

A violin is shown from the back, mounted on a black tripod stand. The violin's body is made of light-colored wood, and its neck and tailpiece are dark. A large, black circular graphic is superimposed over the upper right portion of the violin, containing the journal's title and subtitle. The background is a plain, light gray.

# Ars Medica

A Journal of Medicine,  
The Arts, and Humanities

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11  
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2



Volume 11  
Issue 2

## In-Tension

Nathaniel Westley

Nathaniel Westley is a photographer and multi-media artist whose artistic practice is an exercise in asking difficult questions that require a certain amount of vulnerability, both from himself as the artist and from the viewer. In-tension uses the relationship between musician and instrument as an allegory to explore the shortcomings of the body in performing identity.



To design this piece, he used a combination of 3D scanning/3D milling technology with traditional woodworking. To make the top plate of the cello, Nathaniel made a mould of his torso and then scanned the mould with a digital 3D scanner. A 3D file was then prepped for a CNC mill so that a rough prototype could be made in blue foam. From this rough foam prototype of Nathaniel's chest, further prototypes of the top plate were made in MDF until a final version could be carved into wood. The rest of the instrument—the backplate, the sides, the neck—was all hand-made. Nathaniel presented and played the cello in his exhibition piece In-Tension at 10th annual Grad Exhibition at OCAD University.

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## Editorial

*In-Tension*

Medicine is often imagined as a process: as a series of actions performed on the body and mind, or as a journey from diagnosis to treatment (and hopefully to cure). It might be more accurate, however, to imagine medicine as a relationship: as the connection between a doctor and his or her patient, between a patient and his or her own body, between an ailing individual and the family and friends who provide care.

All of the pieces that appear in this issue of *Ars Medica* explore this idea of medicine-as-relationship. Some address the ways in which a person relates to his or her own body, as in Brenna Fitzgerald's "Under the Skin," which describes a ballet dancer's relationship with her fragile bones. Others examine how the experience of illness can bring interpersonal relationships into stark focus: Jessie Carson's "Velvet. Face. Red. Church." imagines a grown-up daughter's response to her father's unexplained memory loss, while N. West Moss's "Dad Died" maps a father's declining health onto the happier reminiscences of his grown child.

The personal and the physical are often intertwined. Relationships with one's own body and mind can often reflect or augment the relationships one has with the bodies and minds of others. For example, Ariel Lefkowitz's "Fresh New-Age Stuff" depicts the lifelong friendship of two elderly men, which is mirrored in their different relation-

ships with—and attitudes toward—their ailing bodies. Dwight E. Watson’s “Great Faith in a Seed” contrasts a variety of complex processes, among them the treatment of an aggressive cancer, the management of an invasive pond species, the building of a log cabin, and the writing of a play. This issue’s feature piece—Upendra Maddineni’s “Life, Liberty, and the Pursuit of Health”—juxtaposes the challenges of a resident’s first night on call with the rallying call to self-confidence that is William Ernest Henley’s poem, “Invictus.”

The poetry that appears in this issue also grapples with relationships, some complex and others surprising. Kristin Agudelo’s “Boy, Seized” and Patricia Cardoso Pastura’s “Status Epilepticus” both imagine the experiences of unwell children from the perspective of their parents. Alan Steinberg’s “Terminal” also takes up the idea of the relationship between the healthy and the sick, although in his piece the connection between the one who is afflicted and the one who provides care is ambiguous. Lawrence Joseph Hergott’s “A Tender, Comforting Something” draws an unexpected parallel between tending to the birds that visit his garden and the dying refugee children he sees pictured in the newspaper. One of Richard Waring’s two poems—“Studio for Portrait Masks, Paris, 1917”—describes the surprisingly tender relationship that individuals sometimes have with their prostheses, while his other—“The Stabbing”—documents a father’s response to his son’s tumultuous personal life.

This issue features the winners of the *Ars Medica*-CMAJ Humanities Poetry and Prose Writing Competition, through which the threads of relationships also happen to run. Lisa Y. Liang's "C4 C5" wonders about the relationship that paralyzed people have with their own bodies. Anna Lee Grant's "I Love You" documents the intertwined lives of two medical practitioners, who also happen to be husband and wife, father and mother, cancer patient and carer. Meanwhile, Jason McDevitt's "Blasé" gives a strikingly honest account of a doctor's internal monologue while talking to a patient.

Implicit in all of the pieces that appear in this issue is yet another relationship: the unspoken relationship between writer and reader. The medical humanities fosters dialogue between doctors and patients, between patients and carers, and—as the pieces in this issue show—it can even offer writers a way to speak directly to (and not just about) their own bodies. In publishing these pieces, *Ars Medica* extends the dialogue. It opens the conversation to all of those who read the medical humanities: readers who may some day engage in their own dialogues with doctors, patients, family, friends—and, undoubtedly, with their own bodies.

Sarah Roger





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## Life, Liberty, and the Pursuit of Happiness

*Upendra Maddineni*

### *Characters*

William Ernest Henley (*Patient*), the nineteenth-century English poet who wrote *Invictus*, originally untitled, while in the hospital; and the American *Doctor*, who hears the chorus two centuries later on Independence Day.

PATIENT: *Out of the night that covers me / Black as the Pit from pole to pole / I thank whatever gods may be / For my unconquerable soul ...*

DOCTOR: It's a victory to see the patient smile, brought on by dreams of another great Fourth of July parade fading to sunset memory while a peaceful, taciturn optimist stumbles unseen through the back door, peeling sticky confetti from a white coat, minutes from the hospital's yearly re-enactment of "Bunker Hill" for the new recruits. Soon there are imaginary and real fireworks with seismic aftershocks, creating mountaineering challenges in the doctoring psyche as jitters escalate to

unease, panic, and headlong fear, while pressing shaky fingers against quivering eyes, inhaling slow deep breaths, and attempting to rein in the *apocalypse now* thoughts. The brief calm shatters amidst running for cover and wishing for the courage to stand alone against the invasion, while hiding in a back alley wiping stagefright tears, once more glancing from the void to imagine the warm company of friends relaxing in the backyard with cold beer. The heart starts to race once again with sympathetic fear, only a few weeks after celebrating at graduation and pledging in front of everyone to uphold the Hippocratic Oath. Pupils dilate with crash-and-burn prophecy—an adrenaline fight-or-flight response in full swing—as the most important year of training finally gets launched, now fueled by urgent necessity and unrelenting purpose. After all, the outcome of this night, for the most part, rests on the rhythm and tempo of failing hearts, the rise-and-fall tides of fluid-filled lungs, and the sound and fury of minds with no simple choices.

PATIENT: *In the fell clutch of circumstance / I have not winced nor cried aloud ...*

DOCTOR: Before starting as a medicine intern at an ultralarge, esteemed hospital, resembling the Great Pyramids rising out of the urban desert of eastside Cleveland, I, like so many, felt confident and prepared. In med school, I managed through two years of late night cramming in the secluded underground bunker of the library, awakening to the rather jar-

ring bugle call of seven a.m. Ivy League problem-based learning, followed by two more years in the unsheltered boot camp of wards under siege, going the extra mile by seeking out the advice of residents ahead in training. I stayed hypervigilant during first-week orientation with the aid of unhealthy legal stimulants, managed to fall asleep to the midnight lullaby of the ticking clock and the golden parable of satire in the rookie doctor's bible: *House of God*—relaxing on the weekend to a marathon of favorite classic TV shows including *St. Elsewhere*, *Scrubs*, and *ER*. But now this was turning into a cliffhanger behind enemy lines, like *Courage Under Fire* or *Black Hawk Down*, and despite all the measured foretelling and prognostication, I found nothing really came close to simulating the shock and awe of being on call the first night. The task seemed all the more impossible as I was just learning to navigate the electronic medical record while simultaneously creeping through the maze of a new and unfamiliar hospital. After losing my way countless times going between floors, patient rooms, CAT scan, X-ray, the ER, and nursing stations, I developed an altogether paralyzing tension headache straining to find items in the dark infinite universe known as the supply room.

PATIENT: *Under the bludgeonings of chance / My head is bloody, but unbowed ...*

DOCTOR: Adding to the confusion, within the first fifteen minutes, the pager transformed into a live grenade that buzzed, beeped, and blinked with

nonstop mind-numbing fury, falling out my fumbling hands, once within uncomfortable range of the urinal. Although a few pages involved minutiae that could be answered over the phone, many required additional history and bedside eval to generate a preliminary differential, workup, and appropriate treatment strategy. I was not new to dealing with complexity, but the pace of management decisions was overwhelming. In scattered rapid-fire shorthand, alarming pages began to accumulate faster than I could answer or remember about upset families, high blood pressures, low blood pressures, blown IVs, labs that couldn't be drawn, meds being refused, vomit and blood and pus, discharge instructions, pleas for analgesics, temp spikes, chest pain, shortness of breath, delirium, and endless questions from pharmacy about orders. As I scrambled in every direction, breathless and unable to keep up with the mountain of cross cover, the pager unforgivingly flashed: new admission. While looking through a stack of illegible handwritten records more cryptic than James Joyce on the new patient from an outside facility, the overhead intercom and my pager simultaneously signaled "code blue," sending me breathless in a new direction.

PATIENT: *Beyond this place of wrath and tears /  
Looms but the horror of the shade ...*

DOCTOR: As the evening continued for my patients in the rhymes and stanzas of a two-centuries-old poem written by a romantic losing life and limb to

tuberculosis, and the sky was transformed by thundering fireworks into surreal shades reminiscent of Van Gogh's "Starry Night," I worked frantically to keep things from falling apart, slowly discovering new means both within and without. Out of forced necessity—this baptism by fire—my brain and hands began to work faster, while good old-fashioned triage and multitasking filled in the gaps. Help in the form of goodwill began to trickle in from some of the other on-call interns who seemed to be encountering the same obstacles on a mad dash through long corridors of the hospital. The night-float senior resident, who also shared overnight responsibilities on the floors, began to check in every hour to answer my accumulating list of questions and prioritize the essential tasks to be completed before sunrise. Many of the seasoned nurses, well aware of the calendar month and the start of the new training cycle, were quick to offer workable solutions and didn't hesitate to double check decisions with the more senior resident. When there was occasional downtime, I managed to flip through the various references lining my overflowing pockets to broaden the differential diagnosis and ensure an adequate workup to guide treatment plans for the new admissions. Fresh colleagues coming in at dawn were a sight for my weary bloodshot eyes. Downing two cups of hot coffee during morning sign-out and sneaking two more during bedside rounds, I felt the tension in my muscles begin to ease and my eyelids start to droop as the burden shifted onto more wakeful minds and less tired shoulders.

