

Ars Medica

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Editorial

An Unsubtle Plea for Nuance

We've been thinking a lot about nuance lately. About subtlety in medicine and art. Certainly when we look at the debates over health care, including the controversial Drummond Report in Canada or the firestorm that is the American legal challenge to the *Affordable Care Act* ("Obamacare"), participants have clearly been asked to check their subtlety at the door. However, even when considering the individual practice of both medicine and art, we attend generally to the dramatic and the bold. While that approach may be justified essentially, we may indeed be missing what is most important.

WHEN WE THINK OF MEDICINE, we tend to think large. The patient rushed into the ER with a heart attack, stroke, or gunshot; the Intensive Care Unit; the baby born at twenty-nine weeks, the Operating Room. The life saved. Or lost. Governments will tell us the way to measure the quality of a health-care system is through waiting lists for knee replacements, hip replacements, or MRIs, but how often do we see standards set for patients feeling free to mention that "one more thing"; patients leaving a physiotherapy appointment energized to really do their exercises today; patients relaxing in hospital because the nurse changing their IV bag smiled as he did so? Anyone delivering health care knows that the moment of high drama is rare. Good medicine is (almost always) in the details. The diligence with which we palpate for an enlarged spleen when the previous five hundred have been normal. The way we pursue a piece of a patient's story for reasons we can't even begin to define. The way we respond, in general, to patterns that will always remain unconscious. We recall the respirologist who stopped his medical school charges in a hallway, told them to look at the elderly man sitting in a chair outside his room, and diagnosed lung cancer. He pulled us into a seminar room

and told us to remember that face. “You see that face, it means only one thing: CA lung.” The psychiatrist who tells us he can diagnose paranoid schizophrenia at a hundred paces is demonstrating only what the literature on expertise has said for years: expertise takes time and is largely an unconscious process. A process that rests on nuance.

Similarly, when people talk about the value of art, subtlety is absent from the conversation until, late at night, they have run out of dramatic examples and get down to deeper truths. Art confronts us with ourselves, they will say. The purpose of art is to challenge norms. (As a side note, we advise you to discount any sentence beginning with the words “The purpose of art is to . . .”). Great art shocks us, they will say. Its role is to discomfort, to make us see anew, to unquiet our dreams. Michael Mack, in the recently published *How Literature Changes the Way We Think*, tells us that “literature works as a critique of those representations that have become our reality.” In the *New Republic*, Jed Perl praises avant-garde artists who “rejected every single one of the audience’s assumptions about the nature of narrative, syntax, sight, sound, and reality itself.” We have no problem with any of these descriptions, as long as they are kept in their proper place. We also have no problem with emergency physicians treating people for strokes and gunshot wounds. We are troubled only when the part comes to equal the whole.

So let us appreciate, and valorize, challenging art. The Impressionists taking their canvases outside and teaching us to see how we see light; Stravinsky rattling Paris with a sexual, raw, and unpretty ballet; Picasso carving a face along lines never contemplated and so forcing us to see the face anew. Dickens, commanding London to see the poor, Philip Roth forcing us to see sex in the sixties (and, later, forcing us to see the sixties), John Updike and John Cheever insisting we see suburbia beyond the fine lawns. But let us not lose the subtlety that lies beyond those representations.

Hemingway embodies the dramatic in art when he tells us that the heart of the image of a bullfighter gored is in the whiteness of the exposed bone, but he embodies subtlety when he tells us that great writing happens when the writer understands everything, then removes all explanation from the written page. Shakespeare is said to have invented the modern mind, but he is at least equally valued for the delicate way he

shows us the smallest moments of life. “Every time I reread Shakespeare,” an English professor of ours once declaimed, “I am amazed to discover he knows everything that’s happened to me since I read him last.” It goes without saying that our professor had not recently seen his father murdered by his now-stepfather pouring poison in his ear. He was responding to the small moments that bring life alive.

This issue of *Ars Medica* contains some examples of striking drama, but also many examples of how art grows from the small. Notice, for example, in an appropriately hyperbolic depiction of migraine in D. J. Gaskin’s “Mood Migraine,” the work done by the word *knurled* in the first verse. Physiotherapist and writer Donna L. Trump’s narrative of her work with disabled artists lays their suffering and achievement out in bold relief, but for us it is the appreciation of what it means to lose ability to keep our head erect that lives on. Helen Ruggieri’s “Ghost in the Machine” has a drama of its own, but note how much is conveyed in the last two words of this sentence, added almost as an afterthought: she gives a copy of her first published book to her father, “and he set it on the table between us.” The front cover of this issue is physician/artist John Blenkinsopp’s portrait of his father-in-law, “who is experiencing mild memory loss.” We feel we can see the early stages of dementia, in the two glasses, perhaps, but also in the mouth, the reflection in the lenses, the slightly thick application of colour. Dementia, love, nobility; past and future.

Cognitive psychologist Keith Oatley suggests that when we enter the world of a work of art (Oatley is particularly concerned with fiction) we re-emerge changed. That the act of empathizing with fictional characters alters the way we experience our world and our selves. In the words of this essay, we emerge as more nuanced beings, into a subtler world.

Each issue of *Ars Medica* represents the sum of the efforts of many. For this issue, particular thanks go to associate issue editor Pier Bryden for her thoughtful, clear-sighted readings and gentle wisdom, and to our intern, Mary Yang, who brought her fine ear, editorial energy, and keen judgment to the role of student issue editor.

Analgesia

James Celenza

A doctor's office. Centre stage is occupied by a large glass desk with portable X-ray/MRI imager display off to the side. New York City East River bridges (Williamsburg, Manhattan, Brooklyn) are projected on the back wall.

On one side of the desk is Mr. Kampo, tall and thin and composed: a regal European.

Behind the desk is Dr. Nyer, an attractive woman in a white frock with her name stitched on the breast pocket. She resonates confidence and energy.

DR. NYER. You don't mind being examined by a woman doctor?

KAMPO. Not in the least.

DR. NYER, *scrutinizes a document, lays it in a file.* Have you had any recent change in eating habits?

KAMPO, *shakes his head.*

DR. NYER. Bowel movement OK? Don't smoke ... Did you ever?

KAMPO. I quit almost twenty-five years ago.

DR. NYER. No headaches? (*Pauses.*) These symptoms you mention, I'm sure we can find a simple explanation . . . I would like to have X-rays and an ultrasound . . . nothing unusual . . . nothing to worry about . . . routine. (*Takes up a dressing gown and hands it to Kampo, points to a door off to the side.*) Would you please undress in the next room.

Blackout

DR. NYER, *alone peering at bank of X-rays. She speaks into a tiny recorder.*

Inaudible. Pauses. Wheels about and goes to her desk, picks up the phone.
Max could you take a look at something?

MAX, *appears stage left. He has a stethoscope around his neck. Without preliminaries he advances to the bank of X-rays. He takes out a set of magnification glasses and peers at each intently.*

Blackout

DR. NYER, *at her desk across from Mr. Kampo.* I like to be thorough, just to complete the picture. Nothing to worry about . . . But the pictures and the ultrasound unfortunately were inconclusive. (*She is writing on a pad.*) I would like to schedule you for an MRI. You know what that is?

KAMPO. I have heard of it.

DR. NYER. Are you afraid of tight spaces?

KAMPO, *shrugs.*

DR. NYER. You will be slid into a tube. It is a large a magnet. It gives us images of . . . soft tissue . . . (*She looks up at him, then roots in a file.*) It says you are in the theatre . . . An actor . . .

KAMPO. Yes.

DR. NYER. Have you always been an actor?

KAMPO. I started in the circus. I was a clown. (*He pulls a big red nose out of his pocket and puts it on. He leans forward and picks up three red balls out of a brown paper bag at his feet. He juggles.*)

DR. MAX, *comes out of the darkness and into the illuminated patch.* God, Sam, you are a lucky one. . . . You get the most interesting patients. That opera singer who used to bring you pastries: boxes of canoles, wandeas, and sugar cookies . . . He was a little in love with you I think . . . and that poet . . . What was her name? We went to see her at the 92nd Street Y. And that TV anchor woman. (*Pauses.*) And that sculptor, the tiny elegant Asian woman. And that Russian gangster; he was quite a piece of work. Quite charming. (*Sighs audibly.*)

I get lawyers and brokers. (*Shrugs and moves out of the light.*)

DR. NYER. How does one become a clown?

