Ars Medica

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For subscription information or to submit a manuscript, contact arsmedica@mtsinai.on.ca,
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Editorial

Images, Imagination

Our world, as Marshall McLuhan predicted, has transformed itself into a global village, where communications skim from one corner of the globe to the other. Flying at dizzying speeds, words and images arrive at electronic portals—our computers, televisions, iPhones, and BlackBerries. This information explosion is distracting, overwhelming, yet occasionally an image arrests our attention—a picture speaks to us, calling out to be apprehended. In this issue of *Ars Medica*, Yuri Dojc, the Slovakian-born Canadian photographer, captures images of Rwanda, freezing the seeing moment—a young boy, his lithe body caught in mid-air, a robust woman surrounded by rows of skulls, a balance of life and death.

Recalling her late father, Dr. Harvey Atin, artist and gastroenterologist, Tracy Atin describes the "insatiable hunger" to create images, linking "gut feelings" to the visceral felt experience of art and medicine. Ann Ireland in the "The Hayward Fault" compares the image of personal physical fragmentation to geographic faults, threatening (like the recent Japanese tsunami) our precarious human existence. In "How Do I Call the Ambulance?" Suvi Mahonen and her physician-husband Luke Waldrip chronicle a terrifying narrative, a pregnant woman in remote country experiencing a sudden vaginal bleed, fearing the imminent loss of her fetus. Several poems wryly grapple with the angst-ridden images of aging and death, such as Tompkin's "Anse Ranford's Face and Mine" and "Death's Head," Estabrook's curt comic poem "Back in the Middle Ages," or Webster's "Going, Going, Gone." Humour, fear's antidote, is never distant in these poems, and Alexander White, "Das is blut," brings us closer to mirth in his tale of a Canadian medical student on exchange in East Germany.

These images, stories, and poems share the raw feeling of lived experience, informing our hearts and minds, portraying our world's night-

marish cruelty, terror, and beauty, and our struggle to fathom loss and mortality. Indeed, images are our first and deepest language, timelessly rooted in our body-mind, shared by artist, healer, patient, and researcher alike. Through images and stories we make sense and improve our life. The editors of *Ars Medica* are grateful for the many submissions received over the past seven years of our existence. A collection of *Ars Medica*'s best short stories, poems, and articles will be published this summer in *Body & Soul: Readings from Ars Medica*. We urge our readers to purchase a copy.

Gut Feelings
Harvey Lloyd Atin, Artist and Physician

Tracey Atin

Energy is Eternal Delight.

—William Blake

I love the self-portrait of my father from 1974. There he is, saturated with fiery orange and Prussian blue, all colour and energy. His large hands wielding paintbrushes (one in each hand) like weapons, he stares directly at the viewer, lips pursed around his pipe (chimney for the artist's internal heat?), sleeves rolled up and shirt pushed apart by his gut. It is the gut of a man with great appetites, a Buddha belly. It's all there: sexuality, energy, consciousness. It's an expressionist painting, a "psychoanalytical" portrait, my father would have called it, and it captures the essence of Harvey Atin.

Harvey grew up on Beatrice Street in Toronto, graduated from University of Toronto Medical School in 1953, completed his training in the United States, and spent a large part of his career as a gastroenterologist at the (now defunct) Doctors' Hospital on Brunswick Avenue—the same location, he would have reminded me, where the YMHA stood long ago when he was a member of the Ontario Championship Basketball team. In high school, he was proudly class clown, and although his nickname was "Harpo," he was "Groucho" in character. He married his high school sweetheart, Dorothy, and had four children: Sydney, Mark, Tracey, and

Jordan. Sydney died of leukemia when she was eleven. He began painting as a teenager and later studied at the Ontario College of Art and the Three Schools.

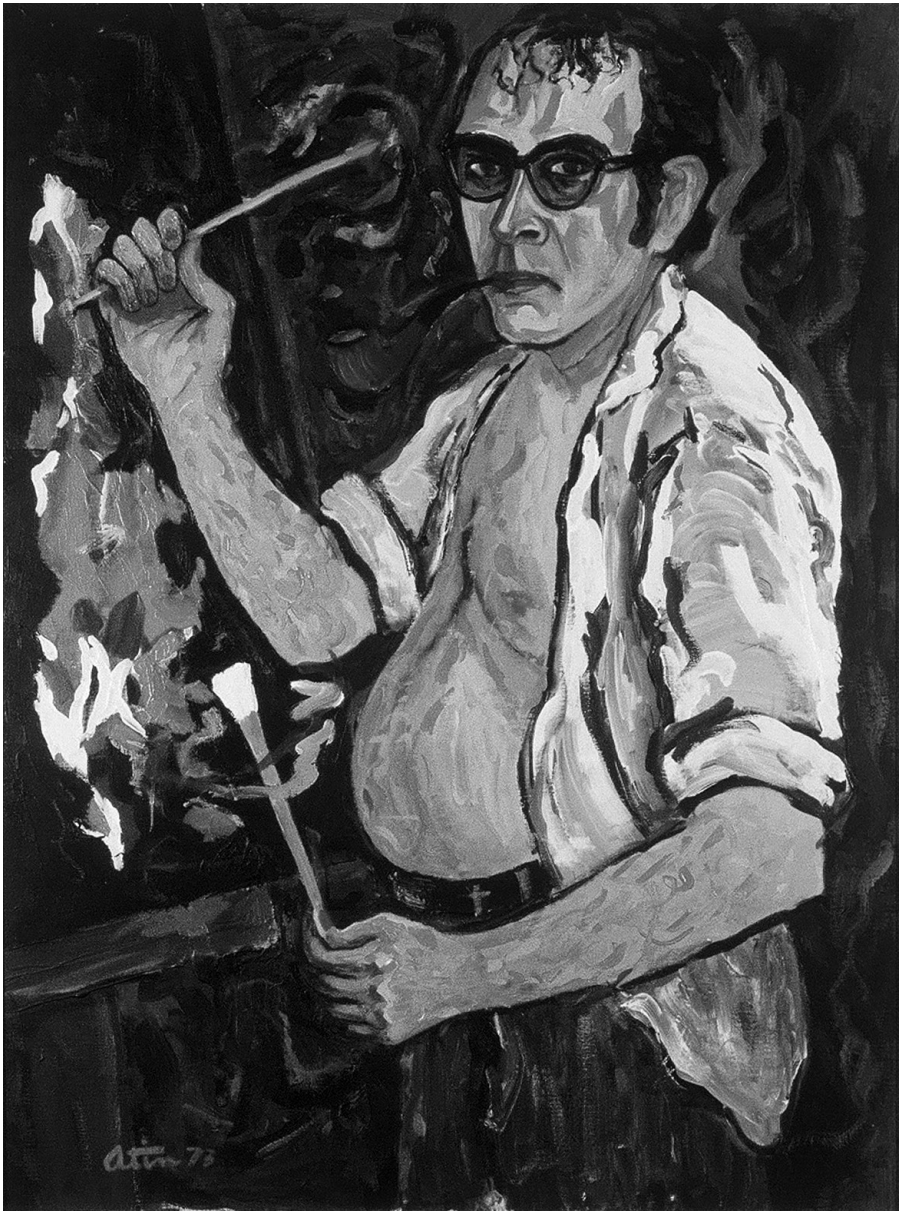
I used to wonder why my father chose gastroenterology as his field. When I was a kid, I loved telling people what he did, because the word was so much fun to say, so impressive coming out of the mouth of a little kid, but his choice perplexed me.

Gastroenterology seemed so . . . so dirty, unromantic. I never asked him, but I have asked my brother Mark, who is also a gastroenterologist and his response is telling.

> I think I went into GI for several reasons. I enjoy talking to patients and analyzing their problems, which surgeons spend a long time doing in general, but I also like to work with my hands, performing procedures, which a lot of other internal medicine specialties don't do. I like the immediate gratification of removing a large polyp from the colon, or stone from the bile duct. The field has more organs (and therefore more varied problems) than most specialties, making it less repetitive.
>
> But the main reason I think I went into GI was because Dad loved it and would discuss interesting cases with me and take me on rounds with him when I was a kid. I could see how his patients admired and appreciated his caring and ability to help them, and I wanted to be like him. Dad was my hero.

I remember some of those discussions around the dinner table, which I found rather gross and inappropriate for dining conversation! Mark's reasons make sense for my father, too, and, the more I look at his art and think about his life, the more appropriate his choice appears. Michael Gershon writes in his book *The Second Brain* that the gut, with its millions of nerve cells, has a "mind of its own." It's the gut, that "second brain," the seat of emotion and energy that inspired him.

As an artist myself, I am perfectly willing to accept the connection between artist and child and the anal stage (Freud had to be right about some things), and I do think that connection may be part of my father's fascination with the workings of the gut, but I also think his art had a more specific relationship to his practice. Since he devoted so much of his work as an artist to painting "psychoanalytical portraits," I used to



The Passionate Artist, 1974, acrylic on canvas

wonder why he hadn't become a psychiatrist. I think I understand the answer now. The brain rationalizes, deals with the "higher" problems of existence; the gut acts.

As an actor myself I think of it like this: the psychiatrist hears the "text" of the brain, the gastroenterologist hears the subtext of the bowels.

The subjects of my father's art were varied, as was the style In which he worked, but he was always an expressionist. and, if you consider all the various ways the word gut is used, the connection between expressionism and gastroenterology seems even clearer.

"Gut feelings," those strong sudden judgments we make, seem to emerge from some inner source but begin with perceptions of something outside. Emotion, intuition, and decision making are intimately connected, but gut feelings are obviously much safer to trust if we have years of study and experience to back them up, which, of course, my father did.

My father's portraits are careful observations of the subjects. They are accurate representations of appearance but also representations of what his gut tells him about those observations. He painted fellow physicians, nurses, health-care workers, family, friends, and fellow artists, and the results of his work were not always appreciated by his subjects. He wasn't concerned about making them look good. His portraits were not about flattery. He showed flaws and fears. He painted subtext. We talk about a "gut reaction" or "gut problem," meaning something that is visceral, basic, essential. That's what he aimed to capture in his paintings. The portraits were representations of the essence of the subject. A good gastroenterologist, he was interested both in what subjects were eating and what was eating them.

The relationship between art and medicine fascinated my father throughout his life. His paintings appeared on Horner calendars and on the covers of the *Canadian Medical Association Journal* several times. In a speech given at an exhibition of his work at a meeting of the American Society of Psychopathology of Expression at Harvard in 1974, he explored the link between physician and artist. He dismissed the idea that doctors created art out of a need for relaxation, a need to escape the strains of their profession. Such motivation produces "cold" work, he argued. The "true" artist is involved, concerned, and responding to his environment with passionate intensity. That certainly was my father, who described

himself as "pathologically involved" with his painting, to the extent that he once continued painting in his studio, oblivious to smoke and fire bells clanging, while the building blazed, until firefighters pounding on his door finally got his attention.

He said it was obvious why a plastic or orthopaedic surgeon might be interested in sculpture, or a psychiatrist in abstract art, but that the answer to the larger question of why there were so many artist-physicians was inherent in the personalities of people who became physicians. His description of the personality of the "average" doctor is a romantic one: "a man [*sic*] of sensitivity who is responsive to the social and physical events in his environment and the vibrations emanating from them. He has compassion for the down-trodden and maligned, strives to improve the status of his fellow man and restore beauty and order to the body and soul of his culture when it is disordered." Lovely. This is also, he adds, the description of the "true artist." He says that it is not sufficient for the artist to reproduce what he sees; he must add some creative phenomenon that demands a personal emotional response. He quotes Canadian artist David Milne: "Feeling is the power of Art." He speaks practically as well as romantically: the advantage of being an artist and physician is that the financial rewards allow the artist much greater freedom of expression, they allow for "the flourishing of one's full intuitive creativity." I'll quote his summation: "Certain men [*argghh—sic*] have the characteristics to become artists or physicians. When they choose the art of medicine as a profession, they still maintain their creative ability, and the hunger to create is at times insatiable." "Insatiable hunger!" What an apt metaphor for a gastroenterologist. Medicine was, for my father, also an art, one he practised with the compassion and intuitive instincts of an artist. Financial security made it possible for my father to use any profits from his work to go toward the creation of a grief counselling centre after the death of my sister Sydney from leukaemia. It also gave him the freedom to create those not always flattering psychoanalytical portraits.

The art–medicine connection was explored throughout his career. His self-portraits explored his own depression and mental illness. In a portrait done in 1997, called *What's Left of Me*, he seems, literally, gutted. The painting is almost a mere outline of his ghostly white face, and he's wearing his many interests in the patterns of the shirt. The colours are

primary, simple. Suffering from depression, and attempting to find the correct type and dosage of drug to help alleviate his suffering, made him acutely aware of the need for balance. Balance in medicine and aesthetic balance are about what "works," and both the artist and the physician strive to achieve it.

His self-portraits reveal his lifelong exploration into his own psyche and also his struggle with despair after my sister's death. In the 1997 portrait, his head is circled by yellow, a colour that he associated with the soul, as if his soul was still connected to the shell of his skull but seeking escape.

He painted his experience with cataracts. One painting illustrates the way he saw the world before and after surgery, and another, the view one receives when the lens implant drops. He painted a young woman during her remission from leukaemia titled *Hematological Odalisque,* in which he incorporated (pun intended) red and white blood cells into the foreground and background. An earlier painting of the same woman called *Erotica through the Eyes of Death* was done without looking at her, from "feel," and in it squiggles of bright colour, especially orange and yellow, seem to be struggling to escape the canvas. I know he painted it from "feel" because he kept a catalogue of his paintings in which he wrote about them, and his comments have been very helpful to me.

Colour is an essential tool for the artist. My father was a brilliant colourist and as an expressionist he used colour to convey psychological truths, to create mood and balance. After my sister died, many of his paintings expressed his search for meaning and balance in the universe, and the colour yellow often appears, associated with release, as in a painting where the sound of bells is illustrated by bits of yellow in the trees. I wonder if his association of yellow with the soul was why he loved sunflowers, which he often painted. Colour was more than aesthetically useful; it was metaphysical.

Colour is also a diagnostic tool for the physician and a particularly important one for the gastroenterologist. A wonderful illustration of the profound and practical connection my father saw between medicine and art is found in the photograph of my father and my brother in their scrubs, standing on either side of what looks like an abstract painting. This painting is called *GI Excreta thru an Artist's Eye* (an unfortunate

title) and is a depiction of the different colours of oral and rectal excretions as they relate to disease. My father used this painting to help train interns and to help patients describe their symptoms, and my brother still uses it. Colour and movement, two aspects of my father's medicine and art!

Art allows the luxury of experimentation in a way that medicine cannot. My father experimented with subject matter and styles his whole life, but in the early 1980s he felt he began to really find himself as an artist. He developed a hard-edged technique that fitted perfectly with his skills as a colourist. A fellow artist and critic Maureen Gauthier described his work:

> While Dr. Atin's work exhibits elements of Post-Painterly Abstraction, notably the exploration of the two-dimensional nature of the painting surface, the use of flat areas of pure colour and hard-edged techniques, he has managed to retain a strong link with the recognizable elements of real life. This combination allows him to treat "familiar" experiences common to us all with humour, wit, satire, and above all with a joie de vivre attitude. We are reminded through his paintings how precious the everyday things are, and how essential is the joy we take in them.

I think this joy in making art out of the stuff of daily life is also related to his work as a gastroenterologist. The daily processes of our bodies, the messy, essential work of the gut was inspirational to my father and to his work as an artist. How unromantic the bowel is compared to the heart, yet it is the bowel that tells us immediately what we are feeling and thinking, the gut that registers love and fear and excitement and despair. And it is not the heart but the gut with its earthy processes that makes us recognize the distance between our lofty aspirations and our animal selves, a disparity so often lampooned. Finally, it is the gut that takes in the energy that the brain needs to do its work.

The gut is considered by many cultures to be the source of energy, and that is another dimension of my father's work. My father's energy was tremendous. He was an athlete (before injuries and age got the better of him), a sailor (who raced, not cruised), a talker whose knowledge was varied and extensive, an expert on horse racing and the stock market, an artist, a doctor, a father, and a husband. His energy filled any

room he entered. The subject matter of his paintings reveals his many facets. There are paintings of the racetrack, hockey, baseball, and sailing, as well as landscapes and still (but there's no such thing, of course) lives. All of them move, even his painting of hats in *Ascot* is alive with energy and movement.

It has been ten years since my father died and, in honour of his wishes, there will be an exhibit of his work at the Rebecca Gallery, 317 Grace Street, Toronto from June 25 until July 9. Before my father died of bladder cancer in 2001, he had begun to explore the use of collage technique. One of my father's last works was a portrait of Albert Einstein. You might expect a portrait of Einstein to be cerebral, brain not gut, but the painting is an explosion of colour and energy and movement. Fragments of pictures make up the portrait: the huge brain is there, of course, and sailboats racing with the wind, musical notes surging, Van Gogh stars swirling . . . I love it because, for me, it's also a self-portrait of my father, brain and second brain dancing in eternal delight.

Tracey Atin is co-founder of Korda Artistic Productions in Windsor, ON. She shared a passion for the arts with her father, as well as a fascination with the creative process and human experience.

"Das is Blut" *A Canadian Medical Student Goes on Exchange to East Germany*

Alexander White

"You have white pants, don't you?" the host student asked, in near-perfect English with a near-perfect German accent. I had just finished my first year of medical school and decided to spend part of my summer on an international clinical exchange to Magdeburg, the capital of Saxony-Anhalt, in Eastern Germany. Despite having a German vocabulary that stops at *kindergarten* and *wunderbar,* the application form assured me that English was all I would need. I was the first Canadian student they'd ever had, so I had the reputation of 31 million citizens to protect.

"Not really, um, not white ones." I replied, as if she would at least be pleased with idea that I did think to bring pants. Many, in fact, in a variety of colours and materials. But I hadn't seen a pair of starched white pants on a healthcare professional, well, ever.

"That's OK, just throw on a white T-shirt and your lab coat and you'll be fine." She didn't sound sincere. But what choice did I have?

As I strolled into the morning traumatology meeting in my University Health Network standard-issue lab coat, I couldn't help but feel a bit underdressed. Every piece of clothing on everyone else was white. Not cream, not mother-of-pearl. Weyerhauser white, like in a pinch someone's back could serve as an adequate surface on which to project the results of a CT scan.

Their lab coats had metal snaps, broad reinforced shoulders, a crisp mandarin collar, and a belt at the back to allow for a custom fit. My floppy, poorly defined outer layer gave the impression that I had cut a hole in a bedsheet tand fashioned two large sleeves from the material that hung over my arms.

When I shook the chief surgeon's big leathery hand, I noticed that he reeked of cigarette smoke. That's kind of old-fashioned, I thought—not just the idea of a doctor smoking, but not trying to conceal it in any way.

He assigned me to one of the residents, who, he pointed out, happened to be not only a woman, but a single woman. That's also kind of old-fashioned, I thought. In these situations I like to play Switzerland and acknowledge that I have received the information and I understand it, but make no intonation or gesture that implies any like or dislike, my lips slightly pursed and my eyebrows fixed motionless and equidistant between my forehead and my eyelashes.

Meeting adjourned. We walked down a flight of stairs to a dimly lit floor, the doorway to which read *"Achtung!"* and then some other consonant salad that I don't remember.

Achtung indeed. A big metal cart as tall as I was almost blindsided me. "Sorry," I said to the orderly concealed behind the cart. As it continued past me, I was astonished to discover that no orderly was to be found. The cart was pushing itself.

Apparently when this modern East German masterpiece of a hospital was built, it was cost-effective to have autonomous four-wheeled robots deliver surgical supplies and food in the hospital instead of paying an unreliable human beings. I looked down the hall and there was another one, patiently waiting for an elevator. The hospital staff ignored them completely. But they were so much more lifelike than conveyor belts. They travelled at different speeds and they had big yellow lights where you'd imagine their eyes should be. Some were heaving around big

containers, others were empty, looking for more work to be done. They were the hospital worker bees, and they didn't bother you if you didn't bother them.

As rounding began, we arrived at a female patient in her late teens who had experienced, in addition to a broken leg, some non-life-threatening facial trauma, to which she had been furiously applying concealer.

The chief surgeon, never missing an opportunity to objectify a female, pulled me and another male student to the front of the line and encouraged us to "look at the beautiful girl who has come to the hospital." This was the only finding he felt that two medical students would benefit from. None of the other patients would have been valuable for us to see, but it was important for us to make a spectacle of this embarrassed supine teenager. Cue face to Switzerland-pursed-lips-neutral-eyebrows position.

When surgery time came, I was a bit nervous to go into the operating room. I had no idea how OR culture in Magdeburg differed from that in Toronto, but in both cities protective gowns must be worn when X-rays are taken during surgery.

So I perused the rack, looking for a size that would fit me. I came across one that looked about right. It read "*Trauma Chirurgie Madja*." It was in the middle of the rack, and I deduced that *madja* must be German for "medium." I felt my meagre vocabulary inflate and Velcroed the gown in place. This, John Dewey, is experiential education.