PATIENT: *And yet the menace of the years / Finds,  
and shall find, me unafraid ...*

DOCTOR: Looking back, I can certainly see the unfortunate potential for errors arising from inexperience and exhaustion, like a lighted match near evaporating puddles of gasoline, but I still have a certain faith in the process—the kind that comes from clairvoyant hindsight in knowing certain safeguards exist, along with the continuing foresight of residency programs in making necessary improvements on behalf of new trainees and patient safety. Young doctors and their patients have been faithful partners in the practice of medicine at teaching hospitals for generations and have come through, for the most part, in fine fashion. In essence, the pressure cooker environment of call eliminates a young doctor's inefficiencies both minor and major and serves to focus the thought process while increasing endurance and sharpening clinical judgment. The camaraderie that naturally develops during the long hours spent on call also strengthen into collegial bonds that are later relied upon in this era of sub-specialized medicine.

PATIENT: *It matters not how strait the gate / How  
charged with punishments the scroll ...*

DOCTOR: And so it was me, on the following morning, the dumbstruck intern once again stumbling out the closed iron trap doors of the hospital into the blinding sunshine, wondering where I parked and how I'd survive, alongside my patients, over

the next twelve months. A passing thought—that perhaps other fledgling interns in Julys past, present, and future have had and will continue to have the same stomach churning sensation and yet somehow live to tell the tale—provided some reassurance. In a post-call haze, I had tantalizing visions of the journey ahead, tracing the footsteps of poet heroes, and of someone older and wiser in the years to come, writing that things would eventually get easier as my familiarity and comfort with the hospital environment and the management of acute and chronic ailments would continue to increase. Instinctively, I understood that the best chance for success was to approach my work with a generous amount of dedication—especially on those crazy nights—and to trust in the blind merits of the process—especially on those difficult nights. The following July, it turned out to be me enjoying the celebration, albeit with a few gray hairs to mark the sleepless nights.

Both PATIENT and DOCTOR: *I am the master of my fate: / I am the captain of my soul.*

**Upendra Maddineni**  
is an anesthesia  
resident and writer.  
Email: [umaddineni@gmail.com](mailto:umaddineni@gmail.com)



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## Fresh, New-Age Stuff

*Ariel Lefkowitz*

A ding and a breeze drew my attention as the door of the diner swung inward.

Morton, that scoundrel, shuffled in, smiling at the waitress as he came over to my table. He eased himself slowly into the chair in front of me, sighing and adjusting his belt, his belly straining against his shirt's buttons. He hung the hook of his cane on the edge of the table, next to mine. He grinned broadly. I shook my head.

"You old so-and-so," I scolded. His grin only got wider. "No, you're a real schmuck, Morty! First you miss our lunch last week, and now you show up late this week?"

"Oh, come on, Syd, what's a couple weeks after forty-five years, hmm?" Morton protested. "You telling me *you've* never been late in forty-five years?"

"I'm sitting here waiting, not knowing if you're going to show or stiff me again. What chutzpah! What disrespect!" I persevered.

"Sydney," sighed Mort.



“And the waitress was just here. I shoed her away ’cause I was waiting for you, and now who knows when she’ll be back!”

“Waitress, shmaitress,” he said.

“And you could have told me you weren’t coming last week. I really wanted to talk to you!”

“Sydney, Sydney, wait till you hear why I couldn’t meet you. You of all people, with your hemp and your organic supplements, you’re just gonna plotz!”

“Morton, I swear to God I’m going to strangle you. How about you listen to me for a second? I needed you last week.”

“Shh, shh, listen, Syd! I’m sorry I wasn’t here, but you really have to listen to this.” His voice was so excited, his eyes wide. I relented.

“Go ahead, Mort.”

“You know I’ve had my health problems. I know you hate hearing about them, but I’ve been a sick man. Shirley tells me she’s already been picking out my headstone. The diabetes, and the terrible gout, and my fakakte heart after all the heart attacks. And when I get the—the—the atrial fibri-who’s-its, my heart feels like it’s pounding out of my chest.”

“Sure,” I nodded. I had heard the sob story of his health so many times, I was practically mouthing along with him.

“Well, last week I went in for a little procedure. Dr. Far—Farshahar... well, this nice Arab gentleman, he’s the best in the business, so they say, at this thing called RBTM, remote bio-medical tele-monitoring. You’d love it, Syd, it’s fresh, new-age stuff.”

“Uh huh.”

“What they do is they take this whatsit, this implantable analyzer, and they put it in your arm, see, and it takes readings from your body and sends them back to their central health centre in Milwaukee or somewhere,” Morton said.

The waitress came over, pad in hand.

“Lox and cream cheese,” said Mort.

“Green salad,” I said, pushing the unread menus into the waitress’ hands. She dutifully wrote down our orders and strode away.

“Must be new here,” I said, smiling at Mort for the first time today, but he didn’t seem to notice, he was so caught up with his health gizmo.

“It sees your blood sugar, and your heart rhythm, it does heart readings and brain readings and blood readings and all sorts. And when the analyzing folks in Milwaukee sense something dangerous is happening in your body, they just call you and tell you, and it could save your life, see?”

“On the phone?!”

“Sure, why not? I have a cell phone, after all. Shayna taught me how to use it!”

“A degree from Granddaughter Academy does not make you an—wait, you have this thing inside you?”

Morton slid up his left sleeve, his eyes alight. There was a tidy three-centimetre scar on his left forearm.

“They take this little pill-sized thing and just slap it right in. You’re out for an hour and that’s it. Syd, I’ll give you his number, my doctor.”

“And why would I need this?” I asked. Mort had always thought I was absurd in the ways I

took care of my body. He had laughed at me ever since I got acupuncture when we were stationed in Vietnam together. He poked fun at my natural remedies and love of Eastern medicine. I'm proud to have jogged every week for the past however-many years, even as my joints began to ache and protest. And meanwhile, I've watched Mort's body fall apart. I really tried to help him, but he always scoffed at my advice. He trusted the doctors, with their pill-for-every-season and their fancy treatments, but where had that gotten him? And this mechanical phone surgery was just ridiculous.

"Syd, it's what we always talked about! It's what we always dreamed of! We'll live forever! We'll keep this café in business until the mashiach comes! We're going to be here to see the great-grandchildren after all. We'll dance at all the simchas, you and me."

He reached across the table and held both my hands with his. His gnarled, arthritic hands grasped my own gnarled, arthritic hands. I nodded, but I couldn't say I was convinced.

"Listen, Syd, maybe you don't need it, with your fruit juices and your never-aging tie-dye, but me, the doc says that since I have diabetes, I might not even know if I'm having a heart attack. If I had a stroke, this thing would know before I did, and I could be at the hospital in minutes."

The waitress put two tall glasses of water, napkins, and cutlery in front of us.

"I can't believe you let them put that thing in your body, Morty. You're half robot now."

"Half, that's overstating it, isn't it?"

“Well, you washed-up lawyer has-been, sue me if I’ve overstated it. Me, I like to keep my body free of toxins.”

“Sure, Syd, free of toxins, except for your girlfriend, what was that shiksa’s name again? Oh, now I remember. Mary-Jane. Ha!”

I shook my head at his taunts.

“Let’s see here,” said Morton, taking out his cell phone.

“Listen, about last week—”

“Oh, damn it, my phone was on vibration. I always miss the vibrations! I missed a couple calls from the centre! At least I didn’t forget it somewhere again.”

He switched it on full volume and the phone rang almost immediately. He answered it.

“Yes? Yes, Morton Rabinovitch. Okay. Okay. Sodium? Okay. Oh, sure. What? Oy, damn. No. No. Yes. Thank you. Yes. Bye.”

“So, nu? What did they say?” I asked, surprising even myself with my sudden curiosity.

Morton looked at his phone intently for a few moments, then put it away carefully.

“It was the centre, the health centre,” Morton said.

“Yes, I figured it was the health centre, Morty! What did they say?”

“They said I’m flipping in and out of atrial fibrillation. They wanted to know if I was doing something that might be causing it, like drinking coffee, or if I thought I had an infection.”

“Is it serious?” I asked.

“No, my doctor had mentioned it’s happening to me all the time nowadays and that I should just

take my medications. Oh, and they also said that my sodium was going too low, and reminded me I shouldn't be drinking so much water. Speaking of which ...”

Morton pushed the glass of water across the table towards me.

“See? I'm healthier already.”

“Well don't give it to me!” I yelped, looking at the water as if it had turned into poison. Morton winked at me.

Our food arrived and we set into it.

“Mort, I can't tell you how sad I was not to have you here last week. I had to eat my babka alone. And then yours, too!”

“See, Syd? You need one of these things too! Shame on you, babka is bad for you!”

“This coming from the king of babka himself,” I retorted.

“Well, now I'll be able to eat just the right amount of babka! Haven't you always wanted to know what's going on in your body?”

“Morty, I do know what's going on! If you ever actually did meditation with me, you'd know. ... Anyway, I don't need a little robot to know what's *not* going on in yours. You've been constipated for weeks, haven't you, Morty? I can tell from your face.”

“Oh yeah? Well the little shits I squeeze out are bigger than your pecker!”

“Keep your voice down, Morty!” I said, trying not to make eye contact with our hovering waitress. Morton grinned through his cream cheese.

“Listen,” I began, again. “Let me just tell you about last week. I really wanted to talk to you—”

Morton’s phone rang loudly. He pushed his plate away and fumbled about in his pocket before pulling out his phone.