KAMPO. It's a secret.

Blackout

DR. NYER, *at her desk* . . . a combination of radiation and intravenous therapy. Treatments are effective in many, many cases.

KAMPO, *peers at her, his doubt like a mask.*

DR. NYER. I will not mislead you, some do not get a good response. But many do. I think you will do well. The prognosis is good.

(She sits upright, enthusiastic, folds her hands.)

We will tackle this and get it into remission . . . You'll have to spend a week in the hospital; then we can shift treatments to an outpatient facility.

It's very hard on the gastro . . . your stomach, you will be sick awhile with nausea, you may not want to eat. I'm sorry . . . What . . . ?

KAMPO, *inscrutable, absent. He rises, walks to stage rear, stares out at the bridges (projected) on the river.*

DR. NYER, *stares after him.* You have many good years ahead. This is not . . . *(Pauses.)*

KAMPO. Were you about to say "a death sentence"?

DR. NYER, *upbeat.* Absolutely not. No such . . .

KAMPO, *at a window.* Is that the Brooklyn Bridge?

DR. NYER. No that's further down the river. That . . . that is the Williamsburg Bridge.

KAMPO. Such beautiful things. Especially at night. *(Pauses.)* Radiant, enduring . . . Like a string of . . . diamonds sprinkled in the water.

(Long pause.)

It's starting to snow.

Blackout

DR. NYER, *at her desk. Kampo sitting on a couch off to the left.*

DR. NYER, *upset and distraught.* What is the most important thing you have in your life?

KAMPO, *mindfully relaxed.* My work.

DR. NYER. Don't you want to be able to continue that?

KAMPO. I am doing that. Even now.

DR. NYER, *interrupts, surprised at the aggressiveness in her own voice.* Don't you see your decision will make that impossible . . . that soon you will grow progressively weaker . . . But once we have you in remission, you can easily resume your work.

KAMPO. You know, dear doctor, you project these medical estimations. But they are distributions, based on distributions, and what is true of a distribution may not apply to a specific random individual. (*Pause and chuckles.*) Namely me. A single discreet unit in a cloud of probabilities . . .

DR. NYER. This is smoke . . . these words mere sentences . . . you are alive, full of emotion, breathing . . .

KAMPO. I preferred it when I was a clown. (*Puts on the clown nose.*)

Blackout

They are sitting together on the couch in her office. Files are piled all over the couch and they have had to make room in the mounds of files.

DR. NYER. Do you have any family?

KAMPO, *shakes his head.*

DR. NYER. Do you live alone?

KAMPO, *nods.*

DR. NYER. Do you like it?

KAMPO, *holds himself erect.* It is what I know. (*He lifts a picture off the table.*) Your child?

DR. NYER. Yes, his name is Alex.

KAMPO. Alex . . . How old?

DR. NYER. Four.

KAMPO. He does not look like you?

DR. NYER. He's adopted.

KAMPO. This one—your husband?

DR. NYER. Yes.

KAMPO. Strictly speaking, he too is adopted.

DR. NYER, *laughs.*

KAMPO. When you love someone, you have a singular private knowledge of that person; their habits and gestures; odd details that you . . . cherish. That you recall in the dead of night when you retreat into the bathroom. It is warm and the tiles radiate the remaining light. (*Pauses.*) It is what an actor strives to get access with their character.

Blackout

DR. NYER, *at her desk absolutely focused in her work; nothing could penetrate that concentration.*

KAMPO, *appears behind her. He is wearing his clown's nose. He approaches to stand behind her, leans forward as if he can read her thoughts. She rises up suddenly, twirls about, looking to see what caressed her face. She moves to the bank of windows, stares back at her desk, then turns to stare out the windows.*

Blackout

KAMPO, *sitting at the desk.*

DR. NYER, *sitting below him, his audience.*

KAMPO, *fully theatrical.* Your Excellencies: I apologize for my tardiness in making an appearance before this illustrious tribunal.

I will, I hope, be succinct. And meet with your approval.

This world is a tempestuous and cunning adversary. It will greet you unexpectedly with cruel, icy waves and send you lurching headlong into a valley of water. Your ears and eyes and nose cannot register air or light or sound: there are only inexhaustible columns of water: your every breath as if someone has stuck a hose in your mouth. And above a bejewelled dome glinting, revolves slowly.

Then suddenly a lull. Respite. You float and begin to get your bearings. The more experienced keep a keen eye on the cold swells gathering on our horizons. You start to row.

You hope that this unending, exhausting rowing will get you to a shore.

You are surrounded by others. Children, women, men. Some tip over and drown. Some you try to save. Some cannot be saved. The very fortunate get a tailwind, taking them—where?

With the coming of the night only the gleaming stars penetrate the fog. Sounds amplify and you hear the low moaning and sometimes weeping.

Your instinct is never to quit (though quitting, after all the deliberation and discussion, seems quite rational).

Some start squabbling, and then there are preachers and prelates, the pompous and the profane.

But, bless her, a woman took to singing; that's when I heard it.

That's when I first heard it, and knew.
(Rises up from the chair and takes a position behind it.)

Blackout

KAMPO, *standing by the bank of windows.* What did you think of the play?

DR. NYER. I rather enjoyed it.

KAMPO. It was not to my taste, the language was rather . . . ornate. A bit Conradian . . . thick.

DR. NYER. I thought it was poetic.

KAMPO. I much prefer the audiences at the circus. They suspend their concerns with the state of their digestion and their bank accounts, their mortgages and pets. As a clown you feed off that engagement and enthusiasm.

(Comes to sit at the desk opposite Dr. Nyer. He stares at her so intensely that it makes her uncomfortable.)

Some great writers were doctors, you know. Chekhov, Celine, Williams. Maugham and Hemingway studied medicine. I think what they learn is observation. And that they must write succinctly and accurately.

DR. NYER. You haven't read any endocrinology. (*Laughs and spontaneously reaches over to take his hand in her two hands.*) Please you have got to reconsider this.

KAMPO, *pulls away.* We've got another in the works. Based on an old movie . . . called *The Third Man*. After that I look forward to my ride on the ferry.

DR. NYER. I don't know what more to say.

KAMPO, *recites.* "Mr. Martins, you say you want to get to the bottom of things. Death is at the bottom of things. Leave Death to the professionals."¹ (*Long pause.*)

How many times did your beeper go off? (*Pauses.*)

Did your husband come, too?

DR. NYER. No, no he could not make it.

KAMPO. I'm sorry. (*Long pause.*) Have you grown used to that?

1. Grahame Greene, *The Third Man*.

Blackout

KAMPO, *gestures as if they have been having a discussion.* My dear Doctor, you do know that when a rabbit or a monkey is about to be killed by a predator, it freezes. Its brain is flooded with a powerful narcotic . . . but it also shuts down the desire for flight; it suddenly ceases to resist. *(Pause.)* It gives itself up to the inevitable . . . It finds a certain peace.

DR. NYER, *reacts violently, adamant.* You are neither a rabbit nor a monkey . . . *(Rises from her desk and walks to the imaginary bank of windows.)* There will be terrible pain. Not right away but . . .

KAMPO, *laughs.* I am used to terrible pain . . . *(He is struck by his words and whom they refer to.)*

Blackout

Mark Knopfler's guitar solo, I Dug Up a Diamond, comes up low and gets progressively louder.