While I was helping prep the patient for surgery, essentially hoisting limbs in the air so the doctors and nurses could arrange their tools and towels and other instruments properly, I was tapped on the shoulder, to be greeted by an irritated OR nurse named Madja who had been frantically looking for her protective gown.

I felt my vocabulary deflate.

After a week in traumatology, I moved on to vascular surgery. The vascular surgeons, I was told, like to start their day at 0640. For my entire rotation, I was always on time, and yet I was always the last member of the team to arrive. Everyone else was buzzing around the desk as if they had been there for hours. It was as if they had never left, and aside from the bikini briefs that the surgeons seemed to think matched their false tans and waxed chests, I never saw one in an item of casual clothing.

The idea that any of these people existed outside the hospital seemed like a fairy tale to me.

Now, to get there on time—fed, showered, and shorn, taking every shortcut I knew—the latest my alarm could go off was at 0550; snooze to 0555. In *Outliers,* Malcolm Gladwell asserts that disasters rarely happen because of only one shortcoming. We have enough redundancy in our comings and goings that at least three different events have to go awry in order for the walls to come caving in. So let me take you through a failure of Gladwellian proportions.

It was a normal Thursday night in Magdeburg. I took out my contact lenses in my bedroom because the washroom was in extended use and I really wanted to hit the sack. This left my eye-care kit on top of my chest of drawers the next morning instead of the usual spot underneath the medicine cabinet in the washroom. Any deviation from a morning routine with no margin for error is like having a cigarette at a gas station. I remembered to bring my contact lenses into the washroom with me before my shower, but failed to remember the saline solution that they bathe in.

The host student was also a contact lens wearer, and her bottle of *Kontaktlinsen* solution was literally under my nose. I'll just use a bit of hers on my lenses before I coat my eyeballs with them, I thought. She won't notice, no harm no foul, right?

Wrong.

That little solution begat a big problem! It was hydrogen peroxide. My eye felt like it was on fire. Fighting the urge to squeeze the lids firmly shut, I repeatedly flushed it with water. Eventually I peeled the contact out of my eye and flung it toward the sink, where it landed gracefully on the faucet. I continued flushing until the fuzz around the edges of objects turned sharp. Ironically, resorting to eyeglasses that day would prove to be a shortsighted decision.

This delay meant no shave, no coffee, and an untoasted piece of bread with butter.

By the time my bespectacled self arrived at the hospital, the sting in my eye had turned to a dull ache. After an hour of trudging through German rounds, I was hungry, thirsty, sweaty, and exhausted. But off I went to the operating room.

The first operation of the day was a carotid endarterectomy. A gen-

tleman in his sixties needed the fatty, foamy plaque scraped out of the artery in the right side of his neck. My job was to wield an array of stainless steel utensils and retract flesh, allowing the surgeons to dig with relative ease. Such a job is well within the skill set of a high school dropout. Who is blind and drunk. The problem is that human flesh is unwieldy, and the surgeons needed me not only to pull with all my might but to sustain said might in the same position for an eternity.

With a flesh fork in each hand, I pried the man's neck apart as the surgeons exposed the undulating blood vessels that lay beneath. I could feel my temperature start to rise as they asked me to pull harder. I didn't dare move, even to avoid the ashes of cauterized flesh that wafted into my face.

My skin began to itch as my pores opened wide and spilled their contents. My kingdom for a back scratcher. I could feel the layer of perspiration reducing the friction between the bridge of my nose and my goddamn glasses. I was deathly afraid that they'd slide off my face and land with a squish onto the patient's throbbing jugular. So I would occasionally snap my head back, the momentum carrying my glasses back where they belonged.

By the time the carotid was clamped off and opened up, my head snaps were becoming more frequent, and my undershirt was soaked. I was hungry and thirsty but determined to show these surgeons how disciplined Canadian medical students can be.

They carefully scraped away the yellow plaque, dangled it in front of their eyes for a second, and lobbed it into a polished metal receptacle. The easy part was over. Next, they had to replace the wall of the artery with synthetic material. Now, in the previous school year I'd had an entire week's worth of lecture on how sensitive blood vessels are to clot formation, exploring how a tiny insult could sow the fatty seeds of destruction. I was left with the impression that looking at a blood vessel the wrong way was enough to upset the exquisitely sensitive inner lining, and before you know it, you'd have a nasty clot teetering on the edge of rupture, daring you to say that one more time to its face so it would have an excuse to blow open and end a life.

You can imagine my incredulousness when the artery-replacing material came in the form of a haphazardly placed off-white strip,

flopped onto the sterile sheet covering the patient's belly, and cut at an arbitrary angle with *die Schere*. This was going to be inside the patient for the rest of his life. I had expected this artificial-artery material would descend from the heavens in a diamond-studded glass cylinder suspended perfectly in the tears of a thousand virgins. Anything less would be impure.

The next task was to unite the synthetic strip with the artery wall. This was going to take about one hundred meticulously placed little stitches. And I had the pleasure of maintaining flesh retraction for each one of them. Watching this process is easily the most frustrating thing I've ever seen. It was slow, repetitive, and boring.

Pull harder.

I could feel the sweat pouring out of every square inch of my body. I snapped my head back to restore my glasses. After changing positions to give my aching hands a bit of a rest, I decided to rest my left forearm against the unconscious patient for leverage. It brought temporary relief. Then I felt a little cough underneath my resting place. The anesthetist muttered something and then my resting place said something back to him.

The patient was awake! *Mein Gott*!

There are three people three knuckles deep in this man's neck and he's just lying there staring at the wall, passing the time. This unsettled me even more. The queasiness became constant. I could feel drops of sweat leaving my thighs and landing on my shins. If they start appearing on my face, it would be game over. I couldn't drip my salty excretions into his bloodstream.

I remembered to breathe deep, hold, exhale, repeat. Breathe, hold, exhale, neck snap, repeat. Then I had one of those blinks where your eyes are closed for a lot longer than they should be.

"Are you OK?" one of the surgeons looked at me.

"Yeah, oh yeah, I'm fine. It's just a bit hot in here."

I began squeezing the muscles in my calves in a last ditch effort to divert any and all blood to my poor brain. But it was no use. I could feel within my viscera a tremendous desire for release. The only thing I was unsure of was which end of my alimentary canal the mess would come out of. And I still don't know which one would have been worse.

So before I my level of consciousness descended past the speaking threshold, I strung five words together.

"I need to sit down."

Without waiting for a response, I ditched my retractors, shed my gown, gloves, and mask in one fell swoop, and I accelerated from brisk walk to run as soon as I was out of sight of the surgeons. As I passed through the scrub-in room, I briefly contemplated depositing my expulsion in the very place where one seeks near complete sterility. But I made it to the washroom where mess had chosen my mouth as an exit point. I dropped to my knees, released it, and felt instantly better when the small grey wad plunked into the bowl. I moved over to the sink to replenish all the fluids that had been distributed in my clothing. My heart rate began to drop and the colour returned to my face.

I suppose it could have been worse, Malcolm old chap, but if the hydrogen peroxide incident hadn't caused me to miss breakfast, if it weren't so hot in the operating room, if the surgery weren't so painful to watch, if the conscious patient hadn't surprised the hell out of me, if I hadn't felt the need to gain acceptance of the vascular surgery department, then it definitely could have been better.

As I was pouring myself a cup of weak German-style drip coffee in an effort to never undergo another pre-syncopal episode, the darndest thing happened. The surgeon who watched my Irish goodbye from the operating room, who I thought would not tolerate such undisciplined behaviour, approached me. Keeping perfectly still, save for his lips, he let me know that the experience I had was not unique among students, and that I should take care to have a proper breakfast every morning (which, for him, I envisioned was a half dozen poached eggs and a tall glass of prune juice).

We got to talking as we meandered through the hospital. As one does with anyone from a different country, we naturally began by discussing our respective origins.

Regarding Germany, he commented, "We had big country, we make wars, and now we have leetle country."

He was curious if I "like Americans."

I replied that "some are very nice, some aren't so nice, just like any other country, I suppose."

It seemed strange to him that, despite the stillness of the fifty-plus muscles equipped for facial expression, I wasn't able to interpret his subtext.

"No, I mean, you like American Woman?" he said, as he held his hands in front of his chest, imitating breasts bobbing up and down.

As I prepared to give a rabidly noncommittal answer, I noticed on his front right pant pocket a hint of red that was certainly not regulation. It was a pack of Marlboros!

I found his humanity in that little red-and-white box.

Later that day, I was having a lunch in the kitchen area, when the surgeon poked his head in and said he needed me the operating room in ten minutes. Me? Needed? I didn't even think I would be allowed in after my previous episode, let alone needed. So I poured out my half-full cup, gave it a quick rinse, and got changed.

Of course what he meant by needed was that a dialysis patient needed her forearm flesh retracted for the creation of a fistula. Despite their autonomous robot carts, the Germans haven't yet invented flesh that retracts itself. Damn right I was needed!

As the operation began, a piece of bloody subcutaneous fat bulged from the surface and the surgeon poked at it with a rod.

"Is like leetle sausage," he remarked.

"Bratwurst," I replied.

He laughed.

I continued, "Where can I buy one of those lab coats you wear? I like the way they look."

"Come to my office. I give you one. Don't tell anybody."

Apologies in advance, *Herr Doktor,* but when people in Toronto ask where I got such a smart lab coat, I'm going to have to tell them how deceptively friendly you were.

Alex White grew up in Toronto. He studied theatre at Etobicoke School of the Arts, and engineering physics at McMaster University. He is in his third year of medicine at the University of Toronto.

How Do I Call the Ambulance?

Suvi Mahonen and Luke Waldrip

I put down my brush. A splotch of vivid green spreads on the rag. Placing both hands in the pit of my spine, I rub the muscles as I stretch.

I want to have a lie-down, but first I need to finish this colour. Then I can let it dry. I make myself keep going.

I am painting the tips of the ferns that grow at the edge of the waterfall when I feel it. A sharp cramp like a period. I wince. It goes away.

Then something else, a glob of fluid that fills my pants. Blood. It is on my fingers when I check.

This cannot be happening. I don't know what to do. I stand still.

A trickle runs down my leg; the front of my cotton dress sticks to the inside of my thigh. The pale yellow material is now turning crimson.

"No."

I have to stop it.

I stand, cupping my hand between my legs to try and stanch the flow, but it is only a few seconds before my hand fills.

I begin shaking. My breath shortens. I waddle towards the toilet.

I am afraid I am losing my baby.

Please, please no.

I will do anything, if only the bleeding will stop.

The bathroom door is shut.

"Fuck."

My fingers are slippery; they will not grip. I wipe them on my front.

The handle turns and I shoulder the door. A horror greets me in the mirror: blood on my dress, my arms, my face.

Lifting up my hem, I kick off my knickers and drop on the seat.

The insides of the bowl run with red.

NAKED EXCEPT FOR A HAND TOWEL pressed between my legs, I make my way across the landing. Daniel had theatre this morning but he should be finished by now. I hope he has his mobile with him. There are times he forgets. I pick up the phone. With one hand holding the towel, I use my thumb to dial his number.

"Hi," Daniel says.

"Danny—"

"This is the mobile phone of Dan Harrison. Sorry I can't answer now. Please leave a message."

I hang up and dial his work.

"Cranbourne Surgical Day Centre," the receptionist says. "How can I help you?"

"I need to speak to Daniel," I say.

"Sorry, who's Daniel?" she says. "Is he a patient here?"

"Dr. Daniel McNeal," I say. "I need him now!"

"May I ask who's calling?"

"I'm his wife. I need to speak to him urgently."

"I'm paging him now."

Music comes down the line as I hunch by the wall, waiting.

"Still paging," the receptionist says.

Music again.

"Putting you through."

"Hello," Daniel says. He sounds harried.

"Danny," I say. I begin to cry.

"Megan?" he says. "Is that you? What's wrong?"

"I've been bleeding," I manage to say.

"What do you mean?" he says. "Are you still bleeding?"

"I'm not sure," I say. "I think it's stopped."

"Are you all right?" he says.

"I don't know. I'm feeling a bit dizzy. There was so much blood. I'm worried I'm losing the baby."

"Are you in pain?"

"No, not anymore," I say. "I had some cramping. But it's gone now."

"Can you feel the baby move?" Daniel asks.

"Not really. I'm not sure. I haven't stopped to check."

Pressing my thighs together to keep the towel in place, I run my hand up over my bump.

"Megan?" Daniel says. "Megan, are you there?"

I can't feel any movement.

"What should I do? I can't feel it moving," I say.

"Maybe it's just asleep," Daniel says.

"What if it's not asleep?" I say.

"We shouldn't jump to conclusions."

"You didn't see," I say. "There was so much blood. Can you come home now? Danny. You have to come home."

"You need to call an ambulance," he says.

"What? Call an ambulance? Why an ambulance? Why can't you just come home?"

"Megan, listen," he says. He lowers his voice. "Please listen. I would. But it will take me nearly an hour to drive home. You need to get help now."

"Are you sure? I don't think I'm even bleeding anymore," I say.

"That's good," he says. "But you could start bleeding again."

"How do I call the ambulance?"

"I can call the ambulance from here," he says. "I'll also give Dr. Barker a call."

I hear a car drive up the hill, see it pass by outside, then realize with a cringe I am standing naked, blood streaked, and exposed in front of the balcony glass door. Shrinking back from the glass, I think I feel a kick.

"Danny."

"Megan, you need to—"

"I think the baby moved."

"You sure?" he says.

"No, I'm not sure," I say. "But I am sure the bleeding's stopped. Does the ambulance really have to come?"

"Yes, it does," he says.

"I want you here with me."

"I wish I was," he says. "But I'll meet you at the hospital."

I hear his pager go off.

"You're still at work. Will they let you leave straight away so you can be there? Be there when I arrive?"

"Of course they will."

"How long will it take you to get to Mount Surrey Private?"

"Hang on a sec, Megan. I'll speak to Dr. Barker. But I don't think you should be at Mount Surrey. You need to be at a tertiary centre."

"What do you mean?" I say.

"You're thirty weeks pregnant," he says.

"Why does that matter?" I say.

"The baby might need delivering. If it does, it's still quite premature. Mount Surrey doesn't have a neonatal intensive care unit."

"Danny, I'm really scared," I say. "Will the baby be all right?"

"As long as you're OK," he says.

While Daniel calls Dr. Barker, I clean myself up with a wet face cloth, put on my tracksuit pants and loose T-shirt, then take a bag and pack my toothbrush and change of underwear. Sitting on the couch, I am trying to keep calm when the phone rings.

I start crying again. "What took so long?"

"I've spoken to Dr. Barker," Daniel says. "You're going to Monash. The ambulance is on its way."

THE STRAPS ON MY BELLY are pulled to the second-last fastener. They are holding the transducers in place. The CTG machine is picking up the baby's heartbeat, filling the small room with a staccato sound that rises and falls, rises and falls.

"The trace looks OK," Dr. Barker says. "Are you in pain?"

I shake my head.

"That means a placental abruption is unlikely. Let's check you out."

He palpates my belly. "Your uterus feels nice and soft."

"What do you think caused the bleeding?" I ask.

My thumb is under the top elastic strap to stop it from pinching. It has indented my skin.

"Most of the time we never find out," Dr. Barker says. "It might be bleeding from the placental edge—what we call a marginal bleed."

"What if I start bleeding again? I mean, has this made my placenta weaker and more likely to give up? Is there any way you can test the placenta to tell?"

"The ultrasound will show us how the placenta is working," Dr. Barker says. "But I need to examine your cervix first."

I am embarrassed, as I haven't had a shower since the bleeding began. I take off my knickers. The pad I am wearing is smeared with old blood. The midwife lowers the head of the bed so I can lie flat. I bring up my ankles, spread my knees, and hold Daniel's hand as the metal speculum is inserted.

"Taking it out now," Dr. Barker says a few moments later. "I can't see any active bleeding, only some old blood. And the cervix is long and closed, which means you're not in premature labour."

"That's good news," Daniel says.

"Yes," Dr. Barker says, turning and placing the speculum in the sink. Then he snaps off his gloves and drops them in the bedside bin.

He looks at me. "I think it's best if we admit you overnight for observation. If there's more bleeding, the baby may need to be delivered early, so we need to give you a steroid injection to help mature its lungs. You'll also need a blood test to check for the presence of fetal blood cells in your circulation."

He goes out to get the portable ultrasound machine. While he is gone, the midwife unhooks me from the CTG and I put my underpants back on. A short time later, Dr. Barker squirts a pile of gel on to my belly and smears it over my skin with the ultrasound probe.

"I can't see a clot behind the placenta," he says. "And the blood flow through the umbilical cord is good. There's plenty of liquor and I can see the baby moving."

"All good signs, Megan," Daniel says.

"Do I really have to stay overnight?" I say.

"Yes, Bunny, you really need to."

"But I would sleep better if I was in my own bed," I say. "You could look after me at home."

"We'll take good care of you here," the midwife says.

Dr. Barker excuses himself to go to fill out paperwork. He says he will see me in the morning. The midwife goes to get a wheelchair.

"I'm sorry," I say to Daniel.

"For what?"

He walks beside me with his hand on my shoulder as I am wheeled out of the delivery suite. On our way down the corridor to the antenatal ward I hear a woman screaming.

IT IS PAST MIDNIGHT, but I cannot get to sleep. I lie on my back, staring at the room around me. A wedge of weak light comes through my partly open door, cutting a line over the empty bed next to mine. The smooth, starched sheets are pulled tight, tucked in under the plastic mattress. I almost wish that someone were sleeping there.

I listen to the undercurrent of nighttime sounds that come from the ward—the cry of a newborn baby, a tap running, the murmur of voices from the nurses' desk, and a door being closed.

I put my hands on my belly to feel for a movement. I jiggle it some. And wait. But I don't feel the baby shift. I tell myself to calm down. The image of the blood in the toilet keeps running through my mind. I cannot let it go.

Angry shouts come from the car park outside. I turn and look at the window reflecting the light from the hall. The yelling continues for awhile. Then it goes away.

I am scared. I look at the chart at the foot of the bed. What if there is something they are not telling me?

I reach for it.

All it contains is my observation sheet—which I don't understand—and a list of medications I have received. Nothing ominous. But I still can't settle down and I lie awake for ages.

Something is wrong, I'm sure.

Suvi Mahonen and Luke Waldrip are an Australian husband-and-wife team. Suvi holds a master's degree in writing and literature and Luke is an OBGYN who enjoys travel, photography, and writing in his spare time.

Landscape of Genocide

Yuri Dojc

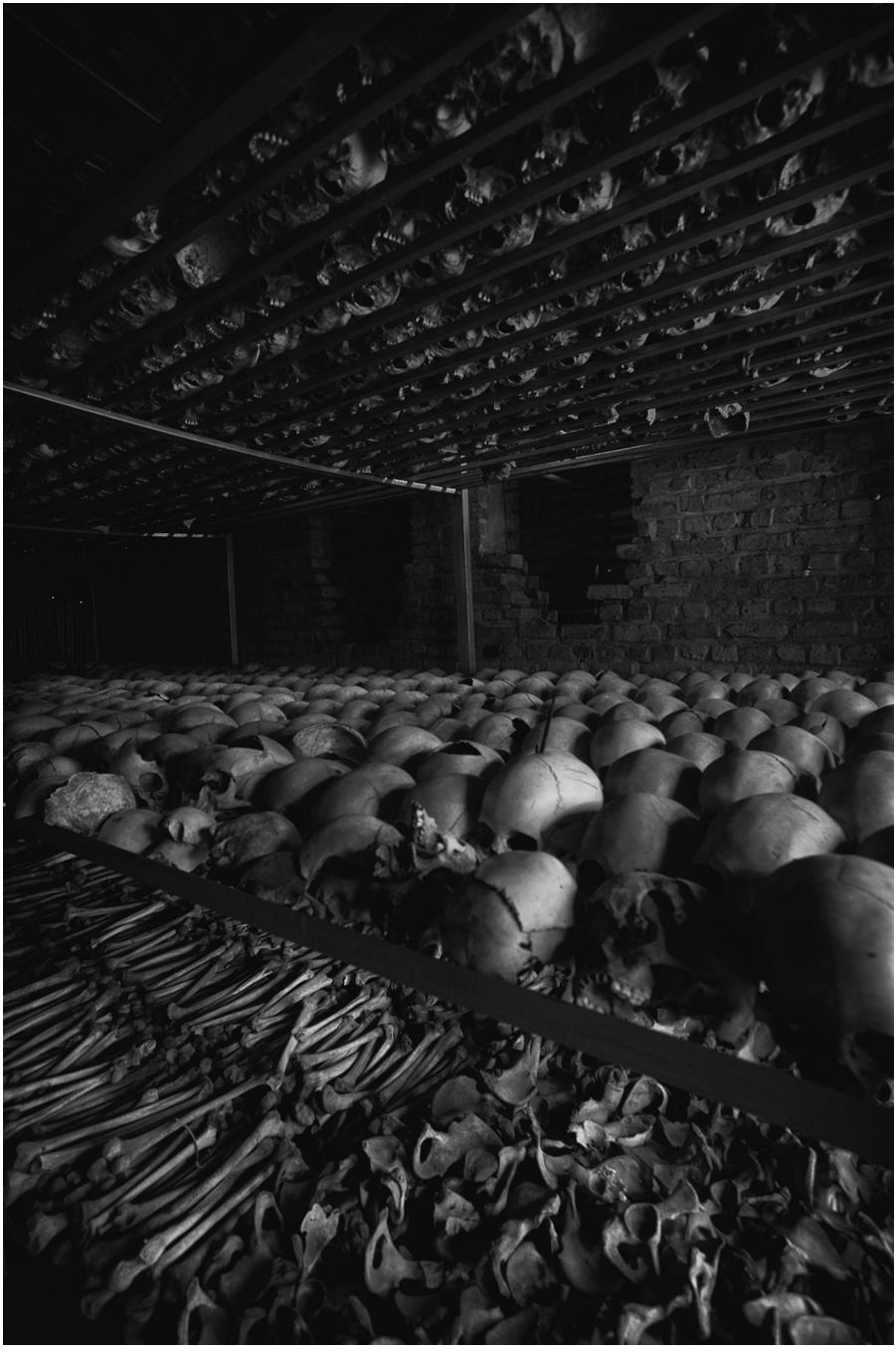
In August 1968 when Soviet tanks invaded Czechoslovakia, Yuri's status as a summer student in London was amended overnight to refugee. Settling in Canada the following year, Dojc would become revered as one of his adopted country's most celebrated photographers, feted with a multitude of prestigious honours for both his commercial and fine arts work.