“Yes? Yes, yes, Morton Rabinovitch. Sugar is 12? Well, I’m just finishing lunch. Sure, feeling fine. Yes, please do. Fine, fine. Thanks. Bye.”

My eyes must have been blazing. I could have strangled the son-of-a-bitch right then and there.

“Oh cool it, Syd, they were just checking in.”

Morton hit a few buttons on the phone, making sure he had hung up, and put it down on the table.

“Ooh, I have to go to the washroom,” said Mort suddenly, pushing himself up from his chair. He hurried off, tossing over his shoulder, “Wish me luck. My prostate’s the size of a honeydew.”

He left me alone with two empty plates, one cane, and his cell phone.

I tapped at the face of the phone absentmindedly. When I realized he had forgotten it, he had already disappeared down the hallway to the bathroom. What a selfish, thoughtless jerk. I really needed him last week. I really needed him now. My wife meant the world to me, and now, with her mind all twisted up, I felt like she might never be mine again. ... I was terrified. And losing your mind, you couldn’t talk to just anyone about something like that ... it had to be Morty. Morty was always smarter about things like this. He would know what to do. If only I could have gotten a damn word in edgewise. I blew my nose as the waitress cleared away our plates.

Suddenly, Morton's phone rang. Once, twice, three times, very loudly. I looked around. Mort was still in the washroom. These spies, these damn swindlers... I turned his phone on vibrate and shook my head.

*Bzzzzz*, it buzzed, moving slowly across the table. *Bzzzzz. Bzzzzz.* It stopped buzzing.

Moments later, it buzzed again. Exasperated and only a bit curious, I answered it.

"Hello?"

"This is the Body Monitoring and Maintenance Centre calling for Morton Rabinovitch. Is this Morton Rabinovitch?"

I panicked and hung up. My heart was pounding. The whole thing made me uncomfortable. Who were these people? How much of him did they have access to? Could they hear what he was hearing, see what he was seeing? How was I supposed to pour out my heart to him with this thing monitoring his every move? Morton, my dear and foolish friend, was always too trusting, even when we were serving together. How many times had I saved his hide? Now I had to save him from this nonsense. These thieves were probably charging him by the call. Did he really think this would help his health? Annoying pricks; if I could just—

"Did anyone call?" asked Morton, startling me as he eased himself back into his chair. He took his phone back from me and put it in his pocket.

"What? Come on, listen, I actually want to talk to you about something important, Mort."

"Sure," said Morton, again reaching across the table to grasp my hands. "Your life gives me

naches, Syd. You know I've always loved our Wednesday lunches."

"Me too, Morty. But goddamn it, I wish you would goddamn listen to me! I really needed you here last week, you son of a bitch! You see—Morty, are you okay?"

Morton was sweating and looked pale.

"Morty, are you okay?"

"Ha! That's the great thing! I'd know if something were wrong, since the centre would call. No call, no worries! But you, you're too good for a little surgery? You sad sacks can never be sure. Is it indigestion? Is it a heart attack? Ha!"

Morton began breathing faster, with weird, uneven breaths. I was starting to really worry about him.

"You don't look well, Morty. Maybe we should call an ambulance. Are you sure you're okay?"

"Oh yeah. I charged my phone this morning! Shayna showed me how. They'd call if—"

Morton suddenly slumped in his chair.

The waitress came up behind him.

"Just the cheque?" she asked.

*Bzzzzz*, went Morton's phone in his pocket.

*Bzzzzz. Bzzzzz.*

Ariel Lefkowitz is a third year resident in Internal Medicine at the University of Toronto. He can be contacted at ariel.lefkowitz@gmail.com .





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## Dad Died

*N. West Moss*

When I was little, Dad would get into the car and say, “Let’s get lost.”

“Okay,” I’d shout. “Let’s get lost.”

At each intersection he’d ask, “Which way?” until we didn’t know where we were anymore.

“Look,” I’d tell Mom when we banged into the breakfast room later. “Dad bought me a diary with a lock and key,” or, “We threw stones in a river from the bridge.”

\* \* \*

“Dad died,” my sister said over the phone, crying. “Dad just died.”

I walked out to tell the guests at our picnic table. “My dad just died,” I said.

I didn’t leave right away. What was the hurry? Dad had died. It was over. I sat for a few minutes with my husband and friends. We made a toast to him. I listened to the wind rustling the maple leaves and the guy mowing his lawn across the

street and the blood rustling around in my ears.  
August. It was August.

Then I left to travel the 53 miles from our house, across the Tappan Zee Bridge and up the winding road to my childhood home, to Mom and Dad's.

"Do you want me to go with you?" my husband asked.

"No." I wanted to be alone to cross the Hudson River, to go from when my dad had been alive to the rest of my life.

I drove carefully, mulling over the sentence, "Dad died."

Dad died. So many d's. Were they plosives? I moved my lips and said it out loud. "Dad died," and the d's made bursts of air like small, gentle explosions from a cannon filled with confetti. Yes, plosives. Dad died—the d's soft as pillows, just t's really, wrapped up in spider webs. Dad died. He died.

Dad. A palindrome—he would have loved that. Dad died. Such a compact sentence—subject, verb, period. A sentence I had never said before that would be true forever now. Dad died.

\* \* \*

Dad had been hoping to die since before the nursing home, and why not? He was unable to stand or walk, unable to feed himself, unable to read. For the final few months, the first thing he'd say upon waking in the morning was, "Oh shit, I'm still alive." No kidding.

He had a dream. “I was trying to sign the check but no one would give me a pen.”

“Sign the check?” I’d ask.

“A check to let me die.”

“Oh, how frustrating.”

“Horrible,” he said. “Just horrible.”

While Dad was in the nursing home, I worried about him being safe. I pitied him this rotten ending. At night I’d wonder if he was scared or lonely. I didn’t want to be there with him, but I didn’t want to be anywhere else—there was not a moment’s peace for anyone who loved him.

Still, his death was a surprise. When one’s father dies, it’s always a surprise.

\* \* \*

As I inched up to the toll booth on the Tappan Zee Bridge, I wanted to tell the toll collector what had happened. Shouldn’t he know? Shouldn’t people be told that everything had changed? I wanted to hand him my five singles and say, “Dad died,” look into his eyes for a moment and then drive off, having delivered the sad news.

Instead I was robotic. “Thank you,” I said. He took my money without looking up.

\* \* \*

The youngest of four kids, I was the neurotic one. An insomniac by seven years old, I would fill my bed with books so that when I awoke in the night to a silent house I’d have company. One night, as I

lay working my way through *Harriet the Spy* (a book Dad had bought me for a nickel at a yard sale), there was a tap on the door. “Are you awake?” Dad whispered.

“Yes,” I whispered back. “Come in.”

He opened the door. “I couldn’t sleep.” He had a haggard look on his face. He was an insomniac too, and a reader, and neurotic. “I saw your light on. Want a cheese sandwich?”

We crept downstairs and sat together at the kitchen table in our pajamas, eating cheese sandwiches, two friends who had found one another in the massive, lonely ocean of insomnia.

Later, as the sky was going from black to dark blue, I climbed into my bed, turned the light off, and fell asleep, the crumbling, five-cent copy of *Harriet* in my sweaty hand.

\* \* \*

When he had still been mostly well, we liked to carry our lunch into Bryant Park and sit under the plane trees with strangers. We’d listen to the live piano music. He was a New Yorker, Dad was, but he couldn’t walk far anymore, couldn’t remember simple things, like where his coat was, so we would take the elevator down and cross 40th Street right into the park, like it was ours, like it was filled with our guests. He’d smile at the music. He’d reach for my arm and say, “Isn’t this magic?”

People die slowly, I understood much later. They don’t die in an instant like they do in the movies. It happens in the most infinitesimal steps—

in tiny, imperceptible stages. He was beginning to die even then, although I only realized it afterwards.

\* \* \*

He stopped making much sense in the final months, the line between reality and hallucinations blurring. “There’s a man in a field,” he said to me one day. “He’s standing with his legs apart, his hands on his hips. He’s shouting.”

“Is he friendly?” I asked.

“Oh yes. He’s shouting for me to come with him.” He closed his eyes and I thought he might be falling asleep. Then, in a thin, wobbly voice, he began to sing without opening his eyes, stanza after stanza after stanza of a song I’d never heard.

I kept still. If I interrupted, he’d lose his train of thought.

I felt the sun beating down on our clasped-together hands.

“I can’t remember the rest,” he said and we opened our eyes. “Why are you crying?” he asked. He mimicked my expression of sorrow because it was what lay in front of him, knitting his eyebrows together like mine, his eyes tearing up.

“Nothing’s wrong, Dad. It’s just nice to hear you sing.”

He began to pick imaginary threads from his shirt and hand them to me. I took a few and then told him, “You can drop the rest on the floor. The nurses will sweep them up.”

“That wouldn’t be right,” he said, “to throw them on the floor for someone else to clean.”

\* \* \*

After the Tappan Zee Bridge, I took back roads the rest of the way, roads Dad and I had biked once. I felt like my heart was wrapped in a thousand blankets beating somewhere outside of my body.

I knew that the moment one’s father died was something a kid owned. It was mine. I owned his death. I was aware, from somewhere outside of myself, that I was in the middle of a rite of passage, something whose effect I would only later understand, and only maybe, even then.

I drove past neighbors’ houses, but those neighbors hadn’t lived in those houses for decades: Mrs. Whitfield’s house, the Rowells, the Giovincos, the Sloans. Everyone I knew was gone. People I didn’t know lived there now. I turned on the radio and then turned it off. Everything but my heartbeat distracted me.

\* \* \*

He hadn’t always been perfect. I had hated him for saying mean things to my sister when she was trying to learn her multiplication tables. He was bossy and moody and unpredictable, but later on he asked me over and over again to forgive him. By then I had my own life, and he had mellowed, and I wasn’t mad at him anymore. We were friends by the time he began to apologize.