DR. NYER, *alone in her office. She is sitting at her desk. Above her the magnificent, translucent East River bridges gleam on the back wall. She rises and goes to the back wall. She lies out on her back as if she were in a meadow. That's the Williamsburg Bridge, that one is the Manhattan, and below is the Brooklyn Bridge. At night when I see them . . . diamonds sprinkled in the water. Radiant, enduring . . .*

Blackout

*James Celenza, born in Brooklyn, NY, and resides in Providence, RI. His plays have been performed at Culture*Park Marathon, Theater of the Bewildered, Barplays Project, Think Tank Festival, and New Plays Festival at Perishable Theater.*

When Love Goes

Vuong Quoc Vu

Heart Poem

For Andrew Connolly

The poet meant to write,
The heart is a violet organ.
Accidentally, he typed,
The heart is a violent organ.
He didn't change a thing;
he knew too well the ache
from that organ, that flower
of muscle, closed tight
as a clenched fist.

The poet knew a man who died
of a heart too large—perhaps
too heavy—to carry;
he knows how one can die
heart-broken.

Every poet envies the cardiologist,
who knows how the heart really works—
who must be a great lover—
who listens all day to the scarlet
chambers of the heart, the soft beat,
the murmurs, the echoes—
What does it whisper to him?

Senility

Senility is not knowing when love goes.

—Virginia De Araujo

It seems I've slept a century, waking
to find my beard fully grown
and my full head of hair now bald as a stone.
Or could it have been I slept last night
and dreamed in one slumber a lifetime
of dreams? It's all I can remember now
—dream upon dream.

And I dream of what anyone
would dream of—I dream of love,
of making love, of being in love.
How the very mention of it warms
me still, the breath taken from me,
my face burning.

This year, I am told, I will be eighty—
eight decades and nothing, nothing
remains to show of it. Oh, if only
I held onto a letter, a picture,
a pressed flower! All I have
are these love dreams and they too
are ghosts, like dust in morning light.

Last night, in my dream, I was
on a seashore and the mist rolled in
from the coast, smelling of salt and seaweed.
And there was someone close beside me,
whose face I could not see, a shadow in the fog;
but surely, it was someone I must
have loved, someone with whom
I was never lonely, as I am so lonely now—
my arthritic hand, my dry lips,

the genitals that droop
like overripe fruit,

the beating of this slow, slow heart.

Sunflowers

A reprint of Van Gogh's *Sunflowers*
on a wall of a hospital waiting room,
how he painted each flower like a star:
petals radiating from the pollen-yellow head,
and the dark centre like a sunspot.

I've always imagined God as a sunflower,
brilliant as yellow petals in summer light,
and that dark centre like an omniscient eye.
In a letter to his brother, Van Gogh wrote,
"It may be true that there is no God here,
but there must be one not far off."

In that hospital waiting room,
with nothing to read, nothing to do,
I told my brother of Van Gogh,
how he painted sunflowers.
I told my brother of how Van Gogh
never sold a painting in his lifetime.
Only after he killed himself
was he considered a master.
And to this, my brother laughed,
holding onto the side of his stomach,
where his liver had become as hard
as a brick from years of drinking.
And he muttered to me or to himself,
he muttered, "Life's like that."

I looked away from him,
and at the painting, the round sunflowers,

the arched stems, the curvature of the vase.
And I whispered,
If there is no God here, there must be one near.

Sweet Weight

For Donald Regula

And I felt the sweet weight of my flesh.

—Kirk Stone, “Lazarus Song”

In spring,
a farmer plowed an overgrown field
and unearthed a bone, a long bone
he first thought belonged to a horse
but later found in the upturned dirt
a red shoe, tatters of a summer dress, a skull.
He gathered more bones—broken clavicle,
a mandible with teeth like soiled pearls.

Ashes to ashes, he knew, and dust to dust,
but still, he saw how unbridgeable
the chasm between them.
He too was all dust and bones,
but his dust breathed and his bones carried
his sweet weight.

She had gone, he knew, into the fields and flowers.
She had gone, but what is it that goes away?
What is it that death takes?
Her bones are now twigs and stone.

Vuong Quoc Vu was born in Saigon, Vietnam. His work has appeared in the Atlanta Review, Poet Lore, the North American Review, and ZYZZYVA, among others.

Medicine and Politics: The Personal and the Political

Robert Frankford

Medicine is a social science, and politics is nothing else but medicine on a large scale.

—Rudolf Virchow

The eminent nineteenth-century German physician Rudolf Virchow was an impassioned advocate for social and political reform. Virchow is widely regarded as a pioneer of social medicine. Elaborating on the epigraph, he said, “Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution. . . . The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction” (Wikipedia).

I received my medical education in England at King’s College London and St. George’s Hospital Medical School. When I qualified, I did not know about Dr. Virchow’s portrayal of my new profession, but I shared his desire for social and political reform and would have been encouraged to know that I had chosen a field in which I might make such a contribution.

My aspirations in the practice of social medicine date back to my boyhood in England. My great-grandfather on my mother’s side, Fred

Stansfield, was a general practitioner in Reading, England, and he was also a public vaccinator. Following him, there was a doctor in each of the subsequent generations, and I was to become the fourth generation of doctors in the family. I grew up during the Second World War, son of an English Quaker mother and a Viennese Jewish father who was a Social Democrat. My paternal grandparents lived with us, after being forced to flee Vienna by the Nazis.

At the end of the war, the National Health Service was established in the United Kingdom, and the principle of “free” tax-funded health care was in the air. Everybody had an NHS card, which was left at the doctor’s practice until one moved to another one. The NHS has for years provided essentially universal nationally registered primary care, funded per capita. This has opened the door for social medicine, community-based research, and inter-professional teams.

Travelling to work in other countries was not uncommon among my British peers at that time. My reasons for moving were varied, but Canada was accessible and friendly. When I arrived in Ontario in 1967, it was not difficult for an international medical graduate from England to qualify to practise here, and I soon fulfilled the requirements. I practised in a Toronto suburban area with its own challenges, while others chose smaller centres. The Ontario Health Insurance Plan (OHIP) and its complex fee schedule for the payment of doctors did not yet exist. The Ontario Medical Association produced a simple tariff of suggested fees—paid by the patient but often reimbursed by one or other insurance company. The days of being paid in chickens were pretty much over, at least in the city, but most doctors were paid on a fee-for-service basis, and I was one of them.

During the early 1980s, when successive Progressive Conservative governments were in power in the province, then minister of health Larry Grossman established the option of converting one’s OHIP remuneration from fee-for-service to capitation, that is, per capita payment for caring for a registered roster of patients. I was later to learn that it was J. S. W. (John) Aldis, when he was a policy adviser in the Ministry of Health, who had in fact developed the model for Health Service Organizations (HSOs), which used capitation payment for rostered patients. He had been asked to respond to pressure to increase the number of community health

centres in Ontario and had recommended both physician-sponsored and community-sponsored HSOs. The number of HSOs slowly grew.

I was taken with the possibilities that such a payment system offered to practise the kind of medicine to which I aspired, hoping to provide something additional to the established doctor–patient model. I liked not having to transform each “item” of service into a payment code. I liked the fact that speaking to a patient on the phone made no difference to remuneration and was just as welcome to the patient. I liked the possibility of working with other professionals under the same roof. I perceived that the attractive characteristics would grow as the number of doctors and patients in HSOs grew.

The program was not widely publicized, though neither was it concealed. I took the plunge and negotiated with the ministry to convert my practice to capitation. Then minister of health Murray Elston, of the recently elected Liberal government, came to the opening of my HSO in the east end of Toronto. My expectations in converting to this model were realized, and it was feasible to employ other professionals, including nurses and even a massage therapist.

A number of HSOs were created in Ontario: many in Hamilton and some in rural areas. The Ontario Medical Association established a section for HSO physicians in which I have been active and held elected office. In the late 1990s, I was serving as chair of that section. I had noted that a J. S. W. Aldis of Port Hope was a regular writer of letters to the editor of the *Globe and Mail* as well as medical journals and other newspapers. I contacted him by telephone, introduced myself, and invited him to speak at the section’s annual dinner. His speech was well received, and he appeared gratified that his invention remained in existence; he was still convinced that HSOs would ultimately win out. He was in his nineties, clear and articulate.