The 1994 Rwanda genocide marks one of the critical atrocities of the twentieth century, in which it is estimated over 800,000 men, women, and children were killed, the majority of whom were Tutsi. The terrible images of carnage continue to be seared in the world's eyes. The fate of survivors who lost family members, witnessed rape and murder, and were themselves subjected to abuse, continues to the present time.

In 2008 Yuri journeyed to Rwanda to mentor aspiring young African photojournalists and capture the lingering remnants of the genocide that ravaged the country in the previous decade.

The aftermath of epic tragedy remains a fascination with Dojc. His *Last Folio* project memorializes the remaining shards of a once-vibrant Jewish life in Slovakia. For the last three years *Last Folio* has travelled the world, exhibited in galleries and museums in Bratislava, Cambridge, Prague, New York's Museum of Jewish Heritage till August 2011, and Brussels at the European High Commission. Next venue for *Last Folio* is the University of Indiana in Bloomington in September 2011.

—Eva Dojc (with the editors)



Red Arrows Pointing Down

Louisa Howerow

bradykinsia, impaired posture and balance, loss of automatic movements
—Symptoms, Parkinson's Disease, Mayo Clinic

My father shuffles into the kitchen
quick short steps to the counter
where he stops rigid unblinking
an emaciated flightless bird.

Always those steps the stopping
the waiting for his mind to click feet to move.
My father an emaciated flightless bird
jerks awake launches forward.

His mind's clicked in knees don't buckle.
He's left his cane behind curses reminders
– every move a jerk and launch
towards his place at the dinner table.

My father cane left behind flattens his curse
into a declarative. When I damn well feel like it.
On the calendar a blizzard of red arrows
points to his falls black eyes bruised hips.

I'll use it when I damn well feel like it.
My father leans over the table. I steady a chair
against his legs. This calendar date still rests
free of red arrows pointing down.

Louisa Howerow's poems have appeared in Canadian, British, and American journals and small-press magazines. She has also placed first in two contests sponsored by the Ontario Poetry Society.

I Saw My Father Naked

Llewellyn Joseph

I saw my father naked with eyes frightened
Staring with round black pupils straight at me
As he felt the embarrassed baring of his weakness,
His flabby muscles, fat-softened pectorals
His shrunken arms and shoulders bare
His legs with shrunken thighs and calves
Rigidly bent as he clutched his swollen knees
In pain
I saw him halt and search himself for
Answers to my clinical inquiries
with shrinking countenance
Struggling to protect his last residuum
of manly privacy and pride.
I winced! Feeling for him;
But I must hurt to heal
He the unwilling patient, I playing doctor
To the crumbling deity of my father—
The sad actualization of a happy fantasy
we shared.
I saw him laugh at me with his mischievous eyes
With his denials and half-truths;
He mocked my doctor game
And disbelievingly seemed all at once
Tormented with fulfillment and with pride,
Resentment, envy, and hostility,
Suspecting that I enjoyed this moment
He had raised me for,
This very life-saving moment,
His own gifted son, appendage of himself,
His own creation, from his own loins
Now doctor!

These thoughts shone in his eyes,
We both had moved toward this moment
Inevitably through years of fearful expectation
Now so uncomfortable
He naked and weak,
And I too fearful with respect to think
Too choked by my embarrassment to speak,
Eager to gain acceptance ultimate!

Full sticky throat! This frozen brain and babbling tongue
That runs to fill gut-fluttering silences,
Uttering reassurance, consolation, bits
Of information that far outstrip my
Memory and certain knowledge.
He looked through me
and deigned indulgence as to some
bewildered medical clerk fumbling for his pulse.
I felt the warmth of his swollen knee
Tried desperately to perform
a neurological exam;
Strange to touch his skin all glistening and poreless
Strange to inspect, palpate, percuss, as slowly
He became objectified.

His eyes grew cold and lost their depth
as there I stood
Formulating!
Then ready to convey to him
My doctorly opinion!
And in that moment
Those eyes unrobed me!
Shorn of all aura, I stood there
Speechless
Naked and foolish
In the presence of my naked, natural father.

Llewellyn Joseph, child and adolescent psychiatrist and associate professor of psychiatry (University of Toronto), has recited poetry at AACAP's open mic sessions. His work will appear in an anthology of Caribbean-Canadian writers later this year.

The Hayward Fault

Ann Ireland

The fault line crinkles beneath the North Berkeley Hills, a tectonic subterranean beast lumbering a slow dance under our feet, propping up the beds of calla lilies and wooden houses whose heavy-browed rooflines are inspired by Bernard Maybeck and Julia Morgan, local heroes of the Arts and Crafts movement. Tim scrambles ahead, map of Berkeley's Pathways in hand. The sign we've been searching for is almost hidden: Hawthorne Steps.

Pausing for breath, a longer pause than I'd required six weeks ago, I gaze down the long slope to a gleaming San Francisco Bay and beyond to the towers of the city that sparkle, for the fog has finally lifted. Tiny white banners scoot across the bay, a Sunday regatta of dinghies heeling over in the stiff breeze. Beyond is Mount Tam, glazed by snow at its tip. Mount Tamalpais, the full name, pokes its nose up, being the highest peak of the Marin Hills, the geological result of slip-sliding and buckling of the North American and Pacific plates. Why is beauty so often twinned with disaster?

This pause for breath is necessary, for the road is steep and I am a shell of my former self; even my feet have lost weight and rattle around inside my sneakers. This urban hike was my idea. I woke up feeling a snap of energy instead of the usual suck of fatigue that has been the norm for the past month and a half.

These stairs and pathways scatter through North Berkeley, often hidden by bushes or gardens, rustic steps that teeter steeply between residential properties. I note a fissure in the cement, a subtle reminder of the Hayward fault line running beneath us, a branch of the famous

San Andreas fault. Charge on, enjoy a second pause at the midway point, huffing but not wheezing or gasping, no chaotic heartbeat. Tim waits a few steps ahead, watching as I duck my nose into a spray of jumbo roses and inhale while tiny insects buzz overhead. I wave and we proceed, flanked by houses on either side and gardens that are nearly invisible behind fences. The steps, vertiginously steep and lacking a handrail, seem to disappear into brush, until suddenly the top pops open and a road appears. It felt cool when we first set out, the low-hanging clouds just beginning to burn off, but with exertion comes welcome sweat; it's been awhile since I've worked hard enough to produce heat. To one side is a cedar-shake house with an outbuilding, a hobbity-cottage replica of the mother house—maybe a pottery studio. A silver chimney juts from its roof; when fog rolls in, the whole East Bay huddles for warmth.

Six weeks ago I crawled on hands and knees down the short hallway to the toilet, and it occurred to me that every part of my body hurt: chest on fire, ropes pinched across the torso, papery skin—and a gut that ached as if it had been kicked across the room. It was one hell of a flu.

Soon after landing in Berkeley from Toronto to house-sit for three months, I'd begun to feel crummy. Crummy escalated into fever, chills, uncontrolled diarrhea, and finally this excruciatingly painful creep to the toilet.

"I think I better see someone," I managed to croak to Tim, who didn't need convincing.

Who drove us to Alta Bates Medical Centre? I have no idea. Suddenly there were harsh lights, bursts of activity, strange smells. Bundled onto a gurney, I was wheeled into an open room rimmed with machines.

The ER doctor took my brief and uneventful medical history then insisted, "We must stabilize the pain"—before investigating what was wrong. There was talk of acute renal failure. He peered into my eyes and asked, "What is the name of Barack Obama's wife?"—a cognitive quiz.

"Michelle," I supplied then added, "What's the name of Stephen Harper's wife?"

He looked at me, puzzled. "Who's Stephen Harper?" he said.

Hours later, attached to IV pouches supplying hydration, morphine, potassium, and antibiotic, and after a series of chest and abdominal X-rays and CT scans, I was admitted and wheeled upstairs to a private room. A window took up one entire wall and the outdoors leaked in,

sunlight and bird noise. I asked Tim to shut the curtain; I'd spotted someone standing on the sidewalk below eating a panini. That world had already disappeared, as far as I was concerned.

The specialists began to visit with their clipboards, wagging their heads in puzzlement. "We don't know why this is happening to you," they confessed and asked permission to make an HIV test.

"Sure," I said from inside my feverish frame. "Anything that might pin down a diagnosis."

Or rule things out.

Body fluids were carried away in vials while I lay propped on pillows staring at the television where Two and a Half Men acted like idiots in a reassuring way. Oxygen feathered through my nose, via a prong. Every hour or so I'd struggle to my feet, unhook the IV and make for the bathroom—exhausting, this journey to the edge of the room and back.

"Something is ambushing your lungs and digestive system," the infectious disease specialist told me.

No kidding.

Three or four days washed by as I endured various tests, sipped clear soups, and made clumsy dashes to the bathroom—and when I couldn't manage that, to the commode by my bed.

Finally—"We've located the culprit," announced the young doctor who spoke calmly, Blackberry clamped to his belt. "Streptococcus Group A infection; it has invaded your bloodstream."

I felt a surge of relief. Strep, as in strep throat. Not beriberi, not AIDS, not malaria, nothing exotic.

"A common bacterium," I said, waiting to be reassured.

"Ubiquitous in the community," he agreed.

Then I recalled the Quebec politician, Lucien Bouchard, and his encounter with flesh-eating disease; the man was now minus one leg.

"Variation on the beast," the doctor acknowledged, "but that's not what's going on here."

Phew. "The antibiotics should kick in soon, right?"

"We hope so."

I am allergic to penicillin, which was, it turned out, the drug of choice for this virulent bacterium, so I was working with a pair of second-tier medications.

"Still pretty effective," he said, noting my frown.

"How did I get this?" I asked, guessing that there would be no answer.

"Usually it comes in through a cut in the skin, a soft-tissue injury, but that doesn't seem to be the case here. Somehow it found a hole in your immune system."

Surgeons and other specialists visited daily to prod my belly and listen to my chest. My gut was still distended, not a good sign, and feet and ankles had swollen into babyish blobs. I stretched and flexed, hoping to keep blood flow alive. Fluid seemed to be trapped everywhere. Several times a day I unhitched the IV from the wall, wrapped the cord over a hook, and took the trolley for a swing down the corridor, looping around the nurses' station and back.

After four days in Critical Care they found me a bed in the Oncology Unit: a quiet place, I must say, though tinged with weird chemical smells, a steel door leading to a walk-in vault marked DANGER: Do Not Enter. On my tours of the ward, I moved past orderlies pushing meal trays and felt my gut clench—another lunch or dinner was on the way. Another meal that I was supposed to eat, but couldn't, another dollop of mashed potato, overcooked fish, beans, pudding. Yet I was proud of how I whisked along at a good pace in my slippers, gown flapping, unwashed hair glued to my scalp. I even paused to try yoga balancing exercises, stork position, tree. Walking meant that I was still alive and possibly on the mend. I counted circuits, two, three, careful not to get bashed by doors that opened suddenly into the hall. Orange tape on the floor mapped out these potential hazards. A slot window at the end of the corridor looked onto a tiny wooded area, a eucalyptus tree with scabby bark and a patch of grass. I knew I should be interested in this outside world, but I was not.

Dear friends brought homemade soups that I dutifully slurped, managing a few spoonfuls before putting down the plastic spoon. When there is no appetite, food becomes the enemy. I dreaded dinner more than I dreaded the nurse who slipped into my room in the wee hours to take blood.

Tim and I reach the top of the outdoor staircase, stopping to admire our impressively steep climb. Above our heads a credenza of trumpet flowers tumbles across a lattice. I'm flushed but beaming with pleasure.

Mere days ago I was lolling on the couch of our house-sit, post-hospital for a month but still weak, reading mysteries and picking away at a slice of bread and peanut butter. I'd lift my arm and note loose skin hanging from bone, flesh gone dry and wrinkly, like a very old woman's. Heck, I'm fifty-six, not ready to pack it in. Three times a day I'd shuffle around the North Berkeley house, tramping through the living room, dining area, past etched glass doors into the Victorian parlour. On a good day I'd make it out to the garden or accompany Tim downhill to Shattuck Avenue, where we'd sit and drink coffee, until my back started to hurt. The trek home was straight uphill and took every ounce of my depleted energy. I'd grip Tim's elbow, unsure of my centre of gravity, as middle-aged bicyclists in Lycra pumped up beside us, thighs and calves knotted, breath exuberant, bursting with health. Didn't they know that there was no such thing as solid ground, especially here?

But today, at the top of the outdoor stairs, high in the hills, we catch our breath, I taking several beats longer than Tim. He spreads the map against my heaving back.

"Further?," he asks delicately.

"Sure," I say, trying not to gasp.

The eye captures snapshots of exotic foliage, then, to our delight, a deer tramping through an unguarded vegetable garden. Seeing us, it freezes, ear cocked, ready to bound to safety. Cliff houses feature panoramic views over the bay—yet who'd want to live up here, we agree, so far from town, a hike just to buy milk.

The U.S. Geological Society warns that it is "increasingly likely" that the region is subject to a major quake. These houses built too close together would capsize down the cliff, which in turn would break away in massive clumps. The reservoir at the summit is expected to burst and send torrents of water down; then there are the wildfires that accompany such events, set off by gas leaks. The owners of our house have tucked knapsacks outside each bedroom, filled with water bottles, flashlights, blankets, power bars. Keep a pair of shoes by your bed, we've been advised; many injuries occur from stepping over broken glass.

"How am I doing?" I ask Tim.

He smiles at my flushed face, and I can feel my skin, pale for so long, flame with colour. A wave of giddy disbelief blindsides me—and Tim

too, I'm guessing—as we share this moment of revival. Such pleasure to inhabit a body that moves through landscape with blood and oxygen pumping, muscles snapping back from lassitude to do their work. Yet no sooner do I feel relief than the old story noses in like a homeless dog, and I float back to the hospital bed, late afternoon light skimming through curtains, fourteen days and nights that bleed together in memory. It was a full month ago that I was wheeled out of that place, semi-recovered, blinking into the sun as we headed towards a friend's car, the street a bewildering racket, each bump of pavement a clutch of pain.

I want to keep climbing up past Grizzly Path to the summit, where the sprawling wilderness of Tilden Park laps the edge of the city. Cougars and coyotes have been spotted there, lurking near trails that cut through dramatic hills and valleys, trails that are often shrouded in fog.

We scramble up a dirt lane and emerge moments later to a road where a vintage Porsche parks across our exit. Cars last forever in this climate, untarnished by salt and snow. The houses seem deserted this Sunday noon, no tempting fragrances of a family barbeque or squall of visiting grandchildren. Distant sirens signal a crisis, personal or civic. The map reminds us that these pathways are also critical evacuation routes, should the roads become clogged with emergency personnel. It's not "if," locals tell us with dour smiles, it's "when."

The hearty nurse demonstrated a breathing exercise, and I watched his impressive chest fill as he inhaled deeply and counted to ten. I mimicked the gesture with my own wispy inhalation and made it to a gasping two. My chest seemed to have shrunk, lungs compressed by the complicated peripneumonia. I must perform this exercise five times every half hour, so that my besieged lungs would regain their pink flexibility. He showed me how to use the plastic gizmo, pressing the louvered hose to his lips and blowing hard. The yellow ball shot up, hovered, and spun wildly for several seconds, then fell with a satisfying crack. I gave mine a whirl: the ball coasted up for a meagre second, then dropped, a desultory thunk.

When I finally got up the nerve to look at myself in the bathroom mirror of the hospital room, I gazed appalled at the gaunt creature that faced me, hollow cheeked, collar bone sticking out, the bracket of ribs, skin a grey pallor. Leaning over the sink, I brushed my teeth, though my

lips were dry and caked with gunk. I learned how to shower while sitting on a stool, keeping the IV arm dry by holding it aloft and shampooing with just one hand.

From the moment I entered Emergency, I'd made a vow to be relentlessly polite at every turn. This would surely urge everyone to take special care. "Good morning," I said in as sprightly a tone as I could muster when the nurse wheeled in the breakfast tray.

She didn't so much as glance at me.

"Nice day," I added, nodding toward the window. Didn't she see I was making a heroic effort?

She lifted the lid off tepid eggs and chalky pancakes: had I really checked this meal off yesterday's menu?

Still no response. Flutter of panic: I was dependent on her for my vital needs for the next eight hours, so out of self-interest I set myself the task of winning her over. Every time she wheeled in the vital signs trolley, I offered a cheery comment, which sounded inane, even to me.

Finally, she spoke. I'd asked, through my low-grade fever, "Do you have kids?," to which she replied, "One."

I expressed great interest. "Son or daughter?"

She seemed not to hear, putting the cap back on the thermometer after writing down the statistics on my chart.

"Son," she finally said. "Henry."

I fell back onto the bed, relieved; a connection had been made. She wouldn't steal in when I was asleep and press a pillow over my face.

"People die of this," said the hospitalist, the doctor in charge of my case. She leaned her hip against the rung of my bed and stared at me intently. She was young, early thirties.

"I bet they do," I agreed.

The pneumonia, she explained, had ambushed both lungs, creating a complicated web of fluid, much of it gathered around my heart.

"My heart!" I yelped.

Not only that, she added, the fluid was eddying in small pockets that could not be drained via syringe and was in danger of becoming infected. The word *toxic* came up.

"But I'm feeling considerably better," I insisted and opened my eyes a notch, trying to look alert. "I walked down the hall and back three times

today. I sat up in my chair. Ate an entire bowl of Rice Crispies."

She nodded. "Clinically, you do seem better, but the CT scan and X-rays tell a different story." Pneumonia had morphed into "pneumonia and complex, complicated peripneumonic effusion."

None of this sounded good. What did *empyema* mean again?

Pus.

A sense of helplessness washed over me; I'd convinced myself that I was improving.

"Does it hurt to breathe?," she asked.

"Nope," I assured her. They'd long ago removed the prong offering supplemental oxygen.

"Do you get out of breath when walking?"

"Not so I notice."

Behind her on the television screen, Frasier wrung his hands, for Eddie the dog had just fouled his expensive new couch.

A second doctor entered the room: it was the infectious disease specialist, the calm young man who didn't always agree with the others; sometimes his outlook was worse. He was followed by the abdominal surgeon, a handsome man in his early sixties, shock of grey hair, who always eyed me with amusement, an expression I've learned to value.

Tim sat attentively in his usual spot on the visitor's chair next to the window. He arrived every day just before lunch, sketchbook and sandwich in hand, and stayed till ten at night, relieved for an hour or so by friends who would bring homemade soups and massage my feet. We didn't talk much, because it was too tiring and there wasn't much to say. I didn't have the courage to urge him to take a day off. When he left at night, I felt a suck of loneliness as darkness settled over the hospital and voices became hushed. I always asked the nurse to keep my door propped open, so I could hear the muted bustle of the corridor.

The three doctors huddled around the bed and revealed in sober voices that the latest CT scans mapped more bad news: not only was my gut an inflamed mess that might indicate emerging Crohn's disease or something worse, but the lungs had become so complicated in their distress that a thoracic operation was in the cards.

"What kind of surgery?," I asked faintly.

A probe would enter through my back just under the scapula, fluid

would be drained from the right lung and decortication would take place.

Decortication?

"Peel off fibrous material from the chest wall and lungs."

As in actual lung tissue?

A nod of agreement.

"We don't often see such a complicated set of symptoms," the hospitalist allowed.

"One of our own doctors come down with a similar infection last month," the surgeon recalled.

All three nodded in tandem, then conversation abruptly stalled: no one offered encouraging news about this doctor's miraculous recovery, how he was back on the job, hale and hearty—and I didn't dare ask. I glanced at Tim. His face was stricken.

They would continue to send off stool samples to the lab to test for C. difficile or other infections, and "We won't be surprised to find something of this nature," they added with sober faces.

"But I really do feel better," I insisted in a small voice.

They exchanged glances. "You do seem more alert," the surgeon allowed. "Sometimes the patient improves clinically and it takes the tests a few days to catch up."