A few weeks before he died, I told him, “I think about you here and I hope you’re okay. I think of you all the time.” He sat there a minute. I couldn’t tell if he had understood me.

He leaned forward the tiny bit that he was able. “It’s time,” he said, “for you to stop thinking about me.”

“I don’t want to stop thinking about you,” I said.

“I should have been dead a long time ago. It’s time you stopped thinking about me now.” He nodded and closed his eyes. I knew he was right. I needed to stay in the land of the living. He was going one place, and I was going someplace else.

\* \* \*

I drove in second gear past the nature center where we used to sing Christmas carols with neighbors. That memory hurt, like it was a kite tied to my ribcage, tugging at me, pulling me backwards toward a suffocating nostalgia.

I drove along Spring Valley. The road was so narrow that the August vines seemed to be reaching for my car, trying to yank me into the past.

I turned up the road to Mom and Dad’s house, which I realized was now just Mom’s. As I neared it, the feeling of being pulled back and back by the vines and the kite in the strong wind of the August afternoon intensified.

Dad died, I thought, and my desire to be a child again welled up with such force that I felt the kite string strain and then snap, the freed kite loft-

ing up and up into the windy blue sky. The vines seemed to retract as I pulled into Mom's driveway and felt myself re-enter my body. I turned off the car and sat there, thinking about getting lost with Dad decades earlier. Getting lost then had not been scary. Getting lost, if handled correctly, could be the best thing ever.

N. West Moss is an author. "Dad Died" is part of N. West Moss' *The Subway Stops at Bryant Park*, due out in May of 2017 from Leapfrog Press.  
Website:  
<https://nwestmoss.wordpress.com/>





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## Great Faith in a Seed

*Dwight E. Watson*

Though I do not believe that a plant will  
spring up where no seed has been,  
I have great faith in a seed. ... Convince  
me that you have a seed there, and I am  
prepared to expect wonders.

—Henry David Thoreau

After a series of operations, she was diagnosed with non-Hodgkin's lymphoma, stage four, and would likely survive for only three months.

I had been thinking about the land and putting a cabin on it for some time. In the middle of the property is a large pond, crescent shaped, stocked with bluegill, bass, and catfish. We now also have non-invited crappie. There are frogs, turtles, salamanders, and water snakes near the water's edge, and colorful dragon and damselflies that share the air and surface with waterfowl. The occasional Great Blue Heron is most impressive. The water is surrounded by trees, some native evergreens and some that we have planted, but mostly a mix of maple, elm, oak, sycamore, beech, redbud, and dogwood. Unruly willows battle to stay close to the

water's edge. There are mushrooms, blackberries, and paw paws. It may not be God's Country, but I like to think it is a place where she might visit.

In 2008, my sister spent more nights in a hospital than out of one. After much chemo and transfusions of platelets and one failed autotransplant of her own recycled stem cells, her doctor sent her to the bone marrow clinic for evaluation. Though her chances for survival were slim, it was decided that she would receive an allogeneic transplant, preferably from a family member. Brothers, sisters, and sons were eager to be tested for compatibility. Four of the five siblings were a match, which, apparently, is a remarkable statistic. After further examination, I was asked by my sister's oncologist to donate cells.

After months of planning, revising blueprints, conversations with a builder, lining up subcontractors for excavating, well drilling, and septic digging, a flatbed transfer truck rolled down the gravel road with the logs: Eastern White Pine, fourteen foot lengths, six inches thick, uniformly milled, double beveled, flat inside and out, with pre-cut dovetail corners. They looked great. Inspecting the logs as we unloaded, my interest in their condition was quickly matched by the arrival of carpenter bees that sniffed the fresh cut timber greedily and with personal intent. Later, we would do battle for ownership. For now, I was just glad that the logs had arrived. Once the truck driver and those involved in the delivery had pulled away, I thought about the distance the logs had travelled to get to the Indiana building site. Like me, they were raised in North Carolina, and, like my sister,

they had once lived in the Blue Ridge Mountains. I covered the logs with tarps to protect them until construction would begin.

Throughout the summer and into the fall, most of my weeks were divided between trips to the cabin construction site and days in front of the computer. To trigger my writing, I often planned routine visits to the local library. There, I would browse the collection and eventually check out exactly ten books on random topics from pond management to the origin of language. I would scan the material, take notes, and then write dialogue without play manuscript formatting: description, setting, character names, or stage direction. These things would come later. Though skeletal, the dialogues were not generic—in other words, they were intended for the sound of two distinct voices—a kind of duet, or, to take the music analogy a step further, *études*, or short, lively scenes for two.

In early summer, I received a call from the clinic to schedule the apheresis procedure. On June 12th, cells were collected, or harvested, and transplanted into my sister. It was a hopeful day.

In mid-July, a Case bulldozer and cement truck arrived on the construction site to dig trenches and set the footers. An impressive piece of engineering, the compact Case broke ground and moved mounds of dirt effortlessly. It seemed almost alive.

Shortly after the transplant, it was reported that the cancer was in remission or undetected. I would call it my sister's cancer, but clearly the disease is indifferent to humanity and has no regard for those things that make her beautiful and alive.

It also appeared that the newly acquired stem cells were slowly reproducing. In spite of these good signs, her tired body struggled to fight off infection as doctors began to treat her for graft-versus-host complications. She could not eat and did not rest and her rapid weight decline marked a downward spiral. Two months later, I would return to donate NK-cells (natural killer cells) for a lymphocyte infusion to boost her immune system and, hopefully, kill the infection.

I have grown to appreciate the pond ecosystem and to be attentive to the delicate balance of fish, plants, and other animals. An invasive species, like, crappie, I have read, will often prey upon the resident fish and compete for food. I don't know how to get rid of them, and so, for now, I am learning to understand their particular fight while doing what I can to encourage health for the other residents. Pond equilibrium is also threatened by an unhealthy amount of leaf debris on the bottom and too much algae on the top. To improve pond health, we aerate and oxygenate, and even perform "lake rescues" to remove excessive thread-like plants.

In thinking about duet writing, I often worked with pairs, such as "kinks and hard knots." Sometimes the pairs would have specific or logical origins, like "flora and fauna," but there are other pairs, like "kit and caboodle," that have entered our language without a clear explanation. We speculate, we surmise, but in the end, we are left not knowing the exact origins of "kit and caboodle." We try hard, though, to make sense of it all. I should clarify what I mean when I say, "I often

worked with pairs.” I mean, I think and write about two characters sharing or maybe competing for one space, two characters in conflict with each other, or with some other external force. Sometimes they arrive at a mutual understanding, like my characters Maggie and Lydia in *The Gazing Ball*, or seem to share a curious brain like Tori and Tracy in *The Examination*, or the two characters that I have yet to name in the play *Nuts and Bolts*, who are forced to work beside one another even though they are not compatible.

We were told that engraftment would take time, but we were not prepared for the harsh side effects and ensuing infections. My sister’s daily trips to the clinic meant more blood analysis, blood products, drugs, and substantial fluids to keep her from withering away. There was no simple solution to the infection. When her doctor first suggested hyperbaric treatment, she was unable to consent. Two hours per session, twice a day, for two weeks in a pressurized chamber seemed, understandably, intolerable. And though the treatment is said to be painless, the thought of being isolated in a tank used for scuba diving injuries, decompression sickness, oxygen toxicity, and carbon monoxide poisoning, was not painless. When she asked me, “What should I do?” I told her, “I do not know.”

It is sometimes surprising to feel the rush of cold water while swimming on a hot summer day. Six to eight feet below the pond’s surface, a sudden change in temperature separates warm surface water from the colder water below. This separation or stratum creates an environment for un-

wanted pond weeds and does damage to aquatic life as methane and carbon monoxide gases become trapped below the thermocline and in the organic matter on the lake bottom. Disrupting the space between warm and cold water, I have now dropped oxygen diffusers into the pond, and, with bottom to surface aeration, I am told it will improve the quality of life.

I am not surprised she came around to it. She has given it her all from the very beginning, or, as her attentive husband has said, “She has tremendous fight, hope, and faith.” So, when she first entered Chamber A at the Center for Hyperbaric Medicine and Environmental Physiology, we desperately wanted the pure oxygen therapy to make the difference. Nothing else seemed to work. She had to try.

I wrote a short play called *Cockleburs*. Like the others in my collection, it involves a pair—two homeless men, Tank and Ritty. The two are waiting for a soup kitchen to open. The younger man, Ritty, is as easily agitated as he is intellectually curious. Tank seems less engaged and more concerned with the visceral and with intoxicants. For now, they depend on one another for companionship. Cockleburs, those seeds that latch on to us as we pass through their fields and meadows, are, as Ritty explains, the inspiration for Velcro.

RITTY: In 1948, a Swiss inventor got the idea for Velcro from cockleburs—cockleburs, Tank, caught in his clothes and in his dog’s fur!

TANK: You don’t say?

RITTY: I do. He put the burrs under a microscope and discovered a hooked shaped to them that gave him the idea for Velcro! Velcro, Tank, a material that keeps shoes on my feet and holds a human heart, Tank, holds a human heart together. Velcro! That keeps objects from flying off into space.

TANK: Burrs?

RITTY: Yeah, burrs. It matters, Tank. It matters to me. His name was George de Mestral.

TANK: Right.

RITTY: A Swiss inventor. George. That was his name. (*Silence*) What is yours?

TANK: What?

RITTY: Your name. Your mother didn't name you "Tank."

Near the end of the play, Ritty becomes angry when he discovers this quote, without citation, written on the soup kitchen exterior wall: "Weeping may endure for the night, but joy cometh in the morning." Ritty believes that no one has the right to withhold information, and he becomes enraged at not knowing the source of the quote. After all, names matter. To Ritty, names matter.

Here are a few that I remember: John tested the soil. Jerry approved construction permits. The Mundy Brothers dug the well. Darrel excavated the septic field and buried the tanks. Bob marked

the utility lines. Brett was the builder. Thomas was a carpenter. Brad was the electrician and plumber. Nate built the cabinets. Tom spread top soil. His son-in-law, Jeff, helped me with some loose ends. David did the final inspection.