Dr. Aldis was a remarkable man. His career had not included elected office but otherwise comprised an extraordinarily wide range. He had been a business student, industrial physician, general practice physician (who worked on the establishment of Joseph Brant Memorial Hospital), commissioner of hospitals in the Ontario Hospital Services Commission, medical journal editor, civil servant adviser and planner, and independent consultant. Even during his long retirement, he

involved himself with public health issues in the town of Port Hope. Dr. Aldis died at the end of 2010 at the age of ninety-five. His family has entrusted me with a collection of his papers, which I am using as a basis for writing about his work.

The capitation payment schedule was designed to provide equivalent revenue to OHIP fee-for-service and even added an incentive for reducing hospital costs. Although insured fee-for-service OHIP payment is so well established that most Ontarians think it is the only model, there is a fundamental choice to be made of the model to adopt, in particular for the financing of primary care. Patients sign in to the HSO, thus creating a roster for the physician, a database from which groups can be selected for study or further scrutiny—by disease, demography, geography, or other variable.

In 1989, my wife, Helen Breslauer, and I visited England to explore some family and career milestones. Visiting London included visiting the legendary H. K. Lewis medical bookstore, where there was a display of the book *A New Kind of Doctor* by Julian Tudor Hart. The title and the author intrigued me. I bought a copy, subsequently published a review of the book in the *OMA Review*, and began a correspondence with Dr. Hart. Hart describes his community-based research on years of practice in a mining village in Wales, and that research has given us the Inverse Care Law: “The availability of good medical care tends to vary inversely with the need for it in the population served.” He first published this in 1971 in the *Lancet*.

The assurance of per capita payment is desirable for government, if only for budgeting. Physician payment is predictable under such a system. By contrast, the exercise of setting a fee for each medical procedure is extraordinarily complex and never ending. Doctors, like other self-employed professionals, do not have established pension plans, except for those they are able to set up for themselves. In my HSO, it was possible to provide a way for a number of older doctors practising in the area to retire or ease out of practice. Their patients were added to the combined roster and their capitation revenue reassigned.

I began this essay by quoting from Rudolf Virchow, as physician. Virchow was also a politician (Wikipedia). Elected to the Prussian Diet in 1862, he became leader of the Radical or Progressive Party, and from 1880 to 1893 he was a member of the Reichstag. He was a political opponent

of Chancellor Otto von Bismarck, who is actually credited with being the creator and pioneer of universal health insurance. Germany has the world's oldest universal health care system, with origins dating back to Bismarck's Health Insurance Act of 1883. Whereas Virchow saw the physician as the one who points out problems, and the politician as the one who solves them, it is Bismarck who is credited with saying, "Politics is the art of the possible."

What happens, then, when physicians themselves become politicians? It is uncommon, but obviously can occur, that a doctor moves to another career that opens the potential of political problem solving. I have mentioned the many impressive stages in Dr. Aldis's career. Dr. Hart ran for political office, although he did not win. A number of physicians have served in the Ontario Legislature, although they are vastly outnumbered by those in other professions, especially law. The list covers all political parties and includes Drs. Elgie, Stephenson, Shulman, Henderson, Smith, Duksza, and Godfrey. None of them was health minister, and all made notable contributions to the province.

In 1990, the New Democratic Party won a majority of seats, became the government of Ontario, and I had the privilege of being elected to the Ontario Legislature. After a twenty-five-year career in medical practice, I served a five-year term as member of the provincial Parliament for Scarborough East. Although such a radical change in my day-to-day existence brought with it numerous challenges, there were also some activities that felt familiar. For example, MPPs have offices in their ridings, where they meet with their constituents. Such meetings have many similarities with those that take place in the offices of general practitioners. Clients—whether patients or constituents—come in with a complaint, are interviewed with a view to a solution, and leave (one hopes) with some resolution from the remedies available. Less familiar was the daily schedule ranging from participating in sessions of the legislature, briefings, caucus meetings, and continual social and political evening events of one or another group. Besides being an MPP, I served a brief term as parliamentary assistant to the minister of health, who at that time was Evelyn Gigantes.

What can be achieved in a political setting is facilitated or hindered by many factors, including economic conditions, party politics,

leadership, and unexpected events. One example of the success of political intervention in medicine began early in my tenure in office. I was approached by representatives of the Sickle Cell Association of Ontario. I learned from them about the problems associated with the disease as well as the possible risks with carrier status. They convinced me to support a call for universal testing of newborns for the sickle cell state. It took some years and another government to implement this, but it is now standard practice in Ontario, as it is in all American states. I take this as an example of reducing mortality and morbidity through political action, as well as prevention of illness by counselling of gene carriers.

Dr. Virchow set the challenge for physicians to help change the world for the better. Dr. Hart and Dr. Aldis each found his own way to do so. I believe that physicians in Ontario, like those in most parts of the world, enter demanding medical education and practice to help and to heal their fellow human beings.

I have both practised clinical medicine and served in political office. The combination of those experiences has convinced me that capitation payment to primary care physicians, based on universal registration of the Ontario population, offers the most promising way to provide excellent primary health care in this province. The Ontario population, and human beings everywhere, deserve no less.

Acknowledgment

I thank my wife Helen Breslauer for her invaluable editorial assistance.

Bob Frankford worked as a general practitioner in Toronto before serving as a member of provincial Parliament. Throughout his career, he observed the evolution of Ontario health care under provincial governments of all stripes.

Head Control

Donna L. Trump

Frustration

by M.

Sometimes I get mad
And I push the button for the computer to say,
“I am very, very angry. Please leave me alone.”
I get angry because I can’t say what I want to,
Can’t say it with my own voice.
There are lots of thoughts in my head
Lots of me
That nobody hears
That nobody knows.

THE SECOND TIME I visited M., she sat in a wheelchair inside the front door of her home. She was crying, although “crying” is hardly an adequate description for the flow of tears and mucus and sorrow she offered up that afternoon. With her head bowed, fluids poured out of her eyes and nose and mouth in a way you or I could forestall with a simple extension of the neck, a reflexive elevation of gaze to the horizon. But head control—the righting of the head to cues of gravity and spatial orientation—is not a given for M., just as it is not for many of the residents of Homeward Bound Homes in Minneapolis I’d been visiting.

I know head control: in a previous life I worked as a physical therapist. In my new life, my present life, I am a writer and a teacher of writing.

When the call came for a writer to work with Homeward Bound residents to produce an anthology of poetry and prose by severely physically, cognitively, and medically challenged artists, I answered with a confidence I had not yet known in my new career. What amazed me is how quickly it all seemed familiar after a twenty-year hiatus: the curve of bent necks, the fingers and knees contracted in flexion, the sounds, the silence, the tyranny of immobility.

Many Homeward Bound residents have suffered strokes or head injuries or have lived decades with grave developmental difficulties. More often than not, their interrupted neurologic pathways have resulted in the loss of the automatic ability—an ability the rest of us take for granted—to right the head. And so we have M., and to a greater or lesser degree just about all of my authors at the Homeward Bound Homes, for whom head control is a daily struggle. For whom, surely, we can include neck and spine pain in the stockpile of other musculoskeletal discomforts. For whom control of many, if not most, movements and bodily functions is delegated to machines and caregivers. And yet whose desire to create art of any kind, particularly art with words, is testimony to the vast dimensions of the human spirit.

The physical kind of head control, as it turns out, is relatively easy to assess: simply observe sitting posture, for example; or, in an infant, tilt her towards and away from you, then side-to-side: does her head right to the middle every time? By contrast, shortly after saying, “Yes,” to the Homeward Bound creative writing project, I found myself dealing with a clearly more complicated notion of “head control.” When a person cannot speak, when he or she may not even think in words—whose head is in control of their poetry?

SOME WEEKS before I actually met M. and the other anthology contributors, I attended a meeting where I was introduced to many of their caregivers. I sensed skepticism from some of them for the role I was to play with the residents. How, a few brave souls asked, can a person who does not speak, who is vocal but not verbal, who has not shown any skill with any communication device, be expected to create a poem? I don’t know, I answered truthfully. But I promise you, I declared, I will not put words in peoples’ mouths. I didn’t intend for this to be a lie. It was.