I could tell they didn't buy it.

"Sorry to have to bring you such bad news," added the hospitalist, and she took a visibly deep breath.

When the trio of doctors disappeared, leaving Tim and me alone in the darkening room, TV set to mute, Tim dropped his head on my lap. He was crying. I was too shocked, or perhaps too tired and sick to feel anything but a numb hopelessness. After all, I told myself, this must happen in hospitals all over the world; at any given moment a patient is delivered bad news. Suddenly, in that dark room, the world cracked open and I floated into a jungle hospital where a man dangled his scrawny legs over the rim of the cot, nodding as comprehension dawned. I flew over continents where old people and children spoke languages I'd never heard of as they huddled under tents or behind adobe walls or even lay in state-of-the-art hospitals like this one. At precisely this moment a tribe of the sick was being delivered life-altering news.

In the days following this bleak prognosis I continued my walks up

and down the corridors, pushing the damn IV trolley, but now despair clung to every step: why bother? Good chance I'd never leave this place. I passed the open doors of the oncology patients, hillocks in beds, low burr of visitor's conversation. They were the really sick ones, I used to tell myself; they were entering the realm of horror.

Morphine pump, post-op. "Stay ahead of the pain," the nurse warned.

Squeeze the bulb and wait to feel buzzed. It hurt to roll over, to move at all. A pair of nurses set me up with a wall of pillows on the wounded side, hauling me into a sitting position. Forget sleeping, even with the help of Ambien. The surgeon had threaded a drainage line the diameter of a garden hose between my ribs; it would remain for three days. Sip a teaspoon of air. The lungs refused to swell. Spurt of panic. Tim held my hand and eventually I settled down.

There had been a seesaw of opinion about the necessity for this operation. Two days earlier the thoracic surgeon hobbled in on his bad knee—result of a nasty fall in the Paris airport—peered at my chart and said, "You're doing great."

Had I heard right? I became instantly giddy.

"We may not need to do the thoracotomy," he added. "We'll see how the weekend goes, check the X-ray again on Monday."

Surge of adrenaline, a freight train of excitement; so the antibiotics had finally kicked in, my body was fighting back tooth and nail. After two weeks of emotional flatness tinged with despair, I could hardly bear the stampede of pumping heart and racing pulse. It felt like illness, not elation.

With the uptick in my condition, some of the professional visitors stopped coming by. No more patient ombudsman or social worker ducking in to ask how things were going. No visit from the ward's shrink who wondered if there was anything I'd like to talk about. Farewell to the Catholic priests, hoping for a bedside conversation.

But Sunday night the thoracic surgeon dropped by again, wearing a fringed leather jacket and bolo tie. "We're going in tomorrow morning," he announced, sounding buoyant.

"But I thought—" I protested.

"This will speed up your healing."

He marked on my chart—no liquids, no food.

The American Craftsman houses make use of local materials, hand-crafted redwood, glass, and metal with overhanging eaves and low-pitched roof lines. Through beautifully made, they appear, to my eyes, a trifle dour as they sink broodily into the ground. Such a contrast to their neighbours built in Spanish hacienda style, clad in cheerful white stucco with clay roof tiles.

Tim grabs my hand and we hop up the last flight of stairs to the roadway that winds its way to the summit. Not all North Berkeley hill houses are Craftsman mode: many are patched together with hippy-esque flourishes, a wire peace sign sewn between two poles, tattered Tibetan prayer flags fluttering in the breeze, even a sign posted on above a door: The Happy Hovel.

Grizzly Peaks Road is more than a few steps beyond. We're not likely to spot a bear; the last grizzly was killed back in the 1860s. I sense that Tim is relieved at my suggestion to quit the steep climb. Pause to check the view peeking between houses, the steep cliff giving way to the marina far below, then the spread of water lapping against San Francisco's towers and the mountains. When I glance at Tim to share the moment, I see that he's looking at me, oblivious to scenery. He smiles quickly, a familiar stipple of relief that I return, but not without a twinge of self-consciousness: is this how he'll look at me from now on?

I search my pocket for the power bar I've stashed; I never go far without emergency rations these days, ever since appetite returned with a vengeance. For weeks, all I'd managed to eat were slices of orange or dabs of avocado. Flesh and muscle disappeared by the day, energy was nil. Then one day last week, rising from the couch in the house we were looking after, I brushed the cat off my shoulder and announced, "I crave Chinese pot-stickers."

Sometimes I fret about possible long-term effects of my illness. Might I be permanently weakened, a woman with "bad lungs" wheezing away when she hits sixty? Then there's the cumulative affect of all the X-rays and CT scans, surely a prelude to lurking tumours. It seems that I can't go anywhere, look at anything or anyone, without pulling the scene back to my besieged body. Will this narcissism continue? When Tim slips his arm around my shoulders, I tense up, waiting for him to accidentally brush the surgical scar. My bones feel crunchy and exposed, my ribcage

sore. Each twinge makes me cast back to the surgery, the probe venturing into my right lung to drain fluid, to chip away dead tissue.

Lung tissue will regenerate. So they say.

Four days post-op the hospitalist leaned into side of my bed and said, "Congratulations. White blood count is normal and your fevers have abated."

I could go home.

A nurse detached the PICC line, and suddenly I was perched crosslegged on the bed, hooked up to nothing, and frantic to leave. I waved away the nurse with her trolley: no low-grade fever or spike in blood pressure was going to keep me here another minute. The hours ground by, waiting for the final sign-off and prescriptions. I got the idea if I didn't take advantage of this window of opportunity, they'd find a reason to keep me there. Everyone had been so kind, but it was a kindness I could no longer bear.

When I finally arrived back at our house, everything seemed out of scale, as if I'd shrunk (which of course I had): stairs were deeper, drawers higher, faucets tighter, even the bed became an intimidating shelf that must be carefully negotiated.

Today we head down the final set of stairs to Arch Street, ducking a flamboyant wisteria vine. Even surrounded by beauty, I seek to recall the smallest detail of hospital life; that compressed and terrifying world still seems more real than this waltz over ancient rock.

Is it possible to re-enter the old world where we danced over cracks and crevices? There is something alive about this new vision of the planet, where anything can—and will—happen. It's as if I've fully entered the human race after a lifetime of fending it off, feeling horror as people spoke of illness and death, the other kingdom, to be avoided. Maybe I'd slip through this life unscathed: that was the giddy hope. But the haunting has begun and, without warning, odd smells and sounds pop up unbidden. Like it or not, now I am part of the human story, where no news is foreign, no living being safely apart.

Ann Ireland is the award-winning author of three novels. She teaches writing at Ryerson's Continuing Education division and is a past president of PEN Canada.

Jim's Undershirt

Sarah W. Bartlett

I recently wrote to Jim of loving how big-hearted a husband he was becoming, was letting himself become. Little did I know then the underlying truth of that simple metaphor. In the morning, he will go under the surgeon's knife to repair a malfunctioning mitral valve whose inefficiency has, in fact, caused Jim's heart to enlarge.

My mind conjures a scene straight from *ER*, with Jim on a stretcher, unconscious. They slice off his bloodied undershirt with practised speed and accuracy. They reveal his large heart. I am spellbound. I am distressed. I feel betrayed that others should know the secrets and the truth of what lies beneath that familiar shirt. The fact that he will wear no undershirt into surgery is small comfort. He will be defenceless against the invasion.

I pick up a clean undershirt from the laundry basket and begin to fold it. Tearing, I shake it out, start again, see his eyes dancing before me. They are probing. They are frightened. They are at peace. They are all these, behind lids that will be closed as he is wheeled into the OR, and when he is returned to me. But his chest will never return to me the same tautly smooth and unblemished surface I have come to love so well. A jagged line will forevermore remind me there are things within of which I know not.

Jim's chest spoke to me early on—the broad forty-four-inch shoulders, tapering to a lean thirty-four-inch waist. His Puerto Rican / Spanish heritage lurked barely concealed within his bouncy black curls and penetrating brown eyes. Those eyes could melt a hole right through to my groin. And often did. He had a way of approaching me that started

with the eyes and somehow folded me into an engulfing bear hug, a hug that conveyed protection and desire with equal urgency. At night, I would often lie half-draped over him, my ear to his chest, listening to his heart through his shirt. A strong, rhythmic, reassuring beat. The nights I wore no nightgown but one of his clean undershirts, he would go wild.

As I fold his undershirt—a tidy white V-neck Hanes—I pause for a moment, recalling its familiar odours of sweat, Sure deodorant, and Lever 2000 soap. This blended scent overwhelms me with nostalgic images. I can see him, straddling me in bed, rearing up majestically to peel off his shirt with one clean gesture. Flinging it away, he'll pause as if to gather his passion before descending slowly, deliberately focusing himself onto and into my waiting body. Other times, hungry for contact, the shirt will be forgotten, 'til we're tightly enmeshed in longing. Then he will wiggle the shirt up, rubbing his smooth boyish chest thirstily across mine. Still other times, I might slip the shirt off over his head, a gesture at once maternal and invitational.

As I fold his shirt, I imagine him standing at the bathroom sink by the natural light of early morning, leaning forward to complete the clean shave that is his signature good look. The shirt always looks as if he has just outgrown it, so barely does it cover his long, lean torso. Tonight he has asked for my help in preparing for tomorrow's surgery. He squats on the bathroom rug, his undershirt brief across the earnest span of youthful chest. Wordlessly, he hands me Nair, scissors, razor—the tools of this operation—and asks me to remove his chest hair. He looks so vulnerable there before me. In the morning, I realize, he will be stripped of far more. He will be transformed in a few gestures from a vital, active young man to a patient in process somewhere between prep and surgery to recovery and rehabilitation.

Folding his undershirt, I acknowledge that the invasive procedure he is about to endure has penetrated us both. We have prepared together through reading, conversation, reflection, yoga. But our experiences differ. He has known the peace of ultimate surrender—as when the moment came to enter the Cath Lab two weeks ago, and he *knew* the process was out of his hands. I wonder how deep his terror went. Like mine, to reveal the possibility that he could end up worse off . . . or the stark terror of the physical procedure, his first hospital experience?

That terror is with me now. How casually the medical team reads off the list of possible complications: "aneurysm . . . stroke . . . re-crack the chest if necessary . . . usual risks of anesthesia . . . death." These clinical concepts ring cold as the instruments that facilitate their repair. At night I lie awake realizing the enormity of this procedure. It is designed to prevent further deterioration, to strengthen this key organ of life. To do so, they must slice through the breastbone, paralyze the muscles, maintain breathing mechanically, circulate the blood by machine. The body is placed in a living death for several hours while one man inserts his hands into the heart of another, to snip, tuck, and sew his living tissue like a dressmaker making alterations to an ill-fitting gown.

Tonight I will once again lay my cheek to that smooth, muscled breast I know so well, and listen. And I will know that this event, whatever the outcome, will change us. Our relationships with modesty, with lifestyle choices, with self-image, with work, and with play. Perhaps even with each other. Tomorrow, I will take one of Jim's undershirts, carefully smoothing its folds, and hold it to my own heart as I wait.

Sarah Bartlett combines healthcare training and passion for words to celebrate family courage in published poetry and personal essay. She midwifes young and adult women's writing to create change in their lives and worlds.

Hanford's Reaction

Wayne Lee

He named his weed-whacker Herman.
He owns four full-size pickups, each of which
he keeps in perfect mechanical condition. For twenty years
he's been restoring a pre-war Allis Chalmers tractor
and a World War II Willys Jeep. He uses his fridge-sized
generator to steam-clean the undercarriages
and engine compartments of every rig, every week.
He has three different kinds of chainsaw in his cellar,
oiled and sharpened should he need to trim a fallen tree.

We used to see Hanford in the side yard at odd hours of the day
or night, depending on whether his shift was graveyard or swing,
donning his oversized safety goggles and bright orange coveralls
with bold, black signage emblazoned across the back:
"CAUTION: DO NOT APPROACH WITHIN 50 FEET!"
He'd crank up the Black & Decker and sever every unintentional
living thing on his land within eighteen inches of any paved surface.
If he couldn't cut it down, he'd drown it in poison. As a result,
his crew-cut of a lawn was bordered by a DMZ of brown,
like duct tape around a wrestling mat.

H., as he is called by his friends, likes to work with his hands.
He loves machines. We'd see him pedalling his three-speed Schwinn
the eight highway miles to or from the refinery, as he'd done
for thirty-two years, ever since he'd returned from Nam.

Then, for a few bucolic weeks, it was quiet next door—
no machines, no power tools, no repair projects—
just the calm of peeling paint and cautiously re-emerging weeds.

H. wasn't gone, though, hadn't hitched up one of his trucks
to his fifth-wheel behemoth and driven straight through to Bozeman
where his eldest estranged son still runs the only carwash in town.
No, he wasn't yet ready for those forty acres laid up in alfalfa or
his golden return to the Big Sky Country of his youth.

When we saw him again, H. wore a camouflage stocking cap
to cover the scar that circumnavigated his skull like an ox-bow lake.
The baseball-sized tumour hadn't killed him. The chemo
hadn't made him sick. The radiation hadn't slowed him down.
He said he felt all right. He actually shut down his Lawnboy
one afternoon to chat with passersby about the operation or the wife.
He offered to patch a tire on my wheelbarrow, for free.
He rented a jackhammer to crack the old concrete underneath
his sagging porch so he could pour a brand new floor.

Yes, Hanford was hyper. Four-thirty a.m. he was up, cap on head,
tinkering in his fluorescent workshop. Ten at night, sweeping
his sidewalk. Sixteen hours a day we'd hear his compressor,
his gas-powered leaf-blower, his pneumatic drill. He'd mow
his grass one evening, then go back next day and cut it again,
tune up his trucks, even if he hadn't run them since the last time,
repaint the newly painted fenders of his Jeep.

He's nuts, we thought. Manic. A perpetual motion machine
that can't shut down. The man needs to get back to work.
Or retire. Needs a farm to maintain. Needs to leave our roses
and hydrangeas alone, quit pruning them every time they dare
to venture over the fence. Doesn't need to trim the ivy in the alley
every single Saturday at dawn.

But this is Hanford's reaction to cancer of the brain.
He slips on his work gloves, fixes his goggles, gives Herman's rope
a tug, and exits the basement to raze everything that grows
where it doesn't belong.

Wayne Lee lives in Santa Fe, NM, where he teaches at the Institute of American Indian Arts and runs a tutoring company. His third collection of poems, Vortex, is forthcoming from Red Mountain Press.

Pica

Donna Kirk

Our son Matthew started demonstrating Pica disorder in 1986, when he was sixteen years old. At that time, he lived at Oaklands Regional Centre, a residential facility in Oakville, Ontario, for developmentally challenged adults and children. Pica (pronounced *pie*-ka) is a medical disorder characterized by an appetite for substances that are largely non-nutritive.

Matthew, who was non-verbal, could not tell us why he did this. We had determined, however, that these Pica incidents occurred after a severe mood swing, characterized by anger, shouting, and sweating. Between sessions, Matthew was co-operative, gentle, and pleasant. His blond good looks and charming personality endeared him to everyone.

Initially, Matt swallowed pens, pencils, combs, and once a toothbrush. These items were removed under anaesthetic from his stomach with an endoscope. He had at least six of these procedures.

Matt's Pica obsession led him to swallow a rubber glove in June 1993, which lodged in his intestines, causing peritonitis, necessitating a life-threatening operation. The surgeon constructed an ileostomy to bring the end of the loop of small bowel to the surface of the skin. A plastic pouch attached to the ileostomy collected his fecal matter.

Six months later, in October 1993, his bowel had healed and was reattached. The surgeon warned us he could never create another ileostomy for Matthew. Convinced that institutional living was the cause of his self-destructive behaviour, my husband and I and our two younger children,

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This story is adapted from the literary narrative *Finding Matthew*.

Kelley, twenty-one, and Joseph, twenty, decided to find a better life for him.

In 1995, we became affiliated with Brampton Caledon Community Living (BCCL), an agency that advocated a model of service called "home-share." We purchased a home in Oakville for Matthew; he would be the only person with a handicapping condition to live there. After a thorough selection process, BCCL chose a family to provide care for our son. In September 1995, Marguerite Rouleau and her two daughters joined Matthew in his new home. The agency also hired Beverley Langley, a support worker, who would take Matthew out each week day to shop, walk in parks, and visit the library.

The adjustment to new surroundings and new caregivers took a few months, but soon Matt was sleeping better, showing less anxiety, and making fewer Pica attempts. A neurologist recommended by our family doctor, Gerald Taylor, withdrew the Tegretol, a medication Matt had been taking at Oaklands. He had taken it for two years and it had done nothing to alter his behaviour. No further medication was prescribed.

Marguerite and Beverley provided consistency of care, and through their accounts and our own observations we were able to see Matthew more clearly. For the next decade, he was relatively stable. He experienced periodic mood swings but there were no further Pica incidents.

As he neared the age of forty, Matthew's mood swings became more frequent and intense, sometimes accompanied by attempts to swallow objects like small pieces of plastic. Dr. Taylor was convinced that he was suffering from a form of depression.

Matthew was thoroughly tested to rule out any other diagnoses before Dr. Taylor prescribed anti-depressants. Months later, after weekly appointments to monitor these medications, Matt was still exhibiting disruptive mood swings, but the Pica attempts had lessened. I wondered if he would ever be cured. However, he was able to carry on with his daily routine, which now included swimming and walking the track at the YMCA, delivering his papers, and grocery shopping at the mall.

One evening, my husband Ed and I were sitting in the family room having a glass of wine, discussing our son's illness.

"Matt has been relatively stable for so many years," I said. "I can't understand the dramatic change that's come over him. He's anxious and

angry now, just like he was at Oaklands."

Ed nodded. "Every time the phone rings, I worry it might be someone telling us he's swallowed something."

"If he could only talk," I said.

Inevitably, one Saturday in June 2007—Matthew was thirty-seven then—I got a call from Marguerite.

"Can you meet Matt and me at the hospital, Donna?"

My heart raced. "What happened?"

"I'm not sure, but I'm convinced he's swallowed something. He's salivating excessively and coughing."

I didn't ask for more details. We reacted quickly when those symptoms appeared. I needed to get to the hospital to be an advocate for Matthew. Past experience had taught me that at least one person had to liaise with emergency staff, while someone else looked after Matt.

When I arrived five minutes later, Matthew and Marguerite weren't in the waiting room. I avoided the triage desk where a long line of people waited to be acknowledged. I knew the back way into Emergency and just kept looking behind curtains until I found them. Matt sat on a bed in obvious distress. Blood-streaked saliva flowed from his mouth, staining his shirt and the bedclothes. He was coughing and gesturing towards his throat. Marguerite wiped him with a wet face cloth turned pink from the blood. When he reached out to me, his hands were cut and bleeding.

"Honey, what's happened?"

Marguerite blurted out, "I was running his bath and heard him coughing in his bedroom. When I went in, he was standing over the heat grate. I just knew he'd pulled something out of there and swallowed it, so I called 911."

Good move, I thought. People brought in by ambulance bypass the waiting area and are admitted right into the Emergency Room.

"How long have you been here?" I asked Marguerite.

"Over an hour now, I guess," she said. "We got attention pretty quickly today, probably because of the blood. A nurse just told us the doctor is on her way."

We got a break this time, I thought. On previous occasions, we'd waited as long as three hours before Matthew could be seen.

Moments later, Marguerite repeated her story to Dr. Carlson, who

listened intently, breaking eye contact only to glance at Matthew and pat his hand. I liked her immediately, feeling instinctively that she cared.

"Well, Matthew," she said, "Let's get you over to X-ray and see what's going on in there. OK, buddy?"

Marguerite and I helped him into a wheelchair and headed over to have a picture taken of his throat. His breathing sounded raspy and I was anxious to get the radiography over with. When we got there, I begged the technician to take Matthew immediately. In the X-ray room, I insisted on holding him still, knowing that if I didn't we could be there for endless retakes.

Matthew was in such distress he couldn't enjoy his wheelchair ride back to Emergency. When he was settled in his room again, I went searching for Dr. Carlson.

"Matt's breathing is funny. Could you please see if the X-ray is ready?"

"I'll have a look at it as soon as it comes over, Mrs. Kirk," she said. "Shouldn't be long now." She smiled and patted my shoulder.

Moments later, she called me out to have a look. There was no mistaking a large oblong object lodged in Matthew's throat. Whatever it was went down to the end of the X-ray.

"I'm going to call in the ear-nose-throat specialist to take a look at this, Mrs. Kirk," Dr. Carlson said. "With any luck she'll be able to get it out."

How in God's name is she going to do that, I wondered? She'll just waste more time looking at him when he should be in surgery. When I rejoined Matthew and Marguerite, the change in him frightened me. He was getting frantic and we had trouble keeping him on the gurney. Luckily a nurse came in to start an IV to deliver medication to calm him, since he couldn't take anything by mouth. We had to hold him down so the nurse could safely insert the needle for the IV drip.

The medication relaxed Matt and he was able to lie quietly, but he refused to have a blanket over him or a pillow under his head. He never cared for these things at home so I was relieved that he was acting more like his normal self.