Dr. Lewis was the oncologist. Terri was the physician's assistant. Ellie was an oncology nurse. Brenda was the phlebotomist. Rhonda managed the Adult Bone Marrow Clinic.

Keith was a young donor from upstate New York, twenty miles from the Canadian border. He sat in a recliner next to mine at the clinic. Like my sister, Keith's brother would receive the cells later that day. But now, his father sat nearby, watching the blood flow from a vein in Keith's arm through a web of tubes in the apheresis machine and return, somewhat depleted, to a vein in Keith's other arm. The procedure takes a while, but it is a short time compared to the long car trip from upstate New York to North Carolina, a journey that this father and his sons had made before and, if Keith's brother required, would make again. Between light naps and machine adjustments, Keith and I talked about fly fishing and bait fishing, Indiana bluegill and the Northeast Speckled Trout. We wondered about the smallmouth bass, lean and muscular, made so by his fight with the river's current, while his largemouth relative grows fat in standing lakes and quiet ponds. The father listened to the two of us approvingly. He had little to say and yet his eyes said it all: he needed rest. Keith finished apheresis before I did, and when he came out of his recliner and stretched, I said, "It feels good to stand again,



doesn't it?" He nodded agreement and in a clear and sincere voice said he hoped everything would work out for me. I nodded. He slowly walked away. His father, trailing behind, carrying his son's backpack, turned back to say, "I hope your sister gets better." I replied, "And your son."

I relied on a builder who hired a couple of good carpenters, and a plumber who was also a licensed electrician, to do most of the work. I helped when I could, served as general contractor, prepared stages of construction, and with my spouse on Saturdays, cleaned the site, recycled, and disposed of garbage and rubbish and waste. Though most trees were physically unharmed, I was shocked by the amount of woodland space cleared for the septic field and felt little reassurance in the excavator's attitude that nature would return with a vengeance. There were times during the construction that I felt unwelcomed by the surrounding nature, flora and fauna, as if I were an invasive species. Maybe I am. I hope to do better in the future and prove my trustworthiness.

The NK-cells, two weeks of hyperbaric oxygen treatment, and a steady regime of antiviral drugs did little to rid my sister's body of infection. In the New Year and deep into the winter, it seemed that my sister's health was marked with not much variation, and while we received reports of increased white cell counts, graft-versus-host infections continued to cause great trouble.

I am not sure I should call my scenes "duets." Even though they are two voices, they are seldom compatible, rarely harmonious, and mostly in conflict.

Henry David Thoreau's *Faith in a Seed* was one of the books that I had checked out of the local library. And while I can comfortably say that I know nothing about the propagative parts of a plant and maybe even less about faith, I am beginning to understand the determination of cattails. While their surface appearance, stems, and flowers appear idyllic near the pond's edge, under water their rhizomes spread like madness in a tangled mess of tubers, lapping up water and laying claim to the soggy earth below. It seems that if they are not contained, they will join forces with the unruly willows, the filament algae, excessive organic debris, and exuvial junk and turn a pristine pond into a swamp, or maybe something worse, like an abyss or nothingness. Is that so bad? Isn't that a natural order? After all, I am told, ponds have a life, too. I struggle to fight off these things, but I don't have much faith.

Nature works no faster than need be. If she has to produce a bed of cress or radishes, she seems to us swift; but if it is a pine or oak wood, she may seem to us slow or wholly idle, so leisurely and secure is she.  
(Henry David Thoreau, *Faith in a Seed*, p. 37)

Winter was slow going for building the cabin. We had hoped to be in the place by the New Year, but that was what is called "wishful thinking." It was months later, a few days before the Fourth of July, when I first prepared topsoil and planted grass seed around a finished cabin. The pine logs

that were delivered the year before were now locked together, shouldering a metal roof that gave us shelter. The logs would need staining. We would like for them to remain the same bright, light pine color they were when they first arrived on the site, but that is not possible. A natural building material, of course, the logs began to age or break down the moment they came to rest on North Carolina soil as felled timber. Instead of working against that process, we chose not to resist, and stained them a western gray. Perhaps, more important than appearance, the stain would protect the logs during harsh weather and intense sun rays.

The cocklebur is from the genus *xanthium*. The name *xanthium*, I've read, means "rough" and comes from the ancient Greek word *xanthos*, which means "yellow." *Xanthos* is also the name of the river god, who, angered by the bloodshed in his water, attempts to drown Achilles in Book XXI of the *Iliad*. The origin of the cocklebur, the plant, is unknown. Botanists tell us that each prickly, football-shaped burr contains two seeds. They will produce their own generation of cockleburs. It is normal for one of the two seeds to take root during the year, while the second seed, his twin, requires more oxygen and remains dormant so that he might populate a field the following year or so. As hitchhikers, they depend on us and other animals for transportation. We have all found them clinging to our pants legs, grasping our sleeves and socks, and without reservation, we have dropped them here and there, which was their survival plan, or nature's plan, or someone's plan, to begin with.

If you walk in their neighborhood, their locality, they will use you to escape their native soil to proliferate and extend their reach. They are called pesky plants and noxious weeds. They are remarkable and tenacious.

If not for the pending birth of her first grandchild and a steadfast constitution, I am not sure my sister would have lived to see the end of 2008. Her first grandchild was born December 23rd.

I have a first draft of a book manuscript.

With construction now complete, I wonder if the cabin's appearance is less troubling than it was when we first arrived to rearrange the earth with noisy equipment. In a gated community of nests, dens, roosts, warrens, tunnels, webs, and all the other natural hideaways, is there an acceptable place for this cabin in the woods? I have to think so. But whatever I have done to this piece of land, it will not be the same.

They arrived in two cars on July 3rd, one day after I planted the grass seed, to celebrate the Fourth of July, or more truthfully, to celebrate purpose and perseverance. It had been a long trip from God's Country, broken up by a night in a motel near Lexington and other stops along the way. We were told in advance that her health was improving, that her appetite had returned and cells were reproducing. We were also warned about her physical condition. When she stepped out of the car, bruised and thin, her skin drained of color, she reminded me of Mother, near the end. How did she make that trip? I do not use words lightly, but it seemed like a damn miracle. One of my other sis-

ters got to me first, saying, “I know she doesn’t look very good, but she’s back. She’s bossing me around.”

Thoreau speaks of the inconvenience of too many guests, of too many “souls” under one roof, in his chapter on Visitors to his cabin in *Walden*, and that “big thoughts” need room. We did not have that luxury. Instead, it rained all day while food and song and story filled the room. We were brothers and sisters, family, reunited for a short time. On the Fifth of July 2009, they left the log cabin to begin the long journey home.

I stare at my sister on the other side of the pond. She and I are tossing stones into the water, breaking each other’s ripples. She has a new blood system. What was once blood type A is now AB+. Some in the family tease that she has become stingy and ill-tempered, like me. I do not know about that. But—maybe—we are a pair.

\* \* \*

Postscript: It has been five years since my sister received the allogeneic transplant, and though she is still on the road to (regaining) full health, the PET scans indicate no active cancer. She now has four grandchildren.

Dwight E. Watson  
is an author and  
Professor of Theater  
and the LaFollette  
Distinguished  
Professor of  
Humanities at  
Wabash College.  
Email: watsond  
@wabash.edu

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## Velvet. Face. Red. Church.

*Jessie Carson*

“Velvet. Face. Red. Church,” the doctor says, looking my dad in the eye.

Dad nods. “Okay,” he says, as she continues to take his blood pressure and check the thiamine level in the bag swinging on the IV stand.

“Where are my phones?” Dad asks, patting the front pocket of his hospital gown. He’s a manager for an oil company in Alberta, and even when he was home in Ottawa between his fourteen-day rotations, he almost never put his work phone down.

“They’re at home,” I say, then lower my voice. “We don’t really want anything valuable lying around here.”

“Oh yeah, yeah,” he agrees.

“So, you know who she is?” the doctor is still looking at my dad but tilts her head toward me.

“My daughter, Jessie,” Dad answers. The first time a doctor asked him that question, I almost laughed.

“What type of engineer are you?” the doctor asks, glancing at the iron ring on my dad’s little finger.

“Chemical,” he answers.

*Velvet. Face. Red. Church.*

She nods while making notes on the clipboard. “What did they serve for lunch today?”

“Just the usual stuff,” Dad answers.

“Okay,” she smiles. This is the first time we’ve seen this doctor, and although she’s asking many of the same questions that the other four asked, I’m hoping she sees something the rest of them didn’t. Since he’s been in the hospital, Dad’s case has resembled one that could be seen on an episode of *House* or a story by Oliver Sacks. We had one of the doctors tell us that.

Continuing her questions, she asks, “Do you know how long you’ve been in the hospital?”

Dad thinks for a second. “A couple days?” he says.

The words hang in the air and I’m unable to understand them, because to me, the last eighteen days are all that have existed.

“We’ve been here about two and a half weeks,” I tell him. Dad raises his eyebrows. Now, he’s trying to grasp my words.

The doctor is writing on Dad’s chart and I am staring across the room at a man in another bed.

That man had a stroke. I used to be grateful that my dad didn't.

Dad breaks the silence and asks where I'm living now.

"I live with you and Mom. Shamus and I moved in a year ago." I look down at my hands because we already went over this twice today and I don't want to see that he still doesn't remember.

"Oh good." He pauses. "How old is Shamus?"

"Eighteen months," I answer, and he gets a—now familiar—surprised look on his face and asks where my sister, Kelly, lives.

"Halifax," I answer.

"Does she know I'm in here?" he asks.

"She just went to the cafeteria with Mom."

Quickly, I add, "But she was only here for a short time." Before he asks, I tell him my brother lives in Ottawa.

Dad looks at the hospital emblem on the whiteboard hanging on the wall. "That's where we are right now, right?"

"Yup," I answer and assume this means he can still read.