Hope

by M.

I hope there will be peace.
I hope we elect Obama.
I hope disabled people will be heard:

Give us some space.
Speak slowly and look at us.
Give us some respect.

We are just like you.

M.'S COMMUNICATION SKILLS are about midrange in the population of Homeward Bound residents with whom I worked. Her receptive skills—what she understands—seem to far outrun the expressive. M. moves her head for standard yes and no responses. She speaks few discernable words. A computerized communication device sits on the lap tray of her wheelchair. It appears to be a carefully customized machine, little plastic honeycomb cells designed to “catch” her difficult-to-accurately-place index finger over the image of what she wants to express. There’s a square for anger: the drawing of a woman whose face denotes duress, which, when M. touches it, results in a computer-generated voice declaring, “I am very, very angry. Please leave me alone.” There are not options, however, for the words with which to write a poem or a story, and I don’t believe M. could read those words were they available.

Perhaps one-third of the residents with whom I worked on the project have communication skills on a par with M.’s. Another third use words to communicate, i.e., are verbal. Verbal skills do not guarantee facile communication, however. One participant has terrific difficulty using the muscles needed to speak. Another man speaks fluently but not entirely meaningfully. One of the writers is a man fully cognitively intact but without a whit of muscular control except for eye blinks, a condition sometimes known as “locked-in” syndrome. His communication is nonetheless entirely verbal, i.e., relating to or in the form of words: in painstakingly miniscule steps he waits for a caregiver or family member

to go through every letter of the alphabet in turn. When the one he wants is spoken, he blinks a “Yes” response. In this way, he spells out the words he wishes to say.

The final subset of people who participated in the anthology have fewer verbal skills than M.: no functional communication device, no reliable yes/no response. Still, their devoted caregivers (some of whom have worked with individual residents for a decade and longer) signed them up for the project, understanding their desire to participate.

Those of us who have worked for any reasonable length of time in the field of physical rehabilitation know this: it is always a mistake to assume, even for people whose communication skills fall into this last category, that there is not a sentient person inside. We all have stories: of the man who woke up from a coma able to report every word his visitors spoke to him when he was “unconscious”; of the “unresponsive” young mother’s startling change in intensity of gaze when her children were present; of the persistence of endearing (and sometimes not-so-endearing) personality traits in a grandpa whose higher cognitive functions had deserted him. So when a Homeward Bound resident was suggested for participation in the anthology, I trusted the judgment of the people involved. And, in fact, not one participant ever indicated lack of interest.

With composers whose communication abilities were most difficult to assess, I tried to set up situations where a recordable response was likely, where the individual’s “reply” could become the poem. One woman, L., small and thin and constantly in motion, only moaned and looked off into the distance through a variety of stimuli I introduced to her: magazine photos, coloured papers, the soft bumps of fleece against her skin. Nor did L. appear at all interested in the loud rattling noise of beads in a box. And yet her hand moved decidedly more slowly and carefully over a spiky conch shell versus a smooth one, and her fingers lingered on coarse sandpaper. She wrinkled her forehead at the touch of a paintbrush, and then a scarf on her cheek—but was this only irritation with me and the entire undertaking? Then something in her gaze changed at the crinkling of a small piece of Cellophane (not a pre-selected “stimulus,” but the result of discarding the fresh-flower powder packet for a rose I’d brought along) and I felt this woman’s participation where I hadn’t before.

If you were there, you would have known this is where L.'s voice began: with hearing the sound of crinkled Cellophane. And then you would have seen the next line of her poem, because her eyes widened and her body stilled at the smell of that red rose. She didn't shrug, or push me away, or shiver when I switched the rose for a lemon; she paid attention there, too. But when I placed the rose back under her nose, she calmed in a way that made me understand her preference for its smell. She bent into it, like you or I might. She closed her eyes and breathed it in.

Choices

by L.

Give me the spiky conch shell, not the smooth
The sand paper, not the fleecy dust cloth
The soft grey scarf on my face
And the paint brush, too.
Take away the beaded purse
And all the pictures without faces.
I don't care about hard or soft sounds
Except the tiny crinkling of the fresh-flower powder packet
For the flowers in the vase.
I like to smell the rose
Even more than the lemons.

SINCE L.'S CHOICES ARE NOT EASY TO ASCERTAIN, giving words to her poems, and the poems of other participants like her, was a risky venture. I understand the question of ethics here. Whose words are these? In fact, this is the group of artists for whom guardians were most likely to intervene, to deny participation. When I realized this—when I shifted from worry about ethics to worry about censorship—I began to understand how entirely I valued the work produced as the unique creation of each participant. This is why I continued to meet with the artists whose poems must be defined as highly collaborative: because it seemed a greater loss to leave the words unsaid than to express them together.

On the other end of the communication–ability spectrum, for the fully verbal artists I acted primarily as a recorder: no words but their own were taken down. Here’s a piece by a man who preferred writing stories but was open to trying a poem. Vi is his dedicated, long-term caregiver.

I Wish

by J.

I wish I could do plumbing
Could go to Disney World
Could go to Red Lobster and eat shrimp.
(Other people eat crab there, but I’d eat the shrimp.)

I wish I could live to one hundred.
I wish I could move to the country
Someplace warm, like Florida
Someplace with no indoor plumbing.

I wish I could run.
But I’ll run up in Heaven.
Then Vi will be at the Hopkins Care Center
And she can have my walker.

FOR THOSE IN THE MIDDLE OF THE SPECTRUM, participants like M. who are non-verbal but yes/no reliable, I offered up words or phrases that were accepted or declined, either with head or eye movements or, in one case, a change in intensity of gaze. While it felt (and was) a bastardized form of expression, one of my biggest fears at the start of the project never materialized: that the written creations would all end up looking and feeling alike—a kind of generic “severely disabled person’s poem.” What happened instead is that even though I couldn’t offer to any one individual all the words that have been thought by anyone at any time, the authors made choices—choices that, I think, represent their unique personalities, histories, and points of view.

Consider, for example, the poem of a young man whom I met, both times, while he stood in his “stander,” a device in which a person with limited or no ability to stand independently can nonetheless get the benefits (circulatory, orthopedic, psychological) of an upright, weight-bearing posture. P. does not speak and has no communication device but is generally able to make his agreement or disagreement known.

In P.’s room there are posters of race cars. There are also posters of women clad in swimsuits (and less). I suspect I might not have had much to say to P., had I met him in another context. And it was, in fact, P.’s good-natured and obliging caregiver, a young man about P.’s age, who offered most of the word choices in this particular collaboration. Their banter was rich with guffaws and inside jokes. I heard and encouraged the “B” motif but otherwise stayed out of the way.

Best of the Best

by P.

Beautiful women
Britney on the cover
Basketball
“Bedazzled”
Being tall in my stander.

THE DIFFERENCE between this poem and J.’s and L.’s and all of M.’s and every other poem and piece of prose composed for this anthology is why I overcame my ethical reservations about the project. Because I think we did begin to achieve every writer’s wish: to get a unique piece of himself or herself on the page.

Bowling

by M.

We go out in the van to the bowling lanes.
I like to bowl.
They take the tray off my wheelchair
and put the ball in my lap.
The ball is heavy
and smooth.
I push the ball off my lap with two hands:
It goes down the lane slowly . . .
And BAM!
STRIKE!

ON THE DAY I RETURNED to M's house, she was crying because one of her favourite caregivers had left for the day. After she calmed down, I read back to M. the poems we'd written the week before. She focused with me on the words and gradually cheered up. By the end we were laughing, even to the point of a different kind of tears.

M. owned the words she and I composed. So did every other participant in this writing project. Here's what I think now: this is precarious territory, but it is not head control. In spite of their nearly uniform posture of an apparently humbly bowed head, the remarkably challenged, remarkably tenacious artists with whom I had the honour of working were neither meek nor deferential when given the opportunity to create art with words.

