as in "phrenologists first put faith." The poem privileges the visual in four images of the skull with numbered divisions; they lie on the page as authoritative diagrams, promising organization and explanation. In the poem's final, unnumbered section, two small skulls without numbers appear, suspended between commas, within a line of poetry. The skulls are joined at the back, adhered, assembled, subsumed into the poetic line as a visual image, a metaphor literalized by sight, the picture doubling the sense of the words and complicating what it means to receive knowledge through different senses.

The imagery of touch and hands is pervasive in the poem. If hands are a central phrenological in-

strument used to palpate the skull's lumps and swellings, hands are also redeployed here as the lover's hands, a touching of curiosity, erotic exploration. Eyes are replaced with "palming," a kind of blind seeing or medical Braille. The "finger-traced bone" of the skull is a truth made "palpable," "[o]pen to the residue of fingerprints, the endless elasticity / of seeing." As the phenomenological philosopher Maurice Merleau-Ponty reminds us, touching is always reciprocal. To touch also means that we are touched. To palpate a skull leaves a trace, a fingerprint, a residue that both implicates and contaminates the possibility of objectivity: "Pull my hands to your skull and guide them, / teach them a way to get free from touching / themselves."

Imagination and Metaphysics

"Assemble, Like So" repeatedly juxtaposes "imaging," as scientific technology, with poetic imagining: "Imagine there's a day when we are identical … Imagine the day we are indivisible, studying / the snow as though bootprints were traces / of a universal synapse." "Imagination" and "image" are etymological kin, spliced together through their common root. The mind's capacity to form images is an inner ability mirrored in science's increasingly sophisticated capacity to present visual representations of the brain's operations. Neurological imaging turns the mind inside out, just as phrenology endeavoured to make the "hidden" visible, displaying and mapping not just the territories of the brain but also the more ephemeral qualities of the

individual human subject. "Both of our sciences"—poetry and phrenology—"are dead," says the lover, and both the lover and the beloved must "fumble to make them new," to revive their power. In a sense, the poem posits a confrontation between their respective poetic and phrenological capacities to revive the dead, whether in the imagined death of the lover/speaker or in the poet's ability "to show / that what's archaic or killed lingers in more than the gut."

In its engagement with philosophical metaphysics, the fundamental ways that we know the world (and in this case, our own minds), we could argue that the poem is "metaphysical." It invites comparison with seventeenth-century Metaphysical poetry, which famously coupled deep philosophical speculation and love. Metaphysical poetry was artful in its use of metaphor, not only in the extravagance of its tropes and conceits and in its willful importation of new knowledge derived from emergent science, but also in its self-conscious use of rhetoric and metaphor. Samuel Johnson (1795) criticized these poets "yok[ing]" of "heterogeneous ideas" by "violence together" in metaphysical conceits, a conjoining of extravagantly dissimilar things. "Assemble, Like So" displays the inherent violence both of metaphor and of scientific exploration. The opening stanza imaginatively anatomizes what the lover's "exposing" would mean for the phrenologist. Literalizing her/his scientific gaze, s/he envisions "peeling away the flesh," "muscles and tendons," and "laying raw" the "bone's sub-

tlest expression of tendency / and fate." S/he summons the phrenologist's disappointment as s/he gazes at the "ominous / dimple in the region of my 'Memory of Things,' the "unsightly bump above 'My Sense of Metaphysics.'" Gall identified "metaphysical perspicuity" as one of the 27 cerebral organs, and the debates between metaphysicians and phrenologists filled the pages of phrenological journals. Phrenology claimed to improve on metaphysics, for instead of abstract descriptions of mental faculties, phrenology could identify specific physical locations through observation. The lover wonders in the poem, however, if phrenology's insistence on physiological verification induces a new blindness. S/he images her/his "exposed, dead self" divested of the senses it needs to navigate: "[M]y eyes will slip loose from my skull and wait / for my body to emerge searching, this blind bulk palming at air as it lumbers away from / what it cannot see to find." The echo of "exposing myself" in the poem's first and second stanza foregrounds the relationship between knowledge and belief: where phrenology anchors knowledge firmly in bone, belief aligns itself with consciousness, spirit, and poetry, what escapes numbers, categories, and perhaps, finally, extinction.

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Earache

Early one morning in August 2002

Geoff Budden

My second child, born in my fortieth year.
Born with my genetic flaw:
A twisted tube; an undrained, septic ear.

A sultry night of earache misery.
Your mother's crashed, it's my turn now;
We'll walk this out downstairs, just you and me.

On this hot night my daughter's lightly dressed.
I too am nearly naked;
Just my shorts, and a baby on my breast.

We walk and walk through kitchen, den, and hall.
A moonlight tour of family rooms:
Your sister's toys; our pictures on the wall.

I'm exhausted and I'm longing to lie down.
But even after your crying stops
You're fretful; and so our walk goes on.

But sleep, like peace, in time comes dropping slow.
I lay you down into your crib
And face the morning, lighter and alone.

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