It was almost three weeks ago when Dad called Mom from his work camp and told her he didn't remember the day before. Mom came upstairs to my room. Shaking, she told me what he had said, while she looked to the floor, weighing each word that came out of her mouth. I put my arms around her and asked her questions she couldn't answer. After I let go, I grabbed the phone from her hand



and called Dad back. He picked up while he was waiting in the on-site clinic.

“Dad, tell them you might be having a stroke!” I yelled at him.

“Jess, calm down,” he said.

“Let me talk to them!” I insisted, thinking that if he could just get himself to a hospital, someone would know what to do.

Dad said, “I’ve got this under control, Jess. Don’t worry.” While I continued to demand to talk to the nurse, he hung up the phone. I didn’t believe him, because he’s never had to say he was in control. He just was. And he would never have hung up the phone on me.

A coworker drove Dad from site to the hospital in town where he waited for three hours, did blood and urine tests, and was sent back to work with a suggestion that he get an MRI at some point. Dad sent five texts telling my mom that he was given the okay to go back to work. But the texts all came within ten minutes. We knew we had to get him to the hospital back home.

Two days later, after we were finally able to arrange his flight home, he was admitted to the hospital within five minutes of walking through the emergency room doors. They took him in based on one question: What day is it? He said, “Sometime in the winter?”

The doctor looks at my dad. “Okay, Mr. Carson, can you tell me the four words I told you to remember?”

Not two minutes have passed. Dad looks at me. I open my mouth to say that I can't tell him but close my lips and turn them into a patient smile, even though my chest is hardening. If there is such a thing as telepathy, I hope to master it as I try to mentally fling the words into his head. *Velvet Face. Red. Church.* All I'm really doing is leaning closer and closer toward him until I catch myself and sink back in my chair, dropping the expectant look on my face. *Please know them,* I think.

"Four words," he says and looks down. *Please, at least one.* Dad looks back up. "I don't know," he answers. My mouth opens again and I want to reassure Dad that *I* barely remember the words but he's done this test almost every day since he's been here and he has yet to remember one.

"Okay," the doctor says, "no problem." She gives him a hint, saying the third word is a color. Dad answers, blue. Word by word, she gives him hints. And one by one, he gets them wrong.

"You'll be pretty tired today, Mr. Carson. Dr. Campbell will be in on Monday." The doctor smiles and starts toward the door.

"Wait!" I call and follow her out to the hall. "Have the results come back yet?"

"Oh," the doctor says surprised, "I thought you were told."

"What?" I say sharply.

"Everything came back normal."

This means that no virus could be found in his system, at least no strain for which a test exists. No autoimmune disease could be detected, at least

none that are known. He doesn't have syphilis, rabies, or meningitis. He almost certainly doesn't have a tumor or cancer and it is possible that he is not having seizures. Dad has no headaches, no pain, no dizziness, and is not slurring his words. The memory loss literally happened overnight. The previous day, he was senior manager overseeing a team of ten people. The next morning, he doesn't remember who most of them are.

“What other tests are going to be done?” I ask, already knowing that they've done every test they know how to do. The only unusual result was the MRI. Abnormalities, indicating an inflammation called encephalitis, on his limbic temporal lobes show on the scan like paint splattered on his brain. His remembering is spotty, reflecting the MRI image, with the most affected years being the twenty most recent. Dad doesn't seem overly upset by this, even though he was emotional during the first week in the hospital, crying every time he saw us. Maybe that was when he still knew what he was losing, felt his memories disappear.

“We'll be having a meeting before he's discharged to decide how we move forward. Be prepared that sometimes we never find a diagnosis. We're still learning so much about the brain,” she answers.

“How can he lose ten solid years of memory overnight?” My voice is shaking now.

I can tell she wishes she could answer, but without saying anything, she reaches out and squeezes my arm.

When I return to Dad's room, he says to me, "I know I'm missing some information."

"Yup, we don't know why yet. But we know it's not a stroke," I say, because I know this is his next question. He looks at me to see if I'm hiding anything and I look in my purse and collect things that I can throw out: gum wrappers, receipts, old grocery lists.

I close my eyes and don't ever want to open them. There are times when you want life to speed up. Or slow down. Right now, I don't want any of it to exist. I don't want to go forward or backward because I don't know if this is going to get better or worse.

"Where are my phones?" Dad asks.

Reluctantly, I open my eyes. "At home. We aren't supposed keep valuables here." He agrees that's a good idea.

"You want to go for a walk?" I ask. "We could go see Tara?" I can see he doesn't remember. "She just had a baby. Her second one. After Declan. Who's two years old now."

All of this is new to him, so I continue. "And she's on the second floor." It just happens that my cousin gave birth yesterday in the same wing of the hospital. Aunts, uncles, brothers, sisters, cousins have been visiting for the last couple days to both the maternity and neurology ward.

“What do I have again?” Dad asks.

“We don’t know yet, but they’re still doing tests. It’s not a stroke though,” I say, almost driving myself crazy.

“Is it contagious?” Dad asks.

“It’s highly unlikely,” I say. There was some talk about a virus that attacked the wrong part of him, his brain. But even if it had, the virus would only present as a cold or a canker sore in someone else.

“Well,” Dad says assertively, “I don’t want to make anyone uncomfortable if it’s still unknown. We probably shouldn’t go down.”

Dad can’t remember what city he lives in or what company he works for, but he still has the ability to add, subtract, be humorous, and think of others first.

“Okay,” I say, “let’s just get out of the room.”

“Sure.” He stands and I help him maneuver the IV stand out of the room. He hangs on to it with one hand and we pad down the hall silently. I walk slightly behind him and get anxious about all the hard surfaces: the linoleum floor, the painted cinder block walls, the metal racks filled with medical supplies. Keeping an eye on his head and his pace, I start to strategize in case Dad trips or explodes. Both seem equally possible.

“So, Tara and her boyfriend got married?” Dad says.

“Yup,” I say about my cousin who married her husband ten years ago. Dad seems to remember bits and pieces.

“Well, that’s a great addition to the family. Good for them,” Dad responds, as if hearing about the nuptials for the first time.

The piece Dad doesn't remember is that Tara found out her husband was cheating on her while she was pregnant with their second baby, the one she just gave birth to in the hospital. At least someone in the family still believes in happily ever after.

"Yup," I say.

We reach the freight elevators at the end of the hall, stop, turn around, and start walking back.

When we approach his room, I almost let us walk past it to see if he remembers.

"It's this one," I say and steer him toward the doorway.

"Oh yeah," he says in the way that tells me he's faking it, a mannerism that is completely new.

We re-enter the room, which no longer feels safe to me like the way it felt when we first arrived eighteen days ago. I am slow and careful to take my seat, as if the chair will spill on the floor like sand. We keep waiting. I flip through a magazine that has lots of pictures of people wearing too much makeup. I run my palm over the page and it's like my sense of touch is heightened. Like I've never touched a smooth, glossy piece of paper before, at least not in this lifetime. I wonder if we're living during the wrong era. If future doctors will have a diagnosis or a treatment or a cure.

I ask Dad how it feels to lose these memories. I want to know if he's sad right now. He says simply that he knows he's forgotten but he doesn't know what he's forgotten. I take this to mean that he feels like there was something he should've written

down but doesn't remember what it was. This is as close as I come to understanding.

We wait more.

"Are you okay?" I've already asked him this several times today.

"I'm good," Dad says. "It'll sure be nice to go home though."

**Jessie Carson** is a writer who lives in Almonte, Ontario. She can be contacted at [jesscarson@gmail.com](mailto:jesscarson@gmail.com)



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## Under the Skin

*Brenna Fitzgerald*

“Take off all your clothes and lie down,” she said.

A whitewashed room. Overly air-conditioned. Fluorescent lights. Linoleum floors. Shiny machines. A stiff chair to put my clothes on.

“Even my bra?”

“Yep, that, too because the metal clasps will throw everything off.”

Covering my breasts with my elbows, I slinked onto the table and rolled over, trying to move my limbs so they would fit within the lines the lab technician indicated. I don’t even remember her name, this technician at the University of Arizona Body Composition Lab—the procedure happened so fast. But she was nice enough, all smiles and nods of encouragement as I lay still, trying not to breathe too deeply because movement also throws off the results of a bone density scan.

Such scans are pretty much routine for women over the age of sixty (my mom has had two), because significant changes in hormone levels after menopause put them at risk for bone loss. Bone density scans aren’t too common for thirty-year-



olds unless they've not gone through puberty in the first place.

This is the story of my bones.

When you're a child, doctors tell you a lot of things. They tell you to drink milk so you'll grow strong bones. They tell you to run around on the playground because exercise is good for you. They tell you to eat carrots so you can see in the dark. They don't tell you that you reach your peak bone mass around age twenty. They don't tell you too much exercise can stunt your growth. They don't tell you that nutrition is complicated and that you need certain vitamins and minerals to help with the absorption of other vitamins and minerals. They tell you about dos and don'ts instead of about balance. They give you a checklist to follow, not a life.

Ballet dancers have a different checklist. I used to pull my hair tight to my scalp and pin it down, no loose ends sticking out. I'd grab a water bottle and look into my big dance bag. Pink tights. Check. Black leotard. Check. Canvas ballet slippers (because canvas makes your feet look better than leather). Check. Satin pointe shoes (plus the padding for the toes). Check. Band-Aids. Check. In those days I walked like a duck with my feet splayed out, pitter-patter to the studio. I looked funny with my stick limbs and upturned nose. Dancers often walk with their chin up, stretching for something just out of reach. One day I caught a glimpse of my reflection in an old weathered window, the glass all distorted rows of sine waves. My head was elliptical and my cheeks were at dif-

ferent latitudes, and all my facial features blurred and smeared into one another.

As a teenager, I stayed under my skin—flat chest, a hair or two barely budding beneath my arms, hips nailed in their narrow configuration atop wispy legs. I blew around the dance floor in choreographed androgyny, trying to stay balanced, controlled, not distinguishing between the two.

Lying naked on the DEXA scan table, I could feel my breath pulse within the crevices of my ribcage like it used to before a dance performance. Shy and self-conscious. A thin shell of youth. I always performed as unearthly creatures—the somber fairy or the ethereal sprite, dancing slow adagios in white gauzy fabric.