All I did was put the words in their mouths.

The Girl in the Picture

by M.

She is beautiful.
Her hair is long and blonde and wavy.
She might be singing—
It would be a happy song
Because she is a happy girl.

I made the picture frame
Out of the metal top of an old lamp
That I painted pink
And decorated with buttons.

The beautiful singing girl is me.

(Permission for use of all poems and the Homeward Bound name was obtained from the authors, their families, and/or their guardians, and from Homeward Bound administrators.)

Donna Trump's work has been published in Chautauqua, Mslexia, Blue Earth Review, and others. Honours include nomination for a Pushcart Prize. Donna lives in Minneapolis, where she learns and teaches at the Loft Literary Center.

A Finely Detailed Rendering of Objects

Terri Brown-Davidson

I remember the sensation of cold, exaggerated by my blindness. The nurse had removed my glasses the moment the gurney floated through the double doors that opened before my bright blue footies.

When they wheeled me into the OR, the cold intensified as if I were wandering onto some Arctic planet with denizens in pale green regalia and green facial masks bearing trays of instruments. A man I assumed was delivering my baby palmed a scalpel so large I felt a cry stir in my throat, and I was roaring before I knew it, shouting so loudly that at least I managed to disrupt their routine, the people in green pausing in their preparations to glance with widened eyes before the anesthesiologist clapped the mask over my mouth.

WHEN I WOKE UP, I was sitting across the room from a man in a black blazer who kept adjusting his tie.

“That model’s available for twelve hundred dollars,” he said.

I nodded.

At the funeral home I settled into a blank-minded state while viewing the options. A pleasant murmuring continued that might have been the funeral director’s voice or the air conditioner’s hum (it was ninety-eight degrees that day), while the director wrapped his long fingers around my upper arm, and the secretary watched me, and the events manager watched me, and I kept staring at the casket with a strange

hunger and, even though I knew I'd cry about my baby later, I realized that what I ached to do right then was to paint the casket I'd selected.

AND PAINT IT I DID, in my living room less than two hours after my baby was in the ground. The afternoon scorching, I unbuttoned my black blouse after closing the blinds, painted before my easel in my bra and black skirt. At some point I became aware that the soles of my feet burned; I'd been standing in my pumps while the clergyman offered his speech and all of us moved forward with shining red faces to drop our earth clods on the casket. I didn't have to gaze down at the lid, as the others did, because, having decided on the casket myself, I'd already memorized every facet of its colour, shape, a habit borne of training my painter's eye on objects and recording them. The clod broke apart before it struck the casket; the dirt was old and crumbly, and I imagined they'd have to water the plot.

IT'S EASY TO SAY I was an "odd child" and wasn't accepted by my family, but who doesn't feel that way? It appeared to me, when young, that there was no event too insignificant for my parents to fight about. Of course, I didn't learn until later that my mother wasn't simply volatile: I was a late baby, and her flushed face, the strings of sweat-soaked hair clinging to her cheeks, the shouted invective, weren't the result of some mother-particular pathology but, in actuality, perimenopause, though I'm certain that neither the word nor the understanding of the condition existed in the 1960s, when I was reared.

So my mother's more extreme forms of acting out were probably hormonally induced, but that didn't prevent my family, especially my father, from labelling her with such endearments as "Looney Tunes" and "Crazy Old Broad" and "Sick-in-the-Head Cow." And though I found her dishware-smashing extreme and would flee upstairs at the slightest crimsoning of her cheeks, I loved my mother, since she, like me, had a secret passion for drawing.

For the truth was that—even then—objects calmed my mind. I enjoyed, with a mind-rush so enormous it made my whole body shake, the non-movement of things, liked to orchestrate a sequence of objects—an ashtray, a smoker's empty chair, the dirt smear on a carpet—as if to

suggest a range of logical motions. Even then, I revelled in the idea of drama without theatrics, and drawing slowed everything down, froze it in time so I could peer over my pencil tip at my family and trap them in graphite, restrain them motionless against my paper.

But I didn't want to think about that. I was a painter and a fetishist, a renderer of finely detailed objects, and that was what I wanted to achieve after my baby died: one perfect, painted image that would imbue the mind with pride.

THE WHITE CASKET APPEARED, to me, a perfect choice, though one problematic aspect of painting it was that it possessed before-and-after states of equal relevance: the pristine casket that I'd glimpsed in the funeral parlour; the filthy casket that we'd tossed dirt atop.

It was the pristine version that I decided to pursue, for a couple of reasons: I was a fetishist and therefore admired the inherent purity of any object; also, I didn't want to be confronted with the issue, when painting a more soiled casket, of what lay inside.

So—less than two hours after the service—I began casket painting #1. I decided, somewhat avidly, to pursue as many permutations of this white casket as I could, in honour of my baby. The basic challenge, I admit, enthralled me, above the almost effervescent chill of my grief. How many times can anyone paint variations on a gleaming white rectangle?

For me, the answer was forty-seven. Forty-seven caskets, forty-seven paintings.

Forty-seven fresh opportunities for envisioning.

I STARTED, with that first painted casket by turning the clock face to the wall. Since my baby had died, I'd concluded that time could possess no further meaning except as record, my body the living dust that would someday become particles like my daughter, whose body must have just been settling into its satin lining.

I existed, it might be argued, and my child existed no longer; therefore, the role of chronicler must fall to me.

I began simply enough, as all painters must, with the image, with the uncomplicated white rectangle, its burnished brass handles. Some say

that to paint directly, with no movement toward emotion, is an act of love. I couldn't say at that point that I was painting from such impulses because—since the death—my mind had gone shadowed and dark and dry. So I was painting that “pure rectangle,” I suppose, from nothing that constituted the essence of my personality, whatever that essence might consist of. I wasn't painting from a darkened place but from one damaged beyond possibility of repair.

That first painting took more than four hours to complete.

When it was finished, I picked it up off the easel and propped it against the pantry to dry. The last rose was leaving the sky, segueing into the flattened grey of dusk, though all colours were the same, in some respect, in Lincoln, Nebraska, where the flatness of wheat fields and the absence of mountains fused to form their own melancholy monotony.

I was moving into the first evening of the first night that would mark the burial of my baby. If I wanted to keep painting, it would have to be by the cold, artificial fluorescence of kitchen light, an abomination to the painter in me, for no colour could remain true under such conditions: the bleached quality of fluorescence altered the hue of every object I'd ever loved, and I hated it with the same passion with which I despised all things artificial.

Still, there was another matter to consider here, a separate one to contemplate. It was my baby's first night underground, and, rational or not, I worried with the part of me that remained a mother whether she'd become cold, whether any stray rain that happened to fall would be able to penetrate the lid's seal.

And then, as though I were moving through the kitchen, touching all those objects, the dirty pots I'd cooked in piled up in the sink, the stained-red rag that I'd used to mop up vermilion paint from the linoleum, I flashed on her face, just once, as I'd seen it during the viewing, and I paused clutching a breadboard, though I couldn't remember picking it up as I'd walked through the kitchen, though I must have. I must.

I flashed on her face, on her tiny head tilted back against the elegance of that opulent satin pillow, and I recalled (lowering the breadboard against my bra and skirt, paint-splashed now), how I'd wondered—for a scant second only—if that really was my child. For, as far as I could tell (I'd seen her so briefly, after all), she didn't look like herself. Her quietude

in the casket resembled no sleep state I'd ever observed, though at first I was puzzled as to why she didn't look asleep, didn't look dead, but resembled some eerily pale object.

How beautiful she was, I thought.

How terrifying.

I stooped to kiss her goodbye.

Her cheek rose cold beneath my mouth.

I put the breadboard down on the kitchen counter without wiping it, though it was sticky. I sat down on a chair in the kitchen and decided to sit there that night, to sit rather than paint. I wasn't worried about my store of images deserting me; I knew the casket, under my brush, would go through endless permutations until I was finished with it, in about a year's time, though I didn't understand, then, that I'd produce forty-seven different versions. But that night, painting was too complicated. Sitting on a chair in the dark was good. I wouldn't change my position, I knew, wouldn't adjust my back against the wood, wouldn't cross or recross my legs, wouldn't feel any discomfort beyond the usual sitting there in the chair, in the dark, until morning.