The nurse came back with two orderlies. "We're moving him over to Exam Room 3," she said. "Only one of you can join us, Mrs. Kirk." Right away I knew I would be the one. Marguerite was squeamish about medical procedures.

Exam Room 3 was a miniature operating room. No sooner had the orderlies adjusted Matthew's bed than a diminutive woman about the same age as my son hurried in. She went immediately to the head of the bed, her crisp white lab coat rolled up at the sleeves. She was ready for business.

"Good morning, Matthew, I'm Dr. Sonora," she said. "Let's have a look at you." She tilted his head back and opened his mouth, shining a light inside.

"He's never been able to open his mouth very wide, Doctor," I said, worried that she'd force his jaw beyond its capability.

Two nurses, two orderlies, Dr. Carlson, and I were crowded around the bed. Matthew, although sedated, was frightened and squirming.

"Honey, you're scared and so am I," I said, trying to hold his legs down. "But we have to get this thing out of your throat."

One of the orderlies was standing in a precarious spot.

"The height of that bed and Matthew's foot is putting you in a vulnerable position," I said to him with a grin. He looked down at himself and stepped back promptly. Dr. Carlson laughed and took one of Matthew's hands.

Dr. Sonora ordered a sedative. "We'll wait a few minutes for this to take effect," she said. "This anaesthetic is short lasting and will put him to sleep for about twenty minutes." Because she had the smallest hands I'd ever seen, I felt more confident that this procedure might work.

When Matthew was unconscious, I winced as she opened his mouth wider than I'd ever thought possible. A nurse held the light in position. Dr. Sonora grasped a long tweezer-like instrument from a surgical tray beside her and began probing in his throat.

"It's certainly way down here," she said, twisting and tugging, her tiny hands repositioning every few seconds to get a better grip. Twist, twist.

"His throat will be cut to shreds," I thought out loud.

"It's coming," she said, ignoring me. We all watched in horror as she extracted a strip of sheet metal, later measured at 11 x 8 cm, which Matthew had ripped from the heating duct in his bedroom floor and swallowed.

"Holy shit!" someone murmured under his breath.

Dr. Carlson gave me a one-armed hug. "He'll be OK now, Mrs. Kirk.

You're a brave mom." All I could think of was, "Why does he do this?"

Dr. Sonora put the piece of sheet metal in a Ziploc bag, and one of the orderlies trotted away with it. He had barely left the room when I heard, "No kidding!" and, "That's amazing!" coming from the other side of the Emergency area.

Then I cried.

"Just keep him calm for the rest of the day, Mrs. Kirk," Dr. Sonora said over her shoulder as she hurried away, "and take him to the family physician as soon as possible."

"Thank you so much," I called after her.

Matt had to remain in the hospital for a few hours until the effects of the anaesthetic wore off. Nurses brought him puddings to eat, which he enjoyed, and Dr. Carlson kept checking in to make sure her patient was OK. She didn't give me the usual admonitions about watching him more carefully. One doctor years before had even recommended we put a muzzle on Matthew.

"Thank you for everything today, Dr. Carlson. I'll never forget you," I said, impressed by the way she'd respected Matthew, my favourite person.

When we were finally ready to leave, she pulled the Ziploc bag out of her pocket. I'd presumed it had been making the rounds to other departments in the hospital.

"Do you want this, Mrs. Kirk?"

I shook my head.

"Then it's going in the garbage where it belongs."

Donna Kirk of Oakville, Ontario, the author of Finding Matthew, *a literary non-fiction story about her son who was born with brain damage, is deeply involved in the support and advocacy of the developmentally disabled.*

Two Poems

Wayne Tompkins

Timor mortis conturbat me.[1]
—William Dunbar, from *Lament for the Makaris* (1508)

Death's Head

I was in Grade 2 or 3
when one day I slipped off the back porch
and slid down the bank to the narrow street below,
beside the CPR tracks.
Suddenly I found myself in a cramped bungalow,
one of a line of bungalows indistinguishable from each other
opposite the railway embankment.
I went into a parlour and there lying in an open coffin
that took up most of the floor space
was my first corpse.
A man of sixty or so in a grey-blue suit,
head round as a cannon ball, solid as marble,
and grey-blue just like the suit.
Above his strong-ridged nose,
his eyes were closed, his hair clipped close,
his lips calm, even severe.
Were there mourners in the room, flowers,
a crucifix, a plaster Virgin?
I don't know. It was my first death's head,
a firm, cool landscape on which
a fly moved
and light fell slantwise from a broken window blind.

1. The fear of death dismays me.

Anse Radford's Face and Mine

Let me tell you about Anse Radford
who made Bliss's Crossing briefly famous
when he shot himself through the face
in a botched suicide attempt.
Poor Anse spent the rest of his life
with a horribly twisted smile.

Did he regret his bad aim I wonder?
Did he ever think of giving it another shot?

Now that's what my mother thought
I was going to look like
when at the age of three years and a bit
I was hooked through the cheek
by my grandfather's milk cow.

"Anse's face was all twisted around
like this,"
says my father
wrenching his own face with both hands
to demonstrate.

I laugh, my delight only slightly askew.

Wayne Tompkins is a former small-town kid who is now a Toronto teacher, editor, and writer. His poems have appeared in several magazines including Queen's Quarterly, Fiddlehead, Antigonish Review, ARC *(Ottawa),* extempore! *(Australia), and others.*

Back in the Middle Ages

Michael Estabrook

"Say, Doc," I grimace
as he yanks the stitches
out of my jagged red hernia scar
(though curiously it doesn't hurt).
"What happened
when someone had a hernia
and needed surgery like this way back
in the Middle Ages?"
He brushes
my incision carefully
with an alcohol wipe.
"They died," he says,
as he strides out of the room.

Michael Estabrook is a baby boomer who began getting his poetry published in the late 1980s. Over the years he has published fifteen poetry chapbooks, his most recent entitled When the Muse Speaks.

Missing

Adele Graf

Remember me, but oh, forget my fate.
—Dido's final lament in Purcell's opera *Dido and Aeneas*

Remember me, Dido pleads as she dies
when Aeneas leaves for other lands—
this aria's plaintive tones ache intact
from baroque times, its dark harmony
now piercing the stone shield my mother
built bit by bit while she lived
to block her lyric song

Purcell's dolorous warmth moves me
to mourn my mother's fine voice
that never merged with mine to sing
music buried on our tongues, her sound
cold absence from cantatas and duets—
yet could music alone have tuned
flat years of all we left unsaid?

She plunged the sword of silence deep
when my father vanished to his grave—
but while Dido warned us to forget her fate
my mother etched her own in such long strokes
that even music never raised her minor mood—
so once he was ripped from her diminished heart
what she might have shared became barren art

Adele Graf's poetry has appeared in Antigonish Review, Dalhousie Review, Room, CV2, White Wall Review, Canadian Woman Studies, Qwerty, Parchment, *and* Bywords Quarterly Journal. *Adele lives in Ottawa, where she writes and sings.*

Clinic: Season 1, Episode 1

Daniel Becker

A laptop computer, tossed from the second floor of the medical clinic, is not supposed to sail like a Frisbee. SAGA, the new electronic medical record-keeping system, can be a frustrating experience for new users. The old one, De-facto, dropped like a stone. A defunct stone.

Inside SAGA, a virtual patient, Smith, no first name, is stuck between Registration and Examination Room 6. Smith's doctor and guide, Daniel Flint, MD, MPH, FACP, follows the computer as it banks into the wind, settles into a glide path (before SAGA, Flint, after thirty-five years of teaching and practice, had hoped to glide into retirement), tacks twice around a ducking head (a close encounter of the first kind) and makes its final approach. This will not be the first time that one of Flint's computers has had a fatal accident. Flint, a general internist and primary care physician, thinks of himself as the quarterback of the health-care team. He has a good arm, but it's all in the wrist. A fly buzzes in the open window.

It's not Flint's computer, and he is not a new SAGA user. Health System Computing asked him to test drive the prototype. Take it for a spin. See if it flies.

Just before touchdown, the leading edge of the computer rises slightly. Then, as if guided by the invisible hand of the free market, it slows down, hovers, lands, reboots, and opens for business. Smith is now waiting for

Dr. Flint in Room 6, while Flint, down at the scene of what wasn't an accident, inspects his unexpected flying object.

A real patient of Flint's, a real Mr. Smith, aka R. Smith and a witness to unmanned flight, looks at the computer smart enough to avoid his head, and asks, "The new Mac?"

In Room 6 on the desktop, the patient is waiting for the "provider," vital signs are posted, meds listed, allergies noted, and problem list highlighted. Not only can the user add new problems or edit old ones, but there is also a "hot" button, in SAGA parlance, labelled "Trade." Flint, like God, can't resist providing. Virtual Smith has "hearing loss, right" listed as a problem. Dr. Flint queues up R. Smith and drags "hearing loss" into his problem list.

Later at the inquest, Flint isn't sure why or how he knew to do that. The Board is not satisfied with "instinct." Its chair asks, "If you toss a computer out the window, didn't you know there would be consequences?"

Flint, like his psychiatrist, answers questions with questions.

"Why did the moron throw the clock out the window?" A battle of wits, but the Board is unarmed. Flint thinks harder. "Suppose you believe a laptop can fly, wouldn't you'd be curious about its other features."

No further questions.

"What time is your appointment?" Flint tests R. Smith's hearing.

"What?," with hand cupped behind the favoured left ear.

Dr. Flint deletes "hearing loss" and turns back to the clinic.

"Blood work today, you day after tomorrow," the answer to the question.

Flint stops at a desktop computer in one of the examining rooms. He returns to the SAGA "computer-based learning" exercise he'd been assigned. Virtual Smith is still waiting to be seen. The problem list function on that computer does not include the "Trade" option. Flint has been a doctor long enough not to fret over mysteries or contradictions. He has the capability, or negative capability some might say, of being in uncertainty. He did not learn that in med school or residency. He learned that from patients. What he does fret about is being on time, and the first patient of the afternoon is walking down the hall.

Mrs. White is here for a follow-up visit. "How are things?"

"Take me out and shoot me," she answers. Her pain is eleven on a

scale of one to ten. Larger than life in many dimensions, today she is stuffed into a loud pink sweatsuit. Flint thinks of pain as small, medium, or large—like the Three Bears—but regardless of pain scales, he shares Mrs. White's pain. When she sits down, her feet keep moving, marching in place, keeping the beat. Side effects.

"You look nice and pink, like an azalea." It's summer, a hot, dry summer, long past the promise of spring. Flint's azaleas were eaten by deer. She does not smile. In twenty years of monthly visits he has never made her smile. Hope springs eternal, and he asks, "How's the exercise going? At least thirty minutes a day?"

She smiles. He opens his laptop to review her meds and problems. He steals "intentional weight loss" from an anorectic's list. Talent borrows. Genius steals. Flint smiles. The world becomes a better place.

Trade winds return. The Bermuda high, overbearing all summer, heads out to sea. On Wall Street, traders congratulate themselves as stocks rise. In Congress, Republicans and Democrats, now colleagues, lean across the aisle and trade well-informed opinions.

The last patient of the day shuffles into the room. It took three tries before Flint got the prescription for the rolling walker right. The wife does the talking.

"Do something," she says.

Flint looks at her. "Back up." Her husband lifts the walker, as if to move back. "I meant the story, start at the beginning."

"I can't sleep. He talks in his sleep." That has been going on for years. Side effects.

"What's different?"

"The laugh." The husband, slow to move and react, takes half a minute to smile. His walker, attached to his coarse tremor, tap dances.

"What's so funny?" Flint cuts to the chase.

The husband, for once, does not hesitate. "Frankenstein and a zombie walk into a bar. They each order a stiff one. Right?" This, plus canned laughter, from a man with Parkinson's disease who, walker and all, is now on a roll. "How about two cannibals eating a clown. One asks the other: Taste funny?" Flint can now imagine what the wife is going through. In medical school they call that empathy. But there's no cure for someone who laughs at his own jokes. If laughter is the best medicine,

silence is balm. Flint, whether drawing on recent experience or merely a prisoner of his last case, changes "hearing loss, mild" to "hearing loss, moderate" on her problem list. Man proposes, God disposes, and Flint supposes that SAGA will allow him to qualify problems. Fearless after his first real trade, reckless when it comes to fearful symmetry (he can't resist poetic justice), he has never been feckless when it comes to patient care. He schedules a one-week follow-up to make sure he has dosed hearing loss properly.

Flint does not feel that he's tempting fate to revise someone's list of woes. There wouldn't be a problem list if he didn't take the time. The specialists, the one-organ doctors, the procedurists, may glance at the list but they never doctor it. On the page, a stack of one- or two-word lines, the problems read like a poem, one of those William Carlos Williams short-lined unpunctuated poems about plums and ordinary life that make more and more sense over the years. Diabetes, hypertension, peptic ulcer, gout. Sugar, salt, acid, meat. People die for lack of poetry. They also starve. No wonder husbands steal wives' plums.

Flint is always the last person to leave clinic because he can't leave work undone. He needs a tidy desk, order restored, charts shelved, no dangling lab results or messages. He likes a moment alone in the quiet space. He wants to be the one to turn off computers and lights and save the health system a little electricity. He likes to see the sun set on his small but neat empire. If he never made it back to work, no one would need to clean up his mess.

Flint is always the last person to leave clinic because he is never in a rush to get home. His ex-wife got tired of waiting and took the house and its plums with her. If home is where the heart is, Flint's duplex is on the half-hearted side of town. He could walk home in twenty minutes, bike home in five. Safer to drive. Kids once threw a dead pigeon at him as he cycled by. Bad luck when a dead bird flies. Worse luck if it hits you in the back. He feels sorry for kids who aren't afraid of dead pigeons. He stopped the bike, stooped down, and winged the bird back. All in the wrist.

Approaching his front door, he stoops down and removes a few weeds from between the bricks. Weeding—a job with a beginning, middle, and end—is as close to Zen as Flint gets. Inside his castle, the guards

are ready when he opens the door. The old dog doesn't get up, but its tail thumps the floor. Applause. The young cat, literally beside itself, twists around his ankle. Collars and rabies tags jingle. A hero's welcome every day. Drooling, dancing in the street, living the dream. And with dreams come responsibilities. Flint breaks out the kibble and they dine. After dinner—straight from the pot, no dishes to clean, standing over the sink—he opens the laptop and reviews tomorrow's clinic.

Flint is always the first one to arrive at clinic. The office manager arrives a few minutes later. Grace, in her raincoat. She forecasts the weather. She is nice and pink, a dark pink, almost red. Under the hood she's blond as the Prom Queen in the Disney version of *Prom*. If he asks for R. Smith's chart, she walks over to the exact spot on the shelf, in a room with a mile of shelf, and picks it out. For Grace, the medical record number is a person with a name and home away from home. There are several R. Smiths, but she knows without guessing which one is Flint's, and she is pleased to deliver that which is due. Her aura fills the space. Flint, basking, watches her work: poetry in motion, Grace by osmosis, along with a whiff of her bacon-and-egg biscuit. She brings breakfast. At least once a day he thanks her for befitting her name.

At least twenty times a day he returns a form to her to fax. At least twenty-one times a day she gives him a fax to fill out and sign and return to her to fax. It feels like a hundred times. Clouds of data hover above servers that murmur his name and all the numeric appellations that prove he is who his name says. Signatures and prescriptions and requests for durable medical equipment disappear in the ether. The third parties that request this information don't remember all the times they request the same information. That is the difference between them and Dr. Flint, who remembers every false claim and redundant request. He remembers and forgives, for this is the new Dr. Flint, the physician who, if he cannot always cure, if he cannot always comfort, can at least revise the problem list.

He wonders if chaos theory applies to these profound digital adjustments. Is he unleashing the butterfly whose flight path will change the climate? Is he breaking the same rule that time travellers all manage to break? Is he asking a rhetorical question no one should ask? His beeper beeps. His cell phone vibrates. His phone rings. Emails ping and pong,

announcing their arrival. He is surrounded, he is summoned, and he is determined to do one thing at a time. At the anger management course (in his case, attendance was mandatory) he learned to take one breath at a time, live one moment at a time, distinguish urgent from important. Inside SAGA, his inbox has important lab results from yesterday.

Outside, a dark cloud moves toward the sun. Trees bend as the wind picks up. Grace got the forecast right. R. Smith has a high white count. There's a flash of lightning. Flint starts counting. The thunder arrives five seconds later. The beeper goes off again. The first drops of rain hit the window. R. Smith's white cells are mostly blasts. The rain moves across the parking lot. Flint looks at his beeper—two text pages from Pathology. They want to tell him R. Smith's critical values. Flint returns to the window. Outside it's now still as a portrait: trees straight, a blanket of mist on the asphalt. Flint opens R. Smith's problem list, deletes night sweats, deletes lymphadenopathy, deletes weight loss. He adds AML, acute myelocytic leukemia. He asks Grace to call Mr. Smith and move his appointment to the end of the day. She says, "You don't see patients on Wednesday afternoon." The sky heaves and the rain, like a train exiting a tunnel, reappears.

At 8:00 a.m. there are four patients waiting to see four doctors and one nurse to check them in. Four doctors complain about the nursing shortage. The least patient doctor goes to the waiting room and finds his patient.

"You again," she says.

Flint can't disagree. "You're here, I'm here, follow me." Clinic begins. He says, "Good morning," as they march to the exam room.

She says, "Thank you," when she leaves. Flint hopes everyone feels better when they leave, and if they don't, he finds a nurse to confess to.

"I couldn't make him happy." Or, "He wasn't due for his pain meds." Or, "Is it just me or does she mistrust everyone?"

"His son is back in jail." Or, "He needs to test the system." Or, "It's not you, it's all men."

Scheduled patients till 11:00, add-ons till 12:00, emails and phone calls over lunch, second-year students 1:00–3:00 ("how doctors think: empathy and imagination"), a few visits in the hospital—social visits, then the last appointment of the day.

R. Smith does not look sick, and his exam hasn't changed—normal except the missing index finger on the right (band saw) and a few missing pounds.

"Your blood test," says Flint.

"Yes?," says Smith.

"It's what I suspected."

"How often does that happen?"

"Too often. I'm the suspicious type. It's not what you deserve."

R. Smith takes longer to respond. "Don't get all theological. Just the facts." A Sgt. Friday smile.

Thirty minutes later Grace puts R. Smith on the shelf. She notices the laptop on Smith's desk, notices the clutter. She knows better than to straighten up his mess. She leaves the computer on, humming to itself, leaves the lights on, fluorescent tubes humming, and leaves for home, humming a lyric Flint taught her. Emily Dickinson to the tune of "Amazing Grace." She had never heard of Emily Dickinson. Halfway down the hall she remembers something and returns to Flint's computer.

Flint is walking home—safer than driving when lost in thought—and trying to fit Emily Dickinson inside the tune to "Yellow Rose of Texas."

"There's a yellow rose of Texas / that I am going to see / Nobody else could miss her / not half as much as me."

"I heard a fly buzz—when I died / The stillness in the room / was like the stillness in the air / Between the heaves of Storm." Not as easy as it sounds. While he talked to R. Smith you could hear a fly buzz. Flint opened the window and sent the fly home.

"A little knowledge is a dangerous thing," a patient once reminded him. "So is a lot of knowledge," Flint's rebuttal. Whenever Flint is asked to lead the Clinical Pathology Conference and solve the riddle of a patient's illness, he mentions tuberculosis, an infection that can masquerade as anything. Eleanor Roosevelt, suffering from what looked like acute myelocytic leukemia, died of tuberculosis, a treatable disease. Flint had tuberculosis in medical school. He wasn't sick. His skin test turned positive after a rotation at City Hospital. His chest X-ray had a small infiltrate at the apex of the right lung. He likes to ask medical students where bats get TB. They go silent, thinking about bats, picturing bat lungs

hanging upside down in caves, going a little bats.

The cat joins him on the sofa. The dog guards his feet. Flint is reading about the leukemoid reaction, the bone marrow overreacting. He could use a neck rub. That place in back where the skull is attached. On the way there he checks for lymph node enlargement. As a medical student lying in bed and reading, he'd percuss his chest and abdomen, making sure his lungs were hollow, his liver and spleen solid. The right middle finger would tap the left middle finger. All in the wrist. As a medical student he was susceptible to whatever they were studying, but especially leukemia. His father died of leukemia the year before Flint entered medical school. Illness isn't metaphor, but night sweats are leukemia until proven otherwise. For thirty-five years, since graduating from med school, since being trusted with patients, Flint has awakened at least once a night in a sweat. It's not leukemia, at least not his.

The phone rings, the beeper beeps, the cell phone vibrates. No doubt the computer, if on, would be pinging and ponging. The cat, startled, jumps off the bed. The dog tail thumps. Radiology, the ER, the hospital operator. Did Flint see the chest X-ray? "No." Did he know that his patient was in the ER with hemoptysis? "No." Will he take a call from R. Smith? "Yes."

"Sorry to wake you. I'm in the ER coughing up blood."

"I wasn't asleep. I didn't know you had a cough."

"You didn't ask, but no blood till tonight."