“Relax, but don’t move,” she said. Gloves on. White coat. Hair pulled back. Kind face. She said everything gently. When the scanning machine scoured my body, I didn’t feel a thing, but it thudded and thudded. When I breathe, I usually let my ribcage puff out, but I held back even after she was done, even after she left the room. I held back while I put my clothes on and pulled back my hair. My jaw bit down. My stomach tightened.

The machine read the language of my hips and my spine, calculated my percent body fat, and sent the information into little pixels that shifted on screen in the shape of a skeleton, the geometry of my body. It seemed to know my body better than I did. It knew that my bones were hollowing out like the bones of a menopausal woman. Osteopenia, the precursor to osteoporosis. It’s a quiet decay, invisible from the outside. Nearly half of all women

will have it and a quarter of all men, but they might not know it until they break a bone.

Hormones are like the body's words, communicating when to break down and when to build cells. Any change in the body's regular hormone system, such as loss of estrogen during menopause (or the delay of periods during puberty), causes the body to break down more than build up. It's called aging. I thought of my now-deceased grandmother with her stooped spine and rounded shoulders. Silver hair. The fragile way she moved about the world. People always told me I had my grandmother's long, slim legs, but I never shared her curvy upper half. I kept myself within the gangly walls of childhood. While I balanced on my toes during the critical growing years, undernourished and overworked, my body never knew how to grow. I didn't have enough chemical syntax, so by the time eighteen rolled around and I quit dancing, and all the other girls had breasts and boyfriends and painted their nails, I had already done the damage. Through my body exterior, I froze time, but my insides operated in a different chronology. They aged.

When I left the lab with my bone density results in hand, I couldn't decide how old I really was. I only see my surface—smooth hands, a constellation of freckles, my tangle of blue-green veins just below the skin. People tell me I look younger than thirty. They tell me I could pass as nineteen. Sometimes I do. They say it's my baby face, how I carry myself, the way I clothe my body in bright orange sweaters and patterned blue jeans (my hollowing bones unexposed).

**Brenna Fitzgerald** is a writer and editor based in Ithaca, New York. She holds an MFA in creative writing from the University of Arizona. Email: [brenna.ef@gmail.com](mailto:brenna.ef@gmail.com)



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## Blasé

*Jason McDevitt*

The woman sits cross-legged on the bed and  
blathers on about her suicide attempt.

The doctor lifts a hand to his face to conceal a  
yawn. His mind wanders.  
To what day of the week his birthday would fall on.  
When he last ate falafel.  
Whether you can compost cheese.  
How glue works.  
Was his elementary school gym teacher still alive?  
What his wife's first lover looked like naked.  
Do people stutter in sign language?  
He'd never read much haiku.

**Jason McDevitt** is a  
writer, novice anes-  
thesiologist, and a  
winner of the Ars  
Medica/CMAJ  
2015 Humanities  
Poetry and Prose  
Contest. Email:  
dr.jason.mcdevitt  
@gmail.com

“It was like they didn’t care I existed,” she says.

“We all have our concerns,” he replies, rising to  
take his leave of her.



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C4  
C5

*Lisa Y. Liang*

What do they feel?  
No fire, no ice,  
No pinches, punches, kicks,  
No dampness, puddles, piles,  
No cuts, scratches, ulcers, rashes.  
No swabs, needles, tubes, hammers,

No carpet, hardwood, tile, grass,  
No wool, cotton, satin, silk,  
No grazes, no brushes of skin,  
No squeezes, no hugs.

But they can feel  
The ache in their nape they cannot rub,  
The itch on their brow they cannot scratch,  
The tears at the edges of their eyes, overflowing,  
The drips from the nose they cannot blow.

The soft soapy sponge on their cheek,  
The suction on their lips, clearing spittle,  
The crusty crumbs on their chin.

The fierce wind that whips their hair away,  
The warm touch of sunlight on their face,  
The kisses on their forehead.

The strength to continue.

**Lisa Y. Liang, MD,**  
is a writer, teacher,  
musician, athlete,  
avid traveler, and is  
currently a resident  
at McMaster  
Family Medicine.  
Email: [lisa.liang  
@medportal.ca](mailto:lisa.liang@medportal.ca)



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## I love you

*Anna Grant*

5 years of residency.

June, 2008: Goodbye Manitoba. Goodbye 1 bedroom apartment, cozy den. Driving to Kingston, ON, 7 months expecting, in The Vincent Massey Class of '99 grad gift: Pontiac Sunfire. Towing a Uhaul with everything we own! Mmmm, sipping coffee. First home! Zero money down! (That's great because we don't have any!!) Awesome mortgage: prime - 1.1%, 5 yr variable. Summertime, hot, still pregnant, no air conditioner. 2008 Nissan Rogue.

July 2008: I'm an "Independent Practice" Family Physician! Locums are busy, but this is awesome. I'm doing it myself! You're a brand new anesthesia resident — and you're on call for internal medicine your first day of residency! You're gonna be great!

September, 2008: *A beautiful baby boy.*

How do I not know ANYTHING about breast-feeding? I'm a family doctor - I should know how to do this! You're on call 1 in 4, and I'm sorry you can't come home. You're doing great; you're the best resident and the best Dad and the best husband. He'll stop crying. He'll go to sleep.

January 1, 2009: New family medicine practice. This is BUSIER than being a locum.

I'm overwhelmed. Maybe moving to a new province with no friends or family, having our first baby, starting anesthesia residency, and a family medicine practice wasn't a good idea. Who's idea was this anyway? There are not enough minutes in 24 hours to do all this. This was not well thought out.

Hired a Nanny = Godsend.

November, 2008: Hello Manitoba. *Goodbye Papa.*

Back to work for both of us. More new patients. More new rotations. Busy baby boy. Long days. Long nights. Early mornings. We're doing ok. We're doing this together. It's snowy in Kingston! Christmas! Santa came! How did he get in without me seeing?? Mmmm Christmas coffee.

Zoom, zoom: He is 1 year old! Big birthday party in Manitoba. Busy, long days. So much to teach, to learn, to discover, to touch, to laugh at. So much to SAY! So many places to pee! So much to spill, to smear, to take apart.



September, 2009: *A baby lost, unaware.*

June, 2010: Nanaimo, BC. Harbour City. The ocean, family time, walking in the rainforest. Throwing rocks in the ocean. Small condo. Don't make a sound!! Stay crouched down - he's almost asleep! Whispering: "How was your day? I love you". Coffee. Wishing for the *lost baby*.

Back to Kingston. More patients. More call. Early mornings. Anything that starts with 4 is not supposed to be a wake-up time for the day! Quiet evenings after he's asleep.

Summer 2010: Soon to be parents again! How to raise TWO children? Stop getting out of bed. How many times can he get out of bed? Samuel L. Jackson: Go the \*\*\*\* to sleep: Yes. Yes, that sums it up. Busy times. Tired. Coffee. Coffee is fine when you're pregnant - in fact, it's probably good for you! More of the same. Long days. EARLY mornings. It's-still-nighttime, early mornings. I have a few night stay in hospital & a trip to the ICU, but I'm fine. The baby's fine. Buy a Hyundai Santa Fe.

*Goodbye Granny.*

March, 2011: *Another beautiful baby boy.*

Best big brother in the whole world! Grinning, proud, big brother! We thought one boy was busy. Two boys are busy. Dad and big brother are best

pals. “Mom has to take care of your baby brother”. He understands. Dad’s going to Ottawa for 2 months. Daddy’s ALWAYS come back. Long days. Good boys. Tired mom. Proud, happy Mom. Lonely sometimes. Mmm coffee.

October, 2011: Back to work. So nice to see all the patients! We’re all doing very well, thank you. Yes, they’re busy, but they’re so good. Coffee. 2 boys on the move simultaneously. This is a challenge! Eyes grow out of the back of my head, and surveillance capabilities improve. Patients. Playdates. Parks. Splashpads. Learn to skate, to swim, to jump, to run. Laughing, chasing, crying, Long days. Long nights. Early mornings. Coffee. “Exam is coming ... I’m sleeping in the basement ... for A YEAR. Let’s just write this exam once”. Single-parenting. Toyota Sienna. It’s a van. A van for my 30th birthday. I couldn’t feel older. Thousands of hours of single-parenting while Dad’s studying for his oral & written exams. Lots of Coffee.

Wednesday, December 12, 2012:  
Tongue cancer. Moderately-well differentiated invasive squamous cell carcinoma.

How can that be? That spot on your tongue’s been there forever! It was biopsy-proven lichen planus over a year ago! “It’s true ... It changed into cancer ... Yes, I talked to the pathologist. He’s sure.” Devastation. Prognosis: 50% overall mortality.

Time has stopped. Unbelievable. He never smoked a cigarette in his life, and barely drank. Ok a little at Steep Rock back in Manitoba. Now what? Keep studying? Change life plans? Travel? He says so loud, so sad: "I don't fucking want to die!" I'm completely numb and broken. I can't be a widow at 30 with a 4 year old and a 1 year old to raise. He is almost done residency. What if he never finishes?

Don't tell the kids. I don't want the kids at school to find out and tell him. Let's tell your parents. It'll have to be on FaceTime. They're too far away. Your mom walks away. Your dad drinks his wine. So calm.

One thing at a time.

CT scan negative. Big sigh of relief. That really improves survival odds.

December 26, 2012: Partial glossectomy on Boxing day. I would do anything for those doctors. They are super-humans who saved my husband's life. Frozen section margins negative. Final pathology: clear margins. It's only stage I. Five year survival is like 70%, and the ENT surgeon says it was really superficial — so maybe much better???

Tomorrow is better.

Scare - neck lymph nodes big? No, no they're fine, just reactive. We love Dr. F: "You're not special. I've seen lots of people like you. This isn't going to

shorten you're life. If a node pops up, we'll deal with it. It's not game-over if you get a big node." So much relief. Happy tears.