Terri Brown-Davidson's first book of poetry was nominated for the Pulitzer Prize. She has received, among other honors, an AWP Intro Award, a Yaddo residency fellowship, and thirteen nominations for the Pushcart Prize.

Healing through Art

Susan Singer

My Son's Back

On August 22, 2003, my ten-year-old son, Dylan, stopped being able to walk in a matter of thirty minutes. I took him to the emergency room at Henrico Doctor's Hospital at 9 p.m. Two hours later he was transferred to MCV. Three hours later he was having an MRI. Three hours later the pediatric neurosurgeon was telling us our child had cancer and most likely would not survive. Two hours later he was being operated on. An hour and a half later the neurosurgeon called from the operating room to let us know it wasn't cancer after all – it was “only” a cavernous hemangioma—a bundle of veins in his spine that were there since birth but shouldn't be there. They had bled, causing pressure on nerves, causing him to not be able to walk and to lose feeling in his legs completely. It was the best news I'd ever heard. The surgeon cauterized all the veins, solving the problem for all time. Then began the hard work. Dylan was transferred to Children's Hospital two days later, where he remained for rehab for six weeks. He learned to dress himself again, to urinate, to bend over, and eventually to walk a few small steps. Since he left the hospital September 30, he has stopped using the wheelchair, gotten away from needing crutches, and is now able to walk by himself with only a slight limp. He works out at the gym two to three times per week to try to eradicate the limp completely so he can go to camp this summer and begin playing soccer again next fall. Through it all his spirit has remained amazing. He constantly impresses me with his determination and acceptance of what's happened. Here's what he has to say:

About the operation: I was fine with having the operation. I sort of wanted to know why it happened to me, and why it had to happen when it did, but that was all.

About being in the hospital: I was OK with being in the hospital. It was fun when I got to see my friends, Melanie and Christopher. I was pretty OK with it, especially when I got to go to Children's Hospital. That was better. There were more people there and I wasn't just there doing nothing. It got easier doing physical therapy and occupational therapy. It was fine, especially when I got to get Nerds for rewards.

About his scar: I don't feel anything on [the scar], except if I feel it with my hand. But I'm OK with it, and I don't really think about it except when somebody asks me about it.

When I went swimming as part of school, the kids didn't say anything about [my scar] except "Oooh . . .," but I was OK with it. I just laughed. And that was just at first in the locker room, then no one really noticed it.



Blue Boy, *pastel on paper*, 34.5" x 31.75"

Pistachio Woman

a stretch mark, different from a wound or bruise, is about possibility and endurance.

if she's the type who looks in the mirror, a woman with stretch marks cannot ever pretend she's not a mother.

a woman with stretch marks knows
—because it's on her body and in her skin—
what it is to exceed what is possible
and what it is to endure what is unbearable

... the thing about a stretch mark is
even though the skin pulls itself apart into layers when it cannot really
hold the tension

at least it doesn't rupture.

the marks aren't really scars, made from breaks and rips in skin; they are
not incisions, cuts, or something that shows what's been forever rent
apart and put together

instead they remind me of

anything that was too much
too much
too much

but not too much to be borne.

Em Ennar



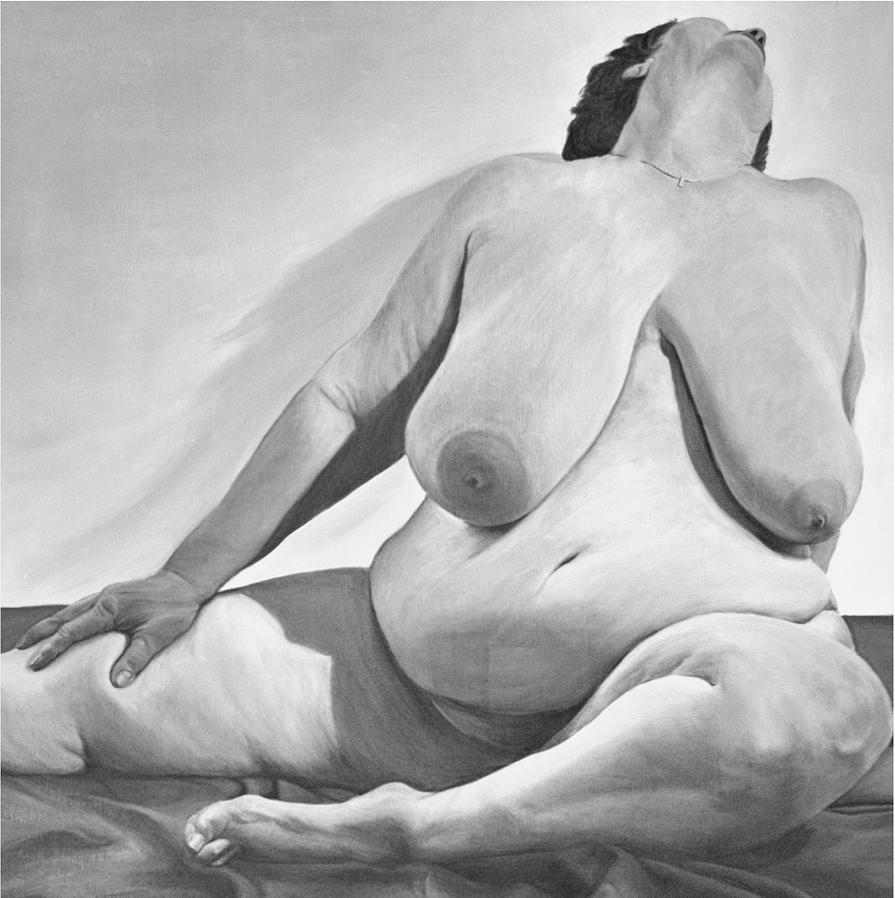
Pistachio Woman, *pastel on paper, 30" x 22"*



The Dancer at 89, oil on canvas, 72" x 39"



This Is How It Is, oil on canvas, 24" x 36"



The Bliss of It All, oil on canvas, 46" x 46"

Susan Singer, artist, writer, speaker, and activist, focuses her art on pregnancy, scars, naked men, female nudes, her father's illness. Singer expresses her creativity to help others become aware of their own thoughts and feelings.

Yoga Lesson

Patricia L. Johnson

We are not friends, although good neighbours.
She's asked me to teach her some poses

to help soothe tight tissues, gently stretch sore
muscles that burn since cancer took one breast.

She comes out of the downward pose, raises
her exercise shirt above her waist.

She faces close in her secure manner
irises afire with sienna and black specks,

gathers the fabric of the T-shirt, pulls
it over shoulders, over her strong-muscled torso.

Her expression softens, "See how good
they made it look?" I look at firm sleek skin,

at the reconstruction. The perfectly matched
weight of the form of the replacement breast

rounds believably beneath her skin.
I wonder at the lack of exposed scars,

the perfect placement of her nipple.
When I can speak I tell her, "You are beautiful."

No change in her face, she places her hands
on the mat, returns to Savanasana.

Her arms and legs hold the inverted-V posture.
She is content with her command of pose.

There is nothing I might say
that could replace the pliancy and contour

of nature's milky glands;
but what I told her was the truth.

Patricia L. Johnson is a poet and author. She has work in Foliate Oak, Apollo's Lyre, and Dead Mule. Her short flash stories titled Destrehan and Other Tales is available as an ebook at Amazon.com.

Magic Bullet

Lea Harper

That little death before conception:
clash of bodies disarmed,
groan of surrendered territories—
slope and steppe, tor, arroyo,
wild border of hairline lace . . .
I know none of it.

No whispers in the dark
or telltale stain on the sheets—
a Rorschach to read the future by.
Not a trace of him.

I wait for my donor
in the silence of a whitewashed room
on a metal gurney before a tray of instruments
my body disrobed by a latex hand,
a pupa in a paper sheet.