It takes Flint fifteen minutes to bike to the hospital. It's uphill. There's a head wind. His clunker has one gear. The night air is not refreshing. The road is not a ribbon of moonlight. He does not have better things to do, although it occurs to him to ask himself why not. On the steepest hill he counts each stroke of the crank. One breath per stroke. It takes about twenty keystrokes to find the chest X-ray in De-facto. SAGA is not "live" yet in the ER. R. Smith has a right upper lobe cavity. R. Smith has Eleanor Roosevelt disease. R. Smith, nice and pink, has oxygen in place and offers some to his doctor, still catching his breath, huffing and puffing as if ready to blow the house down. Flint is thinking about a road bike with at least ten gears.

Meanwhile, in Flint's office, SAGA is humming and R. Smith has two new problems: leukemoid reaction and pulmonary tuberculosis. AML is

gone and still gone when Flint arrives the next morning. Grace is there waiting. She is calling security. Someone left the lights on. Someone was sitting in Flint's chair. Someone was using his laptop. There's no half-eaten bowl of porridge, but Grace brought an extra bacon-egg biscuit.

Flints sits down and studies the problem list. Either SAGA thinks for itself or it's one of those multi-player virtual reality computer games. Aside from the elves who live inside the fax machine and sometimes come out to help the cobbler, there's no other explanation.

Daniel practises and teaches general internal medicine and palliative care at the University of Virginia School of Medicine, where he also edits Hospital Drive *magazine and directs the Center for Biomedical Ethics and Humanities.*

R_x

Fern G. Z. Carr

PHYSICIANS'
HANDWRITING,
THE BANE
OF EVERY
PHARMACIST'S
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TIONS WHERE il leg
ible pen
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life to
hang in the
bal ance

Fern G. Z. Carr, lawyer, teacher, and League of Canadian Poets member, has been published extensively worldwide. The parliamentary poet laureate recently selected her poem "I Am" as Poem of the Month for Canada. www.ferngzcarr.com

Curtis (Shooting Star)

Richard Jackson Guthrie

So I drive to the edge of the city
to the centre of those on the edge
guided by the water tower in the distance
that stands like a crazy silver rocket
over the warehouse of the unwanted
the insane asylum island
surrounded by waving spruce trees
and well-tended gardens
containing old brick buildings, in disrepair
like the minds that are kept there
contained by the armies of professionals
and I arrive at 8-2b again
with my basketball
the bridge that spans the gap
between us
my nephew and I
Curtis who has autism
not the strange son
not the retarded one
not schizophrenic
Curtis who holds his voice inside a box
that he holds locked inside his heart
while everyone fumbles
to try to find the key

He is waiting for me
on the other side of the door
I buzz to get in the secured ward
where the screams come from

like white noise, or a TV left on in the background
where staff sitting on chairs
are reading books and talking to patients
through small windows
peephole placating, pacifying
while Curt continues to wait
to walk with me
for some recreational therapy
part of his sensitivity diet
because no staff are available
to shoot hoops and walk outside

Finally the door is unlocked
my nephew sees me
he strikes his head with his closed fist
with the sharp striking sound of two stones
knocked together, again and again
where are the headphones I wonder
to cover his ears
to calm him down
to de-stimulate
to turn down the volume
but no one knows
stories thrown at me
uncertain, attempt to convince
"they were stolen, they were broken,
we don't know how long they've been gone"
Curtis scurries away, like an impish waif
obsessively compulsively
rearranging tables and chairs
medicated and sedated

I must get him out now
so we head out the door
down the stairs
passing the ball as we hurry away

down the hall
through the door
to the outside world at last
and my nephew can breathe
the unconfined air
and he uncoils
like a flower in the morning sun
we walk almost run, away
and then we stop
and he signs
placing his closed clasped fingers
to his lips
almost kissing them
opening his fingers palms up
moving his opening hand away from his face
like a bird flying away
thank you, he is saying, thank you
and I find my self laughing and crying
at the same time
and this laughter is the music
making harmony out of this discord

We walk to the basketball court
swiftly now with determination
strong strides
Curtis moving into the movement
kinesthetically cruising
in high gear
enthralled
we reach the court
Curt finds his sweet spot
to the right of the basketball
he makes 35 shots in 10 minutes
his record is 42
sometimes 5, 6 in a row
a graceful skilled young athletic man

a shining glimmering shooting star
and I keep score
like I did when his father and I were young
before he was born
before he was diagnosed with autism
before his father was killed
in a road construction accident
leaving his mother pregnant with his sister
leaving her to raise them alone
Curtis' alleged behaviours
placing him
through the years
under this crazy silver rocket
his autism more pronounced

But in this moment
on this court
I call him chief, like in the movie
One Flew over the Cuckoo Nest
and I tell him we will get him out of here
and for a moment it is just Curt and me
alone on the court
as if I am sleepwalking
into a dream and everything is quiet.
then I awake suddenly
to realities thievery
people with security tags cross the court
and our time ends
I take my nephew back to the ward
to learn that Curt's supportive home
now longer wants Curtis
because his behaviour has escalated
but that's because
he is in this place
because they will not take him
I guess there isn't enough money

to afford homes for people like Curtis
so he will remain in the hospital
getting worse
a star fading
but he will always remain
my nephew
a man of courage
a shooting star

Richard Jackson Guthrie is a third-generation Edmontonian, father, writer, poet, singer, songwriter, and social worker. He continues to search for ways to merge art into personal practice, as art often gives voice to the voiceless.

Going, Going, Gone

Christopher Webster

According to the "retirement planner"
There are three stages yet to come

First, there's "go go"
This means that for several years
Between say sixty-five and seventy-five
My wife and I absolutely must
Zoom around the world
Undertaking the adventures
We couldn't earlier afford
And for which we had no time
The idea is to use up cash
Before the deathy tax man
Can get his cold hands on it
We are urged to drink a great deal
To dull the pain of
Our minor aches and pains
Sexual activities are highly recommended
Aided if necessary by jolts of Viagra
(Though coupling is best completed on the floor
Due to enhanced likelihood of "off-the bed" falls)

Second, we get to "slow go"
Which will come upon us after seventy-five or so
Although rather more relaxing
Than "go-go" aforementioned
This is not apt to be a "fun" phase
It is still possible to travel comfortably
Within a radius of thirty miles from home

(Provided the incontinence pads got packed)
Eating is just fine
So long as all food is blenderized
(On account of tooth decay and irritable bowels)
Laid-back sex is all right
Though now must be performed monthly at most
And under direct nursing supervision

"No go" is just that
Close to ninety
You go nowhere
And no one much
Comes to see you
(Though those with
Powers of attorney
Will stop by now and then
To see if more restrictions
Can be added
Without legal challenge)
Conjugal triumphs
Of earlier years
(If any ever actually came about)
May be dimly recalled
In such few cases
Where dementia has not
Settled in too fully
Alcohol is prohibited
Marijuana if taken at all
Will be in prescribed pill form
To deaden the pain
Food is easy
The attendant is a dab hand
At connecting the IV drip.

Christopher Webster is professor emeritus, Psychiatry, University of Toronto. He studies the connections between mental illness and violence. He has also published commentary on what major writers have had to say on the topic.

I Give Birth

Harold Ackerman

In the hospital, I feel the familiar involuntary throbbing. A little scraping of spiny rocks, and then a moment of relief as the pain subsides, though I know from experience the relief won't last. Soon I'll be screaming again for everyone in sight to deliver me from this burden.

This isn't my first, but the experience doesn't get easier. I don't get toughened to the pain like an old, well-oiled baseball glove broken in to the sting and strain of the hard throw. I've caught fastball pitchers; I know the difference. With these babies, every time is the first time all over again. I've had so many that my wife and I once named them.

"Remember Charles?"

"Ouch. Charles Magnus. He spoiled our vacation to Canada."

"I know. We had just got on the road and had to turn around for home."

"You called Dr. Franks from the car and he was able to see me, but what could he do? He always advised me to take Darvocet, wait a day or two, and then if I was still labouring, go to the specialist for treatment. Sometimes he even seemed peeved with me for bothering him."

"Well, that's unfair."

Then I think of Mark. All of them are males, for some reason. I don't seem to have girls. "Remember Mark?," I ask.

"Oh, my God, yes," Jane says. "You were following me to work to help me install a new computer, and Mark hit you in the car, and you were in so much pain you wanted me to stop. But I just couldn't think of why you might be flashing your lights and blowing your horn mile after mile.

I guess I thought you were joking. I'm sorry, dear. It's hard to feel someone else's pain."

"Well, at least you didn't hear what I said about you."

"When we got to school and the worst of it had subsided, you started to set up the computer. Then it hit you again and you just dropped all the cords and packaging and ran for the car, yelling for me to call Dr. Franks to meet you at the hospital."

"I shouldn't have. I could have fainted and caused an accident. But never did I want an ambulance ride over such a grain of sand, painful as it was. I mean, I associate ambulances with car crashes, plane crashes, fires."

"Yes, this is different pain, isn't it? Except, remember Alexander the Great?"

"On a scale of one to ten, one being a neighbour's cat who hates you and ten being amputation without anesthetic except liquor, seven."

"And Daniel; ultimately he was a mild one."

"Yeah, no more than a two."

"And Josh."

We've had these conversations in quiet moments, but now I'm "delivering" again. It is summer, Jane has called Dr. Franks, whose office contacted him and relayed the message back: Meet me at the hospital. He is now coming along the hallway, undoubtedly annoyed at being drawn away from his rounds. But he sees me grabbing my side as if to stanch blood gushing there, and makes the decision to admit me. He'll order a battery of tests, including X-rays.

He leaves us to the vicissitudes of admission.

A woman wearing very heavy makeup opens a door, calls my name, and motions me to the second cubicle. Meeting me there, she reviews the standard data on me, hoping to smell out some insurance fault or childhood disease. Between the third and fourth questions, the pain in my groin reawakens, making me respond loudly and crudely.

"Ma'am, pleeease! WE MUST . . . OH MY GOD, HURRY!"

True to her training, she persists with the questioning, calm, determined.

"Yes—priMARY contact—JaUNNN, nothing's CHANGED since the last time. Same wife, same employer, same insurance."

My cries are no match for the admonitions of the hospital's lawyers. I begin to consider running outside and crashing through the ER entrance. At last she finishes, hands me a fistful of papers, and summons a nurse with a wheelchair. Jane accompanies me to Room 504.

As I undress and wrap myself in the flimsy hospital gown, Jane settles into the large Naugahyde chair. I am not in the mood to climb into the bed, scene of so much anguish, so I stay in the wheelchair. Jane starts timing the attacks, both as to frequency and duration. In her ever-considerate way, she tries to distract me from the sharper surges.

"Have you thought yet of a name for this guy?"

I don't really feel like playing along, not now. Hurt and thirst converge like storm currents. I don't remember hunger. We should have had a list of names ready, constructed in painless times, heroic favourites. Still, I love her for keeping me company, so I try. "Unnnhh . . . Robert?"

She can't accept the half-heartedness of that effort. "Oh, I don't know. Robert Bruce, maybe? Robert's not up to the legendary and biblical characters you used before."

To ward her off, I say, "Ask the nurse for a slip of paper."

Jane goes out to do so, and I start sucking down the water and ice they've given me. I ring for more. The nurse comes in just as Jane returns.

"Anything for the pain," I am pleading. "And another pitcher of water. Please."

"I can give you an otc for the pain, but the doctor won't want you to have anything serious until after the X-ray. It'll put you out and make you uncooperative. Have you ever had one before?" She means the stone, not the pill or the X-ray.

"Of course. Several. All boys."

Nurse is humour-impaired, a common trait among medical folk. "Well, then you know the drill. Push fluids. Especially water. And when you have to pee, use this" (holding out a small, oddly shaped milk jug). "Especially if you feel nauseous at the same time, use this. And show us the results before you flush. You know the drill."

I don't know why she says "especially water," when there is nothing else in the room to drink. Cola, cola, this bed for an icy cola, but I don't bother to ask.

"OK," I say, as Jane searches a pen out of her purse, "what about some

Greek or Latin heroes? Giants, perhaps. We've never had Hercules, have we, or Atlas?"

"Let's save Ajax or Polyphemus for the big bad boys, like the one Ken" (she means our son) "had. He didn't really pass that one so much as pass out from it while extricating it from the end of his . . . urinary system. That must have really hurt. Yours have been much smaller and lighter, though gnarled and oddly shaped—sometimes cross-shaped like a molecule model in chemistry class. Ouch."

"Yeah, ouch. This is about distraction, OK? We could have Julius, Cincinnatus, Hector, Odysseus. I favour Cincinnatus if the next one is more routine than ugly."

Jane has recorded several names, including one or two, probably, that she does not show me, when the nurse returns. It's off to Radiology. "We'll finish when I get back," I tell Jane.

"Be strong, dear."

I've been to Radiology many times in my life. It's always a terrifying experience, but this time it's a profound one, too. How about that? You have to be as alert in a hospital as pain or anesthetic allows, because there's so much happening. Some of it you may get to hear.

Wheeled past a patient's room, I am witness, inadvertently, to a remark that most people hear a million times. Hospital junk talk, like, "You look good; your colour's fine," or, "You'll be up and around in no time." At forty-nine, I am hearing it brand new. A voice in the room is saying, whether in consolation or in invitation, or just as an off-hand comment, "You can choose your friends, but you can't choose your family." Looked at that way, this pain I am feeling, this unavoidable wearing down of my strength, is like so many births, so many sisters and brothers, so many parents, aunts and uncles. I have to accept it.

The X-ray gun still zooms down on me, rendering me vulnerable, like the fly on the microscope stage. The difference is that now I do not have to feel like a victim. And I don't. I choose to participate. Did anyone ever X-ray the X-ray machine? I wonder. It has only one purpose; choosing or not choosing isn't involved.

Back at the room, nurse is ready with the Demerol.

"They're keeping you overnight. This will let you get some sleep and the urologist will see you in the morning unless you pass the stone before

he gets here." She bares my buttocks and plunges the needle home.

As the clear sweet liquid sings to me, I blurt out to Jane, "Victor."

"Victor? For a name? I don't understand. You said Greek or Roman."

"It's Latin, I think. A long way back. Anyway, I changed my mind. I can't stop the stone, but I can change my mind."

She kisses me, but I am drifting away, away.

The last thing I hear is someone saying, "That's a fine choice."

Born in Wilke-Barre, PA, Harold Ackerman has written poetry and professional articles, including an interview with Joy Kogawa, Canadian novelist. In 2003, retiring from a thirty-five-year teaching career, he began to write fiction as well.

Fighting the Good War

Harold Branam

Our Son the Doctor

In medical school he used to do such stuff
as wear duct-tape ties to parties, entering
with a Korean girl on each arm, all three
dressed in black, and dance on his hands.

Now, after two decades or so of doctoring,
he is Dr. Sobersides himself. What could
cause such change? Was it the comatose
patient who squirted diarrhea in his face,

the old guy choking on chopped liver whom
he saved with mouth-to-mouth resuscitation,
the old guy exploding in blood in the hallway,
the drug addicts trying to rob the clinic,

the driver who appeared in ER with a deer's
leg embedded in his face, the woman who
fellated a hurt fellow in the ER waiting room,
or the docs' fistfight in the operating room?

Every day is a doctor's war, with casualties
all around. He talks about leaving medicine
to be a gourmet chef. But what about cutting
meat, making spaghetti sauce, and such stuff?

The Loving Cancer Couple

We have always done things as a couple,
hewing together as husband and wife,
friends and lovers, but getting cancer
together is for the romantic record books.

She led the way with a few melanomas
and I soon followed with lymphoma
(see, they even rhyme), so I guess you
could call us the loving cancer couple.

The doctors zapped my lymphoma
with radiation, but over time it recurred,
and now they scrape the melanomas
off her like gradually scaling a fish.

She wears her scars with pride
and I the same my balding head:
Hey, we're not through loving yet,
so don't count us off as dead.

Harold Branam, poet and literary critic, has family in medicine: his doctor son is married to West Virginia's state health officer, and his other son is married to an OR nurse at Harvard Medical School.

Chasing the "Good Death"

Laura Fairley

Storying your death—
A chaos narrative in vivo.
Struggling to understand why we
Failed to attend to your
Suffering.
Bring you a sense of peace . . .

Do our fucking job.

Cancer ensnared your throat,
Pushing its way upwards,
Deep into your brain.
As your jaw began to rot away,
Blood and thick mucous seeped from your tracheostomy.

It was a painful, slow suffocation
That lasted almost six months.

My fingers constantly fishing in my pocket for the keys—
Pain meds, oxygen, antibiotics, anti-psychotics, anti-anxiolytics, sedatives, steroids, psychotherapy, guided breathing, therapeutic touch, meditation, visualization, prayer, expressive art, jaunts in the garden, solitude, companionship, poetry, foot rubs, tea, Harry Potter . . .
Nothing seemed to ease your anguish . . .

In a tempest of fury,
You would pull out your lines and
Flee down the hospice steps
Barefoot in the freezing rain.

Terrorized and gasping
You would shout for me . . .
For anyone.
Pleading . . .
Begging . . .

I would come to you,
The Diana to your Anne—
And be anointed by your holy oil . . .
Coax you back inside,
Tuck you into bed.

You were living out your nightmare,
And bearing witness to it was mine . . .

I dreaded seeing you—
Looking at your frightened face,
Armed only with a recycling bin and an empty bag of tricks . . .

I cringed each time your family
Expressed their gratitude for all the
"Wonderful care" you were receiving . . .
Their offerings of baked goods
Sat guiltily on the kitchen table—
Tokens of desperation,
Silent pleas not to give up . . .

My shoes filled with stones.

It was a relief when you were finally
Too weak to sit or stand.
I spent many shifts sitting cramped on the floor
Next to your bed
In a place where you could see me
The second your eyes fluttered open.

I watched for the flicker of panic that would inevitably come,
And moved quickly to relieve it.
Then I would take up my perch again and
Wait.

A one-to-one assignment
That wrung me raw.

Your last days were fraught with pain and
Hunger for air.
Your orders changed by the day as we raged to each other and our
doctors
In frustrated bewilderment . . .
Caught up in a tale of the Brother's Grimm
Hurtling towards a predictable ending.
We couldn't fix you—
Make good on our promise of a good death . . .

You died early on a Monday morning
With your partner curled beside you . . .

Your face looked so different
I am so sorry . . .

Laura Fairley is a Canadian palliative care nurse with a special interest in end-of-life care for individuals who are homeless and under-housed.

Trauma Bay

Wynne Morrison

An endotracheal tube is securely
taped at the "i" in Mallinckrodt.
Secretions are thin, blood-tinged,
mucous membranes are moist.
A cervical collar is in place.
No tenderness is apparent at this point.
Breath sounds are clear to auscultation,
with no respiratory effort over the ventilator.
The heart is hyperdynamic, and pulses
strong centrally but the extremities cool.
The abdomen is distended with air but soft.
There is a frontal contusion
and soft-tissue swelling of the occipital scalp.
There is no response to painful stimulus.
The pupils are mid-position and sluggish.
And her eyes are my daughter's green
with rings
of brown.

Wynne Morrison is a physician practising pediatric critical care and palliative care at the Children's Hospital of Philadelphia. She teaches in the ethics and professionalism curriculum at the University of Pennsylvania School of Medicine.

The Saddest Elegy of Them All

Anthony Feinstein

On a warm late spring evening, May 16, 1955, two young Americans stepped onto the stage at Carnegie Hall for a first-time musical collaboration. Violinist Michael Rabin was nineteen, tenor Brian Sullivan in his mid-thirties. The occasion was the NBC *Bell Telephone Hour*'s fifteenth anniversary concert. The *Telephone Hour* had held a special place in the life of musical America since the first radio episode on April 29, 1940. Broadcast weekly, it reached eight to nine million listeners, a showcase for the finest classical and Broadway talent.

To understand why Rabin's and Sullivan's brief collaboration assumes such poignancy, one has to examine the careers of both artists more closely. Michael Joseph Rabin was born into a musical family. His father, George, was a violinist with the New York Philharmonic Orchestra. George's sister Clara was a concert pianist, while three more sisters—Rose, Jean, and Grace—performed professionally as a piano trio. George's brother Norman, an accountant by day, moonlighted on the violin, while another brother, Sigmond, who died as a child, had been by all accounts a talented cellist. Rounding out the gene pool, Michael's mother, Jeanne Seidman, was an accomplished pianist and professional teacher. What is less well known is that Michael Rabin had an elder brother Jay, a precociously talented pianist who died at the age of seven from scarlet fever. Photographs show a youngster bearing an uncanny resemblance to Michael wearing a sailor suit and standing confidently before a grand piano in the pose of a seasoned, self-assured performer. It

was Jay, not Michael, who was the first Rabin wunderkind. Michael's sister Bertine, who was born two years later, cannot recall her parents ever talking of Jay or mourning the anniversary of his death. But it is likely that after Michael was born on May 2, 1936, and his parents soon realized that chance, fate, genes—call it what you will—had once more presented them with a musical prodigy, memories of Jay were rekindled. Is this why Jeanne, with her formidable energy and ferocious willpower wrapped her charge in cotton wool, kept him cloistered indoors practising long hours, forbade him to play baseball lest he damage his hands, kept him away from youngsters his own age, and fussed over his every move?