Keep studying. Such a supportive study-group of residents. You can still speak just fine. You sound great. You're going to be fine by the time you have your orals. Eating is getting easier everyday. Another day. Coffee is STILL good. My family is the 3 best boys in the whole world.

Written exam, felt good.

Oral exam, done.

We're buying that house.  
"The house we totally can't afford if I don't pass my exam? I haven't got my marks back!"  
Yes, that one.

Accepted offer on new house.

June 20, 2013: FRCPC!!!! Jumping into the air from a seated position and a great big WHOO!!!

Relief.

I love you all sooo much. Together again. Bunk bed sleepover. Family days. Pancake breakfasts. Van rides. NO more Bubble Guppies. Smiles. Hugs. Big strong hugs. Hiding, and finding. Chasing. Roaring. Sunshine. Cozy rain days. Coffee is good.

Five years of life.

I promise, the best is yet to come.

**Anna Grant** is a  
poet, xxx, and win-  
ner in the CMAJ/  
Ars Medica Poetry  
and Prose Contest  
2015..... Email:  
powellanna18  
@hotmail.com



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## A Tender, Comforting Something

*Lawrence J. Hergott*

Gazing out our large corner window  
after a week away  
I see the birdbath empty  
and rise from the chair  
without thought.

Outside, a chill—  
natural on the threshold of winter.  
The hose feels stiff  
and crackles as I lift it,  
its water frozen—  
I hope only in part.

The faucet fully open  
produces a spray from its source,  
but no water flows.

Shaking and bending the hose gently  
yields the disappointing same.

Thirsty birds  
will have to wait—

but only wait.  
My affection for them  
assures their needs will be met  
when nature brings warmth.

Returning to the chair,  
I pass by the dining room table  
and am drawn to a color photo on the  
newspaper's front page.

A child is being carried—  
still,  
limp,  
dead—  
by his father—  
sobbing,  
lost—  
somewhere in a faraway land  
of war.

My affection for the child and his father—  
his suffering mother unseen,  
his sisters and brothers,  
aunts and uncles,  
teachers and friends—  
brings sadness,  
then anger,  
then helplessness.

Unlike thirsty birds  
I know of nothing I can do to assure  
these beloveds—  
hearts frozen

by a chill  
this time  
the unnatural has brought.

Would it comfort them to feel  
there is one in the distance  
who cares,  
suffers with them,  
would never cause them harm?

I want to bless them.

Later in the day—  
the birdbath full—  
four ravens come  
to the branches of the ash  
that shades the bath.  
Two by two they alight  
to drink  
vigilantly.

I long for the arrival of the hawks,  
who bless the bath—  
and me—  
when they come.  
But they rarely come,  
and always alone.

The ravens will have to do,  
as I—  
far away and unimagined—  
will have to do.



I can soothe the thirsty birds.

I can offer a blessing to my brothers and sisters—  
hoping they will feel  
in the soft kiss of a gentle breeze  
a tender, comforting something.

*Dedicated to Thomas Friedman*

**Lawrence J. Hergott, M.D.**, is Emeritus Professor of Medicine, Senior Scholar in Creative Writing. Email: lawrence.hergott@ucdenver.edu .



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## Studio for Portrait Masks, Paris, 1917

*Richard Waring*

For Anna Coleman Watts, American sculptor and painter

Some say men without noses  
are very beautiful, like antique  
marbles. They wait outside my studio  
on park benches painted blue,  
a warning that the mutilated  
who sit here may be hard to look at.  
I take up the task where surgeons  
leave off, painting to hide  
what's missing, masks held on  
by glasses or string around the ears.

If an eye is gone I'll render  
its twin. You may not guess  
which one is true. Artfulness  
takes months and I can paint  
only a few hundred for the thousands  
in the Union of the Facially Wounded.  
My masks are galvanized copper,  
thin as a visiting card,  
worth their weight in gore.

For lashes and brows, perhaps  
a mustache, I cut their hair,  
sliver foil in the manner  
of Greek statues. There are  
no mirrors here. Only the blind  
keep their spirits up. Where  
do I paint the melancholy?

Some say I give them back  
their souls. A woman told  
her husband she no longer  
finds him hideous as she  
had a right to. They last  
a few short years, my thin  
soldiers, become battered,  
dog-eared. You should have  
seen them. They're gone now.  
The men wanted to be buried  
with theirs on.

# The Stabbing

*Richard Waring*

No big deal, he says, it was  
an accident. But I know it wasn't.  
His wounds say otherwise, my son's  
blood on his bedroom floor, splattered  
on doors and walls, on his copy  
of Schumann's Ghost Concerto.

He survived his girlfriend  
who cut him—off from family,  
from colleagues, and now—  
with a knife she found in his desk.  
I am on my knees cleaning blood.

Dried blood runs down his leg  
like tears on a cheek after weeping.  
His sister redresses his wounds.  
Then he sleeps and I watch  
the boy I love more than God.

She stabbed him twice in his back—  
once in his thigh—under his arm—  
and the middle finger of his left hand  
that he needs to play the oboe.  
He had wanted to break things off.

Just not this way.

**Richard Waring** is a poet and senior layout artist for the New England Journal of Medicine. His poems have appeared in numerous journals and anthologies. A book of poetry, *What Love Tells Me*, is forthcoming from WordTech Communications. Email: [rwaring@nejm.org](mailto:rwaring@nejm.org).



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## Terminal

*Alan Steinberg*

After such knowledge, what forgiveness?

— T. S. Eliot

I can't make the pain go away  
make the cells  
stay where they should  
do what they should—  
shape life, not end it

I can't make the daylight linger  
not even an hour  
not even a minute

I can't even remember  
the way I should  
like a camera  
eyes open wide  
heart open wide  
without the word *me*  
in the frame

me without you  
me helpless and hopeless

It's the same  
with the name they gave  
to what you have  
as if the naming matters  
as if when you lie down  
and close your eyes  
the knowing will make  
it more bearable

for the both of us

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**Alan Steinberg** is a teacher at SUNY Potsdam. He has published fiction (*Cry of the Leopard*, St. Martin's Press), poetry (*Fathering*, Sarasota Poetry Press), and drama (*The Road to Corinth*, Players Press). Email: steinbal@potsdam.edu



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## Boy, Seized

*Kristin Agudelo*

It's all about the drumrolls  
and the big waves,  
he cried as he blinded his way  
out of bed, arms twitching,  
in rhythmic morse, his neurons' message.

Roused from my own slumber,  
I murmured softly,  
Here am I,  
and his small frame lurched  
into the circle of my arms.

At one time, he'd have been  
beloved by the gods.  
Perched on a tripod, words parsed  
by priests proffering laurel  
and the fat of cattle thighs.

Even tonight, his oracle seems sent.  
The snare and the sea—  
relentless pounders, both.  
So too, these spells that sound  
self's fathom.

Having slacked the  
ego's grip, he slips,  
drops words  
reverberates  
into a hovering God's embrace.

Kristin Agudelo is a  
poet. Email: kris-  
agudelo@alumni  
.brown.edu





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## Status Epilepticus

*Patricia Cardoso Pastura*

An intense, even frenetic activity of the brain and still, we don't know about her thoughts.

We don't know about her emotions.

We don't know about her sensations.

What we can see is a real graphic representation of that cerebral activity, and it should stand for the scientific criteria of life.

If brain activity leads to heart activity, diaphragm activity, and the blinking of her eyes, or if brain activity simply doesn't interfere with the others, we also don't know.

Better not to talk about consciousness!

Life, whatever it means, just flows. Whirling river down the hills ...

The diagnosis was antenatal: an indefinite cerebral cortex defect in the ultrasound. But it was late in pregnancy. And the parents didn't really understand what it meant.

"Prognosis is uncertain." "Central nervous system is very plastic." Those phrases didn't help in making a choice, if there was still a choice.

If ever there is a choice ...

In the pediatric intensive care unit days and nights are all the same continuity of cold experiences.

Do the machines and all technological apparatus need to be prioritized?

Is temperature as cold as people's perceptions?  
Even intense activity cannot warm cold air inside—intense  
activity of her shivering body.  
There is also an intense activity of other bodies that come  
and go.  
Severe sick children come, replacing those who leave well.  
Some children go, despite the up and down movements of  
hands, in cardiopulmonary reanimation.

Staff come and go.  
There is a noisy balance of nurses changing shifts.  
There is also a strange symphony of alarm sounds in the  
surrounding ambience. Does she hear it?  
Is she annoyed by it all?  
Is she afraid?  
Maybe she is afraid of touch—gloved touch. Properly, she is  
afraid of tracheal aspirations. She is afraid of venipuncture,  
arterial puncture.  
It is more than fear.  
Agony is something that is felt deep inside.  
It cannot be explained, only felt: a penetrating, pungent pain  
into immobility. Does she feel pain?  
Is she in agony?

Now, as anti-epileptic drugs sedate her, the eyes keep closed.  
Light has gone.  
Communication is also gone, or at least, the impressions of  
them.  
No movement.  
No reaction. No smile ...  
No social interaction.  
Dedicated parents that are not recognized by her, eventually  
go down. Blue, like the colour of those closed eyes.  
Blue like the waters of the whirling river.  
Blue like the tears that are kept hidden.  
Sadness, restlessness, misery!

Her parents have learned that brain defect is life defect. It is their misery.  
They live no life outside hospital. They live no perfect life there inside.  
They trust nobody else. It seems they lost faith.

But then paroxysms stopped.  
No more fever.  
No infection.  
No change in ventilator parameters. No transfusion.  
No hope.  
Only the clock on the wall continues with its circular pulse.  
Seconds, minutes become a whole year.  
A cake, a gift, balloons ...  
Some secret words whispered in her ear.  
Maybe some words can now comfort them.  
Maybe those words can now free her.  
Maybe some words ...

Activity,  
agony,  
misery,  
even liberty—  
they are only words now.

**Patricia Cardoso  
Pastura** is Pediatrician  
and PhD student in  
Ethics in Rio de  
Janeiro. Email:  
patpastura  
@gmail.com