Michael mastered the technical aspects of playing the violin very quickly. At six years of age, he was taking piano lessons with his mother and, judging by the repertoire he played at an end-of-year concert, his talent was unremarkable. A year later, while visiting family friends in the country, he found a half-size violin lying in a cupboard and was smitten. Allowed to keep the instrument, he began lessons with his father who, quickly realizing the magnitude of his son's ability, sought out the noted teacher Ivan Galamian. Four years later, Michael, now eleven, stepped onto a stage in Providence, Rhode Island, and played a debut recital that included Paganini caprices and the *Polonaise Brilliante* by Wieniawski. The bedrock of his astonishing technique was in place. So too was his trademark burnished sound, evident even at that young age.

Soon the boy wonder was trotted out to play for great conductors and violinists. Arthur Judson of Columbia Artists Management became his manager, and an engagement on the NBC Bell Telephone Hour soon followed. By the time he was fifteen, Michael Rabin had a critically acclaimed Carnegie Hall recital behind him, had cut his first disc for Columbia Records, had appeared on the Milton Berle show, and set off for a four-month concert tour of Australia. The successes continued unabated. He celebrated his seventeenth birthday in Hollywood, on set, to record the soundtrack to an Elizabeth Taylor movie, *Rhapsody*, and soon he was one of only six violinists with a coveted EMI recording contract. His concert schedule, at home and abroad, was heavily booked. By the time the invitation came to perform with Brian Sullivan at the Bell birthday bash, the nineteen-year-old Rabin was the rising star of the

violin world—America's finest home-grown violin talent since Yehudi Menuhin. His future was bright, his place in the pantheon of the virtuosi seemingly assured.[1]

Brian Sullivan's ascent up the musical ladder was, as a singer, slower than Rabin's meteoric rise. He was born on August 9, 1919, in Oakland, California. His talent for the stage first revealed itself when he appeared in a Los Angeles high school performance of Gilbert and Sullivan's *Pirates of Penzance*. The six-foot, brawny Sullivan received a football scholarship to attend the University of Southern California, where, unusually for a sportsman, he performed in musical comedies as a sideline. It was during this period that his talent was noticed by the Italian tenor Tito Schipa, who encouraged Sullivan to pursue the career of a professional singer, and Sullivan began taking voice lessons. Soon he was singing in the Metro-Goldwyn-Mayer Chorus. Sullivan's good looks did not go unnoticed and he appeared briefly in two MGM movies, *This Man's Navy* (1945) and *The Courage of Lassie* (1946), the latter starring Elizabeth Taylor. His nascent career was placed on hold by the onset of war, during which he served in the U.S. army (1943–5) before returning to singing. By October 1946 he had moved east and was on Broadway performing the role of Gaylord Ravenal in *Showboat*. His performance of Sam Kaplan in Kurt Weill's Broadway musical *Street Scene* followed in December. Sullivan's breakthrough year was 1948 with his debut at the Metropolitan Opera in the title role of Benjamin Britten's *Peter Grimes*. The opera had premiered three years earlier at Sadler's Wells in London and quickly garnered critical and popular acclaim. The libretto by Montagu Slater, based on George Crabbe's poem "The Borough," tells the tragic tale of Peter Grimes, a fisherman whose fate presaged events to come in Sullivan's own life. That day was, however, some way off, and before that Sullivan would begin building a brilliant career. His early success in *Peter Grimes* solidified his reputation as one of the finest exponents of the role with no less an authority than Olin Downes of the *New York Times* enthusing, "Brian Sullivan tops the list, for us, of all the Peter Grimes that we have seen in the theatre, by the quality of his voice, his dramatic employment of the same and the figure that he is on stage . . . comes

1. A. Feinstein. *Michael Rabin: America's Virtuoso Violinist*. New York: Amadeus Press, 2005.

powerfully over the footlights: a figure to remember, a voice that carried the drama with it."[2]

Sullivan quickly established himself as a leading star of the Metropolitan Opera and within a decade had mastered most of the Wagnerian repertoire, solidifying his reputation as a major heroic tenor of his time. Many considered him the successor to Lauritz Melchior, the pre-eminent Wagnerian tenor of the 1930s and 1940s, with Harold Schonberg making direct reference to the famed Danish tenor after reviewing Sullivan's performance of the title role in *Parsifal*. It was a short hop from praise like this to an invitation from Wallace Magill, the producer of the Bell Telephone Hour, to appear alongside Michael Rabin at the upcoming special anniversary concert.

The work that Rabin and Sullivan chose to perform was *Elegie*, by Jules Massenet. Composed in 1866 for a piano cycle called *Pièce de Genre*, Massenet later incorporated it into *Les Erinnyes* (The Furies), an opera based on the play by Leconte de Lisle. Here Massenet passed the melody to a muted cello, and soon this hauntingly beautiful piece became one of the most popular in fin de siècle Europe. Arrangements for solo instruments and ensembles followed, including an adaptation of the lyrics 'O doux printemps d'autrefois' by the poet Louis Gallet. When Rabin and Sullivan chose to perform this version, they were following a long line of distinguished predecessors, including Caruso-Elman and Gluck-Zimbalist.

The Sullivan-Rabin collaboration was brief, no more than three minutes and twenty-five seconds. They performed beautifully, as a recently released recording on the DOREMI label reveals. And then the two bowed, arms around each other's shoulders, before walking off the Carnegie stage and back into their peripatetic lives. They never performed together again.

For the remainder of that decade, the careers of Michael Rabin and Brian Sullivan continued to surge. Both toured extensively. Rabin was in and out of recording studios. But in the early 1960s both artists began to falter. The decline in Rabin's career may be attributed to two factors. The first was the challenge, unevenly met, of making a successful transition from wunderkind to adulthood. The second was an escalating phobia that he would fall off the stage. In response to this anxiety, he

2. Metropolitan Opera Archives (unpublished).

Brian Sullivan, Lily Pons, Eileen Farrell, and Michael Rabin at Carnegie Hall for the Telephone Hour concert, May 16, 1955.
SOURCE: Bertine Lafayette

took up some odd stage positions during performances, which the critics noted with bemusement. On other occasions he played while sitting. He mentioned the problem to his doctors and was given Doriden, a sedative. It is unclear whether he was warned of the drug's addictive potential, but over the next few years his use of it escalated. The medication's calming effects were soon overshadowed by side effects that included impaired co-ordination and lethargy. Further complicating the situation was Rabin's penchant for abusing diet pills. For someone whose livelihood hinged on perfect digital dexterity, such a situation was untenable. Not even Rabin with his legendary technique could overcome this hurdle, and his playing suffered. In February 1963, while on tour, Rabin ran out of medication on a flight en route to Michigan and went into withdrawal, an acute medical emergency. Hospitalization followed, concerts were cancelled, and a great career stalled.

It took Rabin more than one hospitalization and a lot of psychotherapy to get his life back onto a more even keel. He resumed concertizing in 1964, albeit at a much reduced frequency. By 1969 his concert itinerary had picked up, and that year he performed in thirty-eight cities outside New York, almost rivalling the schedule from his wunderkind years, even if the venues lacked the same prestige, and the grand European tour was a thing of the past. Sadly, however, Rabin had been unable to resist the continuing lure of sedative medication. Unbeknown to friends, family, and management, he had surreptitiously resumed his flirtation with habit-forming drugs. Why he did so is unclear, for his phobia had long since been cured. Perhaps we come back to those insecurities that arose from the pressures foisted on a child prodigy. Whatever the reason, the quantities he consumed were small compared to previous years, but their effects were even more ruinous. One winter's day, alone in his apartment, under the influence of barbiturates, Rabin slipped and fell. Coordination awry, he was unable to break his fall. His head took the full impact, fracturing his skull and leading to a fatal brain haemorrhage.

The decline in Sullivan's career has been less closely documented. From 1958 onwards, he was managed by Carl Dahlgren, who was also managing Michael Rabin. Dahlgren recalls that Sullivan had difficulties controlling his temper, and he had money problems. Sullivan, unlike Rabin, was married and had three young children to support. One telling marker of a career in trouble was that Sullivan never again appeared at the Metropolitan Opera after his January 30, 1961, performance of Gluck's *Alceste*. By coincidence, the lead soprano on that occasion was none other than Eileen Farrell, who had also been one of the five artists to appear at the Bell Anniversary concert in those heady days of 1955.

Anecdotal evidence explains why the invitations from the big opera houses were drying up. "Back in 1953, when I was a teenager," recalls Peggy Houdek, an opera buff and erstwhile Sullivan fan, "I supered [*sic*] in the San Francisco Opera production of Boris Godunov. Brian Sullivan was Dimitri and I had a terrific crush on him. I still have a picture of him in costume with his arm around me. He was very charming to a silly kid. Some years later, in 1965 he was doing Alfred in [Die] Fledermaus. By that time I was involved in fundraising for the opera so I attended many rehearsals. I remember this one where he appeared to be a bit drunk. He kept breaking character and making wisecracks and Mary Costa kept

trying to shush him and finally said rather loudly, 'Shut up Brian." . . . I remember feeling sorry that his life seemed to not be going well after my early experience with his friendliness."[3]

In 1969 Sullivan was invited to perform the role of Siegfried in Wagner's *Götterdämmerung* at the Grand Theatre in Geneva. For reasons that remain obscure, he arrived expecting to play the lead but was demoted to the understudy role. Soon after his engagement ended, Sullivan went missing. A week later his body was found in Lake Geneva. He was forty-nine years old, a presumed suicide. In a macabre example of life imitating art, his suicide by drowning mirrored the death of Peter Grimes.

The lives and premature, tragic deaths of Michael Rabin and Brian Sullivan reveal that great talent alone is insufficient to sustain a musical career at the top. Healthy emotions are required too. If their foreshortened lives left an enduring sadness, their greatness as artists gave and continues to give much joy as well. Circumstances brought these two young men together, albeit briefly, and we give thanks for that. But as we listen to their sublime collaboration, knowing as we now do the futures that lay in store for them, the lyrics of Massenet's *Elegie* assume an added poignancy.

O sweet springtime of old verdant seasons
You have fled forever
I no longer see the blue sky
I no longer hear the bird's joyful singing
And, taking my happiness with you
You have gone on your way my love!
In vain Spring returns
Yes, never to return
The bright sun has gone with you
The days of happiness have fled
How gloomy and cold is my heart
All is withered
Forever.

Anthony Feinstein is professor of psychiatry at the University of Toronto, a Guggenheim Fellow, and author of seven books, including Michael Rabin: America's Virtuoso Violinist (Amadeus Press).

3. Peggy Houdek, interview with author, December 1, 2009.

Missing Bodies

Sjoerd Borst

My friend spoke to me quietly.

– For a guy who wrote his thesis on silence, you sure talk a lot.

I had been telling him at inebriated length about my undergraduate degree. He interrupted with a gentle, washed-out smile. I laughed and told him he was right.

I don't remember where we first met. We sat on many of the rocks around campus, always talking. Before settling, my friend would inspect the surface of his seat. His hands were small. Shirt collars sprouted from his heavy blue sweater and his shoulders were covered in dandruff. With wet leaves plastered to his loafers, my friend was as slow and deliberate as the shift in seasons.

Our first conversation might have been by a boulder outside the science building or in the lineup for student loans. Maybe it was by the statue of Medusa being killed or the oversized steps of the grad house. After class, there would be some drinking, walking, and lingering at a solid touch of stone before we parted.

– The first gift of solitude is a deepening of music, he said, sitting on the ash slats outside the music department.

My friend and I talked about the studies we had just left: philosophy and mathematics. Our subjects seemed to honour the old grounds of the university better than the new sciences. Around us the statues recoiled from the pond of green scum at their feet, as though they too were stunned by the world of the living and invisible. They were caught naked, their white marble bums fleeing the flood of the microbial universe. We were beginning medical school. We were saying goodbye to old gods and distant lovers.

My friend still had acne. Shorter and younger than I, he seemed older when he spoke. He chewed his food audibly and with effort; his breath was always about to give out. With each bite his chin would crumple like a dried apricot and then balloon into smoothness.

We struggled with human anatomy. For him, the body was a tangled mess. Its vessels and organs were an orgy of offshoots and outgrowths—evolutionary inefficiencies, accidents, and queer doublings up. For this reason, he told me, it was hard to remember the names of things. It was all too random and crowded. A certain indignity, his face seemed to suggest.

The wet and bloody ruckus didn't bother me as much, but I had a hard time memorizing as well. For me, a name without a story was the problem. A few students in our class had photographic memories. Others had completed degrees in related fields. They could get drunk on the weekends and ace their exams, but I wasn't one of them.

My friend and I had to study the body from a different point of origin. I loved evolution and had learned some Latin. I could invent stories about why a bony ridge was thick—to protect the eyes from spear thrusts! The names of things would delight me: the vagus nerve was a wanderer, a vaguely meandering vagabond through the chest. I imagined our cadaver was once a wino, stumbling to his frozen, drunken death with a song:

– The saphenous assassin stalks, and in sartorial splendour he walks. The buxom buccinator will blow you for a buck!

The saphenous vein is "the hidden one," next to the sartorius muscle, which grows big in tailors. I taught my friend the etymology of words. He laughed sweetly as I forgot the names without history. After the exams, we would stumble to the grad house for a drink, exasperated. Too much fell out of our own nets of understanding. We left long trails of forgetting behind us. It was the ignorant debris of hungry, lazy snakes.

– Why make us memorize things we will soon forget?, he asked, pulling from a pint of beer. I told him it was like making shelf space in our brains. They became empty pretty quickly, but it would be easier to store things in them, later on. My shelves look more like a pile of kindling, he said.

It made no sense to my friend. There was no elegance, no logic. No abiding mathematics. The relationships were as obscure as romance—

more tentative than particles. The body was all just fruit on a tree, curled and ponderous. An obstinate tussle of branches wrapped in a sack: dead or alive, even his, even mine.

My friend loved French literature. His family came from one of the colonies, and he had an affinity for the language. He lived in the east part of the city and would often take me to little restaurants that served Pernod and escargots. With top grades and a thoughtful response to everything, my friend chose our medical school from a luxury of options. I think it was the city that called to him more than the practice of medicine. My friend even spoke more clearly and audibly in French.

– Maybe you should interview patients *en français*, I suggested, when his problems in the hospital began. But he was still so quiet. The tarnished, muffled trumpet of his voice.

Years later, he called me from a different hospital. I could tell it was him from the way his mouth wet-muzzled the receiver.

– Do you remember what I said about my family?

Out of the blue and urgent, I strained to listen.

– No, I said, but why don't you tell me again?

– Well, I think we descend from royalty, and the authorities are finally catching up.

– Oh, I replied, finally? Anxiety below the surface.

The anatomy professor was from the Middle East—he had been a surgeon in Eastern Europe and came here for his family. Some medical students grew close to him and confided in the rest of us:

– He still misses the practice of medicine, you know.

It was a familiar Canadian story—half the students there could say the same for their parents, grandparents.

An enthusiastic teacher, the professor would draw a circle of our classmates around his cadaver. My friend joked that this was because his European cologne overpowered the smell of formaldehyde and decay. Frankincense, I would imagine the label on a bottle at a perfumery in Dubai. He bellowed his lessons like a circus ringmaster.

The show was for gawkers and hawks, the communal eaters of knowledge. My friend would occasionally try to elbow in but grew tired of circling and would slowly glide away. So we studied together far from the horde, with the placid, mechanical teaching assistant. She would eat

her sandwiches in the anatomy lab, careful not to spill cold cuts into the cavity of the body below her.

I would see the rustled, revolted, overwhelming lostness in his face.

– Let's go study somewhere else, I would offer.

During our exams, I tried to help him with the anatomy stations. A tiny pin was pressed to a pelvic muscle and you had to guess its name.

– Shall I eat a pear?, I whispered to him. I hoped he would figure out that the muscle was called the piriformis, the pear-shaped one. If anyone overheard us, I was confident they wouldn't understand our secret language of poetry and wordplay, the argot of underachievers.

Too many times we ended up in familiar, unproductive territory—the grad house, talking art and politics over beer and bone-bleached peanuts. Being there was an accident, and sometimes it would be useful, or at least beautiful. Like spandrels, like feathers.

I would pick up my friend from his apartment. He would often be reading a novel in the oversized windowsill, pigeons sailing past the cliffy grey angle of buildings. Before medicine, my friend was a scholarship student in mathematics at an Ivy League school. One time, he asked me to listen to a song—some mildly amusing singalong. He told me a story.

– In my first year of undergrad, I lived in residence. The building was something like a stockade, square with a central courtyard. The university had a tradition of a cappella groups: you know, barbershop quartets, doo-wop, and the like. Each year, the musical groups would take a day to hold auditions for the first-year students. The next morning group members would race across campus and tap on the doors of the new students, hoping to recruit the best singers. In my year, somebody started a rumour that it was the role of the spectators to create an obstacle course for the event. Furniture was rearranged by the sports teams, cunning traps were set by engineering students, and misdirection was hollered out by the dramatists. Well, it got pretty bad. The recruiters panicked, and people got pushed around. Things were set on fire. Furniture was thrown into the courtyard from the third floor. The dean had to call the police. It was anarchy. Just picture a mob of nerds rioting over choral music. Three people were even hospitalized.

Classmates asked what drew my friend and me together. Some of the girls wondered if he was my special project. He's not my boyfriend,

I replied. It was a slick wrongness shared between orphans and outcasts. We rebelled against the arrogant posture of the medical profession. Medicine was a braided mess of serendipitous discoveries disguised as a coherent system. It had abandoned the humanities and was not yet truly a science. It remained a collection of curios in a Victorian study. Somehow we had come to a joint decision to mock the hard art of healing as eloquently as possible. But our airs became a shibboleth in reverse.

– Medicine is a big place. Don't worry, you'll find a role in it, said the anatomy professor. Sensing our alienation, seeing a sidekick to his own sadness.

Months later, my friend called me.

– It's actually very small, the field of medicine. In all the plays I've seen, doctors have a small part, really. They announce a death or introduce a poison, then they're gone. It's rarely a speaking role. You are all just bit players.

Near the end of our second year, we were released into the hospitals in white-frocked flocks. My friend had been paired with a sharp-eyed neurologist, and the old man spotted problems right away: his unassertiveness while interviewing patients and the timid touch of his physical exams. He was too quiet and too gentle to be a doctor, the neurologist concluded. After a brief confrontation, my friend stopped going to the hospital. Makeup sessions were offered. A few meetings followed. Therapy was suggested. My friend took to nothing. He stuck to reading French novels in bed—even when it stopped raining. Even in summer.

I would have helped, but I had problems of my own. The love of my life had just left me. I was too busy sticking fingers in my mouth in front of the mirror, my fist shaped like a gun. With lips over the double barrel of my middle and index finger, I would mock-pull the trigger. Blam. Suffering voices in the hospital—*J'ai peur, docteur, j'ai peur*—took me away from my own chance of recovery.

After a few months, my friend met with the medical disciplinary committee. He wanted me to lend support at one of the meetings. The morning came. The room was full of retired professors of medicine. Bespectacled and benevolent, they asked us into their circle.

– Thanks for coming. Could you please speak in the microphone? We are recording this.

The scene was protective, predetermined.

– You were asked to come today to say a few words about your friend's involvement in medical school.

I said what he had done, what we had done, together—the poetry readings for our classmates, chairing the society for the arts and humanities.

– Had he sought out help, then?

– No, not to my knowledge.

– Had he mentioned any mental problems he was having?

– No, I didn't think so.

– And what do you think would be best for him, going forward? (There—that moment, precisely).

– I would love for him to do mathematics! Surprised by my own words, I slowed down. But I also think he would do . . . fine in medicine.

A squirming truth burst out of my mouth and quiet dissembling loped behind. I pictured the eel I had caught one summer on the lake, and being told by my father to kill it for supper. Oh no! Innocent thing! Why did I catch you? Couldn't I just let you go?

After I spoke, my friend smiled and then sighed into his shoulder. His suffering often escaped the notice of others. He took small pleasure from prescience.

And all the while my pain compiled into a risorial smile.

– Risorius is the muscle that can make you grimace, I once told him, hoping he would remember the rhyme.

– You don't have to sound so word-clever, he responded, annoyed. Then, with grace: nobody thinks you're dumb. We haven't failed at being human, he concluded, wet warmth in his eyes.

We would meet in coffee shops during the summer, freshly plastered with posters advertising *The Barbarian Invasions.* He taught me that in French you don't say, "I miss you." You say, *"Tu me manques,"* you are missing from me. Concentric walls were raised. His condition worsened. He started stalking a girl, got arrested, and was admitted to hospital. It ended with phone calls in the night in rapid succession, then nothing.

In the fall, my friend and I met in the park. He insisted I buy some Guinness and had brought along some gourmet vanilla ice cream. The warm wind dangled in the air.

– I want to show you something, he said, dropping a white scoop into the dark glass. Doesn't it look delicious?

Polar bears in an oil slick. My friend described the mathematics of vortexes and time travel. He joked about becoming a famous criminal or artist, I don't remember which. I listened under the last rays of sun. The ice cream melted a little, the malt sweetened. He pushed the white little globes around with his finger, adjusting them like an augury of eyes. A hospital bracelet slid down his wrist. I felt a little vertigo this close to the edge of things. I could not be an accomplice to his hazy descent, his last acts of creation. I covered my retreat with smiles.

My friend was dismissed from medical school.

My darkness grew under the desk in my room, where I would curl up and thicken—but I still put on a face to meet the faces that we meet. I had other friends. They would teach me squash, take me cycling, or try to heal me in their bedrooms. I started reading novels with happy endings—where one companion would carry the other to the end. My friend still had his novels of quiet dissolution. And I hoped the beautiful moments would be the last to go missing.

Sjoerd Borst is a writer and physician who lives with his wife in Halifax, Nova Scotia.

According to the Fibromyalgia Impact Questionnaire (FIQ)

Daniel Becker

According to the Fibromyalgia Impact Questionnaire (FIQ)
and a single-blind randomized comparison involving a couple hundred
sufferers, tai chi works better than a 40-minute wellness lecture
plus 20 minutes of stretching. But is the lecture harmless?
Why not double-blind? Why not sham versus the real deal?
Why would sham be different from a novice with arms and legs
in the wrong place at the wrong time? Placebo effect? Recall
that neither the infusion of love and friendship nor the occasion
of a cat purring in your lap while vital signs settle, makes a difference
on the FIQ. The nice thing about tai chi? No side effects, unless
you count feeling a little silly at first. The nicest thing? Like fly fishing,

another mind-body practice, you can't think of anything else
while rearranging motion or trying to remove a hook, not the first,
from a willow growing on the river bank. Most of life as we float through
life
we don't keep track of where all our parts are going. Awareness starts
with proper breathing, but unless it's a panic attack or 11,000 feet
halfway across the Rockies, or running back to the car for the camera
to document how and where the continent divides, we don't think
about oxygen. Heights yes, but not the next breath. Other martial arts?

How fierce should we be? Tae kwon do? My son and I enrolled
at the Inner Staircase. He did it for kicks, I did it for him, and neither of us

had what it takes. Somewhere on the road of life an unarmed assailant
is approaching in slow motion, and when we're supposed to do something
to the offered wrist—an early lesson and effective on us when practised
on us—
chances are 100% or higher we'll freeze first, gaining time, before reaching
for our wallets. While we don't have fibromyalgia—

not the deep pain or the dark pain, not the smart pain or the dumb pain,
not the lack of sleep from too much sleep or the distrust of half the
doctors
we've been to or the shame that begging for comfort brings or the hope
impossible to shake that somewhere there's a virus that explains why
the force of gravity feels stronger every day or the excuse that even to
walk
that little foo-foo dog to the corner would be too much—

who doesn't have ailments to cling to that cling back, the pain and need,
burden and regret that a little tai chi might help us let go of? We need
a dojo to bow to when entering or leaving and a teacher who can take
the staircase metaphor out the window to a fire escape, a guide not to the
top,
not all the way to the attic, but high enough to point out where oceans
were
and are, where rivers start and where they disappear. Not random, not
blind,
each subject also a control, statistically powered to detect a small
difference
within an *N* of 1.

Daniel Becker practises and teaches general internal medicine and palliative care at the University of Virginia School of Medicine, where he also edits Hospital Drive *magazine and directs the Center for Biomedical Ethics and Humanities.*

My Father's Cataract

Lori Levy

We know it's more.
More than a cataract,
more than the bread-and-butter procedure
that he calls it, the doctor in him presenting the facts.
This is his good eye
we're talking about—the one he uses to read,
to examine his patients
and the landscapes he paints: Italy, France, Wales, and
the desert beyond his kibbutz, home for the last thirty years.
The Good Eye, damn it,
the one he needs to drive,
to see his newest granddaughter,
his wife of fifty years—
and the eighteen faces in between.
His good eye, yes,
as opposed to the Other Eye,
the one they operated on
for glaucoma—
the operation the surgeon termed a success
though it damaged a nerve,
greased his vision, like he's staring through
margarine every hour of the day.
This time we know
the gamble—
his whole life pending
in that blur on his lens.

Lory Levy's poems have appeared in literary journals in the United States, England, and Israel, and in medical/health journals, such as the Journal of the American Medical Association. She is a wife, mother, and grandmother.

Nature Camp *Outside the Security Fence at the State Forensic Hospital*

Phyllis H. Meshulam

There is an orchard here
    above the pond with its iris dragonflies.
Mature trees reaching out raggedly
    adding human history to slopes
that bow toward lichened hills.

The reedy call of red-winged blackbirds
    the sassing of mallards
rise from the pond on thistle wind.

Brownly dressed like native oaks,
criminal-mental-patients
(ruse of their bark exteriors
belied by outbursts
of breathy leaves)
were once allowed
excursions on these trails

(*Back when the state hospitals*
were interested in healing—the art therapist says)

A few duck-emissaries
fly back over
now razor-wired fences
into the hospital compound
and play in puddles
fed by automatic sprinklers.

Teacher and writer, peacenik and tree-hugger, Phyllis Meshulam is the author of several chapbooks. She contributed poems to the award-winning Veterans of War, Veterans of Peace *and text to Diane Benjamin's* Women and War.

The Birth and Death of the Day

Lisa Lunney

In early summer 2009 I had my first run-in with cancer. I had always believed that cancer had a face. It was the face of the elderly, the old and grey. The sick. As foolish as it sounds, when I was really young I believed ugly diseases such as cancer took over only the damned. I have lived a righteous life. I am content with every action I have made.

It caught me off-guard when my face became a reflection of cancer.

At first I was shocked. My plans for the summer consisted of working and friends. Not being sick. Not losing my hair. Not having to struggle for a healthy life.

Then I became annoyed. I couldn't work. I would feel sick all the time. I had to stay out of the sun as if I were some sort of creature of the night. I cannot pinpoint the exact location I was in when I found out, Hey Lisa, you have cancer.

All I know for certain is that I got the news just before my birthday. Cancer. The gift that stays with you for your whole life. It brings new meaning to the idea of a gift that keeps on giving.

It was stupid. The whole situation was stupid. I tried to ignore it so it wouldn't be real. Usually I am optimistic and positive, but for the first time I could feel my conscience telling me to brace for the worst. That is why I tried to hide my true feelings: so cancer could not show its true face.

I didn't let it. At least not yet.

In the autumn months, my mind tends to wander. Fall is the time when one prepares for winter. Fall is a season for endings: death of summertime greenery, the last harvest of the season, and the preparation of the shorter, darker days that are to come.

This time of the year caused me to worry. Tedious things, like complex symbolism (things only a writer would pay mind too). I believed a dark shadow was looming, and soon this shadow would come into the light.

October was when cancer took over me. October 26, Hello lymph nodes, you have a new friend. I made the bold decision to put my body through intense treatment and to hope for the best possible outcome. I was terrified. This terror brought me to the decision not to have surgery to remove my lymph nodes.

As my hair began to fall out in clumps, it felt as if the pieces of who I used to be were also dropping away. Hair is superficial, but it is the physical essence of who you are. It helps to define you. Hair was one of my proudest features. Holding pieces of my hair that had detached themselves from my head broke my heart. My life was falling apart, and I could only collect the pieces. Nothing I could do or say could reconnect these pieces. I was broken.

I believe that, even in the absence of cancer cells, its presence will remain for the rest of my life, through the presence of fear. I miss the person I used to be. In the past, I could look in the mirror and feel content at the sight of my own smiling face. Today that vision is gone, replaced. My eyes are now dark. The sparkle that personified who I am is gone. I see no wisdom, no strength. I see only a scared child. My lips are pursed instead of positioned in my trademark smile. My sickly pale skin speaks out to me: there is a place waiting for me in the land of the quiet dead. I see the change. My face is no longer my own.

My fear seems to scream from the pores of my skin. I wish to be helped. But how can I be helped if I live in fear? Fear is so strong that I cannot help even myself. Fear casts shadows onto the angels in my life and brings to light the demons in my head. What my life was will never be again. Even if I overcome my fear, invisible scars will forever mark my life.

October 28 changed the expression on my face. My collection of fears expanded. My mind wandered and created dark stories of how my

life would continue without me. A baby was born into my family. Perhaps this baby was an sign. My lifeline was growing short, and this baby would replace me. In my absence, those I loved wouldn't feel the emptiness because of her. She would fill my place. Allison would replace me. She would outlive me and accomplish everything that was so important to me.

Allison is a miracle baby. There had been no visible or physical signs that her mother was carrying a child. No one took care to keep her healthy during this time because no one knew of her existence. She was born three months premature, extremely weak, and sick. Her outlook was grim.

Two days before Allison's birth it felt as if my life was coming to an end. I was in my early twenties, I had cancer, I was always sick, and I had no ambitions. I wasn't me. Two days after what I believed was my death sentence, a miracle baby was born. Allison Josie Lunney.

Allison and I lingered in a state of limbo. It wasn't certain whether we would make a new chapter for our lives. Allison was beginning her life; she had the entire world ahead of her. I was beginning my life, my dreams were starting to come true, and I was finally identifying with who I actually was.

I prayed and prayed for her recovery. She deserved a chance, she needed a chance. A darker feeling also lingered: I feared that she was an omen, a new addition to the family because someone else was leaving. I feared that her presence foreshadowed my demise. I always believed that when one life begins, another life is destined to end. That is just how the world works.

It wasn't fair. I had worked hard my whole life. I had struggled. I was finally getting to start my life, and it felt as if it was going to be taken away. I was left to watch the ashes of my dreams I let die float past me. Every time I reached out to resurrect my dreams, they crumbled. Here Allison was, a miracle by birth, with every opportunity in the world right in front of her. Her dreams were only just beginning.

I did not want to know her. I did not want to hold her. I did not want to love her. I feared that I would leave her, or she would leave me. I did not see the purpose of building a bond that would soon be destroyed.

I succumbed to darkness. Nights of constant nightmares pushed me into constant fear. I accepted defeat. I believed cancer would be the

end of me. I resented Allison as she began to get better. She was getting another shot at life, so why wasn't I? She was a baby. She couldn't walk or talk. Why was something so helpless worth more than I? I was a great friend, daughter, and sister. I lived my life for those I cared about. What did that get me? Cancer. I was lost and lonely. I was filled with guilt over how I was letting my life take its course. Guilt never sleeps.

I realized I was no longer the person I used to be. I was becoming someone I wasn't proud of being. I was closed off. I thrived in my own bubble of misery.

This was not the way I had lived my life. I used to be a girl on the go, surrounded by friends, smiles, and laughter. For a short period of time I let cancer take over. The only sounds were echoes from the way my life used to be, the way my life was supposed to be. I was a stranger to myself. In the absence of my dreams, I realized just how important they are.

I decided that I would fake my happiness. I would fake my hope. I would fake happiness for my brother and his gorgeous baby girl.

Something threw me off-guard when I held the hand of a beautiful little girl. I met eyes that mirrored my struggles. Lisa Josie Allison Lunney / Allison Josie Lunney. I realized we had more parallels then just our names.

Allison went against all odds. She had toxins running through her tiny body. She was not healthy. She was unexpected and therefore uncared for and unprepared for.

Allison is here. Allison is growing bigger each day. She is happy and healthy, evolving and finding her place in this world, just like any normal baby would. Allison, however, is anything but normal. She is living, breathing proof that the impossible is possible.

Her smile means much more then just a picture of a happy baby. Allison, Little Allisaurous to me, demonstrates that life is what you make it—if you have the strength to continue to fight, nothing can keep you down. Life is beautiful and precious. You never know how truly important it is until you realize everything around you has changed, and in the process you too have changed.

I am different, but underneath it all I am still the same. Some days the girl staring back at me from the mirror is a warrior who has endured a troubled past and hopes for a positive future. Sometimes she is a portrait

of a broken spirit. Sometimes even she can't place what she is, in a limbo between feeling alive and feeling dead. I realize that to truly measure a human being by her actions you need to measure her life from the beginning to the end. So, I still have a chance to leave my mark on this world.

I have a new seed of hope. A seed planted by the laughter and joy of a tiny baby. Odd how someone with such a weak heart was capable of fixing a broken heart.

Lisa Lunney is a twenty-four-year-old writer. She is proud to call Edmonton, Alberta, her home. She believes words have the power to save lives and inspire individuals to work to personal greatness.

What Exactly Does an Oncologist Do?

Catherine Moore

Wish I'd paid more attention
during my science classes
such a distraction
that boy with long lashes

biology, oncology
fibroadenoma, carcinoma
tubular, lobular

axillary, medullary
metaplastic, systemic
lumpectomy, mastectomy

the sentinel lymph node biopsy test
test? ah man, not a pop quiz . . .
hmm, I know biopsy, now for the rest
it shouldn't take a science whiz . . .

So what's a lymph node?
of the lymph system I'm told.
Sentinel node being the first
it being cancerous is the worst.
Fail this exam and it all falls apart
It's chemo for you and that's just the start
But if you pass this test my dear
then you're probably in the clear.

I need more study time
to face this test in my prime
hoping to outsmart my plight
reading in wee hours of night
my thoughts begin to drift
then take their natural shift
What rhymes with lymph?
sounds like a nymph . . .

There once was a beautiful nymph from Virginia
who read cancer books at night and got insomnia
studied the subject like a biologist
to have smart questions for her oncologist
but she soon quit due to hypochondria.

This poem is from Catherine Moore's collection of emotionally honest and often poignantly humorous poems about her experiences with cancer. She is celebrating her fourth year of living cancer-free.

The First Stethoscope

M. Frost

I can see Laennec and his paper instrument
leaning into a white Victorian bosom,
the woman's high cheeks lightly rouged,
a flush pinking the matrix of her chest.

He presses his ear to the open nest of paper.
Her fan rustles the air. Beneath rising lace,
a heart begins its low, fast moan. His mouth opens.
She spreads her own fan wide as a pulse.

The beat changes; she can see it on his face,
how he closes inside himself, intent on sound,
on every word a heart might murmur
into the red darkness of his earlobe.

She listens to the silence of the paper cone
as it plucks cores of sweetness from her ribs.
She licks chalk, yearns for hot noise,
hears instead his tepid breath as he shifts away.

Her veil whispers between them; her fan
moves like blood, cooling as it descends.

M. Frost, a former large-animal veterinarian, studies public health. Finishing Line Press published her first chapbook, Cow Poetry, *in 2006. Her poetry has appeared in* Nimrod, Sow's Ear, Healing Muse, *and other journals.*

New England Veterinary Medicine

Janet Lee Warman

In the New England Aquarium, tourists spiral
downward from the big tank where MIT students
dangle experimental cameras in the faces of giant turtles.
In a dark corner on the ground floor,
a medical team hunches over a moray eel.
Through anesthetized waters, it gradually limpens
as forceps and swabs clip and paint.
This is no sea lion show, but we are transfixed,
unexpectedly taken by the curious intersection
of science and delight.

Janet Lee Warman is a professor of English and Education and director of General Studies at Elon University in North Carolina. This poem was inspired while leading Teaching Fellows on an American history study tour.

Folie à Deux

Debra Hamer

I first encountered my patient on security camera footage—an elderly Polish woman in her early nineties, her white hair tied in a tight bun, wearing a purple floral housecoat and brown leather slippers. The footage showed her squirreling armfuls of Styrofoam cups in her hospital room. Her kyphotic frame shuffled slowly while a trail of cups fell at her feet. Suspicious, she looked in every direction. She spoke only Polish.

My supervisor, Dr. Kaczmarek, was an in-patient psychiatrist, born and trained in Warsaw. It was not unusual for him to have several geriatric Polish-speaking patients on the ward. But this patient was different. One could sense it from the level of nursing frustration caused by her "shenanigans." Today she had taken not only several bundles of Styrofoam cups but also another ten towels and blankets. They pleaded with Dr. Kaczmarek to get some of the "hospital inventory" back. He shrugged his shoulders.

As we approached the patient's room, he asked me if I knew any Polish. I had to admit that, although my grandmother had tried to teach me a few words when I was a child, these words would be of no use in a psychiatric interview. He told me that he would translate. It was important that I remain quiet. The patient was known to attack people whom she perceived as the enemy.

"The enemy?"

"Oh, I forgot to tell you, she thinks she is in war-torn Poland and the Germans are coming."

We knocked on her hospital room door, a small crack opened, revealing an aging apprehensive nose peering into the hallway. My supervisor

spoke two Polish words. The door lurched opened. We were permitted entry.

Her room was unlike any hospital room I had ever seen. Towers of towels and blankets teetered on every surface. With linens obscuring the window, the room appeared dark and musty. Styrofoam cups and plates filled the space under her bed, the armchair, and side tables. Although meals were served in the dining area, refuse was hoarded in her room, leaving an aroma of yesterday's tuna sandwich. I learned that early in her admission, nurses tried to clean her room. But the more she invested in her delusion, the more cleaning became impossible. Only her ally, Dr. Kaczmarek, could remove items from the room.

So began the morning's Polish bartering (in translation):

"Good morning. I heard that yesterday was a hard day. How are you feeling?"

"This is a challenging time for me and my family. I ask only for your kindness and God's blessing."

"I understand you have many blankets and towels here. Could I have ten of these please?"

"Winter is coming, my family is cold, and this is all we have. Ten is too many."

"Please, I see you have many. Ten is not many for someone with such a big heart as yours."

"Seven."

"That is too few."

Pause . . .

"Who is this girl with you?"

"She is a student."

"Can she be trusted?"

"She can."

A long pause followed . . .

"What is it you wanted?"

"Twelve blankets and towels."

"Is that what we agreed to before?"

An even longer pause followed . . .

"How about ten, and you agree to come back and see me tomorrow?"

"Deal. And how about I take some of this garbage out of your room?"

"These are all good things that can be used later."

With that, Dr. Kaczmarek collected ten towels and blankets from the windowsill. The Polish patient helped pile them into my arms. Dr. Kaczmarek swiped a few pieces of garbage from the dinner tray as we were leaving.

The hospital hallway felt like another world after emerging from war-torn Poland.

THE NEXT MORNING, I arrived at the nursing station to a frenzy of laughter and a huddle around the security television. Everyone was watching footage taken overnight of my Polish patient and her new roommate. Yesterday afternoon, while Dr. Kaczmarek and I were working in his clinic, a new Polish patient was admitted. She was a woman in her eighties, transferred from a nursing home with escalating depressive symptoms. Although she denied delusions or hallucinations on admission, the footage showed two elderly Polish roommates working in consort. Holding hands, they shuffled from their room to the supply closet and returned, arms full of toilet paper rolls and tissue boxes. The elder woman was the mastermind, barking orders and standing guard, while the slightly younger woman carried the bulk of the load. They were in cahoots, sharing the belief that they were in Poland prior to the German invasion—hoarding was a means of survival.

When Dr. Kaczmarek arrived, we went to see our two Polish roommates. This time they refused to open the door. The women accused him of siding with the enemy and stealing their supplies. Dr. Kaczmarek initially tried to make peace. Eventually he resorted to aggressive tactics. Security was called. The door was forced open. The women were given sedative medications. They slept through the night.

While they slept, their foxhole was dismantled.

IN THE MORNING, the nursing station was quiet. No interesting footage to be seen. When Dr. Kaczmarek arrived, we went first to see our Polish roommates. I was expecting a standoff, a barricade, and Polish words hurtled across the room. An eerie silence greeted us. The room was bare. The two women lay side by side, sleeping in their own beds. Light came through the window. A slight snore could be heard from the

elder woman's bed.

Dr. Kaczmarek turned to me and said, "Maybe we should check on them later." I nodded. We were about to slink out of the door when we were halted by a Polish whisper coming from the younger woman's bed. We approached. The woman motioned for Dr. Kaczmarek to come close, as if to share a secret.

He leaned in. She mumbled in Polish. He smiled and nodded. He stood up to join me.

"What did she say?" I asked.

He smiled again.

"She said that she thinks the older woman is crazy."

Debra Hamer is a resident in the Department of Psychiatry at the University of Toronto.

Discussion Guide

Gut Feelings

Tracey Atin describes the art that her gastroenterologist father, Harvey Atin, created. She explores his expressionism and use of colour in painting, but she focuses on the meaning of gut feelings. What does the author suggest by this term *gut feelings*? She writes that as "a good gastroenterologist, he was interested both in what they were eating and what was eating them." To whom is the author referring?

How Do I Call the Ambulance?

The first paragraph begins with a painting scene. How effective is the visual emphasis of paint on dramatic tension in the first part of the story? How do the authors enlist the reader's active engagement in the story from the first page or two?

The Hayward Fault

Anne Areland writes of her journey through the hilly country outside of San Francisco and asks, "Why is beauty so often twined with disaster?" In the light of this story, how do you understand this question? She interposes two narrative perspectives, separated by time: her hike in the country, and her medical illness. What purpose does this split narrative have?

Hanford's Reaction

Wayne Lee offers the reader in the first stanza a rich, colourful, and varied description of machines—a weed whacker, four full-size pick-ups, a Second World War Jeep, a pre-war Alyce Chalmers tractor—to what end? Like his machines, Hanford is in a state of perpetual motion. What effect does this have on the reader? Explain how this approach brings the plight of Hanford closer to the reader.

According to the Fibromyalgia Impact Questionnaire

How is irony used to poke fun at scales designed to measure human experience and suffering? What things are left out in such scales?

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