Model 4321 comes with a promise
Never a misfire. Won't shoot blanks.
It took three rounds
for that one magic bullet
I hold hostage in the clutch of my womb.

In dreams, I absorb the full weight of
him, my ghost lover

the brood of thoughts
mounting into manhood.

A recipient of the LaPointe Prize for poetry, Lea Harper is the author of two collections of poems: All That Saves Us (Black Moss Press, 1998) and Shadow Crossing (Black Moss Press, 2000).

Ghost in the Machine

Helen Ruggieri

On a trip to Scotland my father takes me hiking over the Aberdeenshire hills near Benachie, the mountain that dominates between the rivers Don and Dee in the northeastern hump of land that juts into the North Sea. Two ruts climb gradually across the side of the hill, disappearing over the slight rise. There are no trees, only the coarse limbs of greyish heather looking like sturdy sagebrush to American eyes. It is that time of year when everything—the heather-covered hills, the glowering clouds, even the wind—seems grey. We stop by a croft, a small stone cottage with a steep, inclined roof and a chimney at each end. There's no porch, the windows are small and covered by some faded material. The wind makes small eerie cries like sea birds. The wind flows like a river around the corner of the croft, damp and constant. We follow a path to the back of the house and pound on the wooden door.

We wait a polite interval and pound again. Then again. No one comes. The grey stones of the house weep moisture; loose slates from the roof litter the yard. "Maybe no one lives here anymore," I say, wanting to go, to get out of the wind.

My father makes no reply. I look up. He turns away, walks on down the path toward outbuildings so dilapidated it's hard to tell what they are or were. In a low, tight voice he says, "This is where I was born."

I spin in a slow circle, to move, to keep warm, to take it all in. This is where my father was born, I say to myself. There are no trees, no shrubs, no houses, nothing but curving hills rolling away to the horizon.

"Was it always like this?" I ask.

“Yes, yes,” he says brusquely. “Worse.”

We follow the path back to the road. He leads. I walk behind, in his shadow. We walk faster against the fading light. Where the ruts go over the rise, he turns and looks back briefly, and then says, “C’mon, let’s get moving.” The wind is at our backs now, pushing us along; the walking is easier. He blows his nose. I pretend not to notice.

As we reach the dirt road and begin walking side by side, he starts one of his stories. “It was the summer of 1934 and your mother and I were home on a visit. We stopped at the Davah in Inverurie to call, and that was the first and only time I met Lewis Grassie Gibbon, as he called himself. His real name is James Mitchell, same as mine, after our grandfather, or our great-grandfather. There were three Jimmy Mitchells there that day.” He was cranking up his formal story-telling voice. “There was James Leslie Mitchell who wrote his novels of the lands; his father, James McIntosh Mitchell; and me, James Gordon Mitchell. It was the only time we ever met, for James Leslie wrote his great books about Aberdeen in London, James McIntosh stayed, and James Gordon came away to America.”

“Lucky for me.”

“You better believe it, kid.”

I think of James Leslie Mitchell standing in front of a stone cottage named the Davah at the edge of Inverurie, a small town inland from Aberdeen. He has come back after a long absence to do research. He smokes a pipe. He shakes my father’s hand. James Leslie’s father stands by, nodding at the conversation. I’m not even born yet, but this meeting connects us. In my fantasy it is the opening scene of a great dynastic novel I will someday write. I too want to be a writer, and here is my proof that it is possible, personal, and genetic, so I’ve no excuse.

Years go by. I grow up, James Leslie’s father dies, my father dies, and James Leslie dies, a tall man with a pipe who wrote books, a distant cousin, unknown to me. My great dynastic novel is still a fantasy. It’s a dull Sunday evening. I’m reading *TV Guide*, hoping for something I haven’t seen already. On *Masterpiece Theatre* something familiar stops me: “Lewis Grassie Gibbon’s classic novel of Scotland—*Sunset Song*.”

IN A ROOM LIT BY TWILIGHT and the blue glow of the television set, my past catches up with me. The camera pans over the small rolling hills

glowing mauve and lavender, past a small dark loch, over a circle of standing stones glowing with moisture, and moves toward a woman standing in the doorway of a stone croft with a steep roof and a chimney at each end. Her voice begins to tell a story—Chris, the heroine of *Sunset Song*—but I'm staring into the screen, at the stones next to the doorway, the wood of the door, listening to the crying of the birds mingling with the wind.

The rhythm of her speech is like a childhood lullaby, an old lyric I barely remember, and then I begin to hear what she says: "It was a coarse land and lonely up there on the brae, fifty-six acres of it, forbye the moor that went on with the brae high above Blawearie, up to a great flat hilltop where lay a bit loch that nested snipe by the hundred; and nearby was a circle of stones from olden times—some were upright and some were flat and some leaned this way and that, and right in the middle, three big ones clambered up out of the earth and stood askew with flat sonsy faces; they seemed to listen and wait."

I lean back listening to Chris lilt on in the anapestic rhythms of my mother tongue. By the time *Sunset Song* is over I am saturated with Scottishness. I listen to Alistair Cooke deliver the ritual virtues of the author. I know it is time for my distant cousin to become more than a phantasm standing behind the work like a family skeleton. I have to put meat on those bones, flesh him out. I want more than the authorly ghost. I want relationship. I want to know how he did it, how he became a writer, how he forced himself out of the life he was born to, the life of a tenant farmer, how he wrote, why. Was it an errant gene? Did he feel as I feel, some restless vague regret for the past slipping behind me, growing longer like a grim shadow, a need to grab hold and savour, to understand, to capture the essence.

I ACTED. I haunted libraries. I wrote letters to shirttail relatives and dealers in used books. Somewhere in James Leslie Mitchell's life was something I had to know; I didn't know what or why. I had a desire, a curiosity, an inkling. Perhaps his life would be my blueprint. I wanted to know what he knew and how and maybe grasp the why.

The frightening part of a discovery process, this raking of the ashes of the past, this shaking of the family tree, is not what you learn about the ancestors, but what you learn about yourself. Psychoanalyst Carl Jung

used the term *collective unconscious* to describe the ingrained archetypal thinking processes of groups of people who have occupied the same tribal grounds over generations.

Reading Gibbon's trilogy of Scottish life between the two great wars, *A Scot's Quire*, I recognized instantly character traits of both my Scottish-born parents in the tenant farmers of Gibbon's novels: my mother's terror of what people would think, of being "different" and becoming prey to the vicious gossip on which the community depended for entertainment. Can I now excuse my own delight in gossip, if not about neighbours, about the poets and writers who people my landscape? If I recognized a simmering hatred of authority, both the church and the gentry, I could relate it to my own contempt for the bearers of standards. Already the cross-connects were forming—a hatred of authority, an outward giving way to it, and gossip the weapon, cocked like a gun, waiting.

DOUR IS THE WORD often used to describe the Scots. The dictionary says *dour* means "forbidding and surly," but the dialect definition is "unyielding, stubborn." They would cut off their collective nose to spite their face, to use my mother's oft-repeated warning. Gibbon quotes a family story about an aged relative tottering along the track that served as a road. When the local squire's automobile toots him aside, he refuses to give way, takes no notice. He keeps to his place and his pace while the squire's motorcar fumes along behind him. When he reaches his turnoff point, he looks back, lifts his cap politely, and resumes his walk. That is a manic announcement of self, a dour man, carefully mocking authority.

Gibbon was a man driven by such desire. His devoted his whole life to being a writer in spite of his unlikely peasant background. Born the second son of a tenant farmer, raised in rural Scotland, assured of a third-rate education in a country that wasted no resources in educating a student above his class, he forged an almost maniacal belief in his own abilities to succeed. Stubbornness is a virtue as well as a vice.

It can also be a form of arrogance, in a self that believes—in spite of all evidence to the contrary—that it is located at the centre of the universe, and the universe will bend to its will. When the path leads to success, biographers call this vision and foresight; and if it leads to failure, those who care to mention it will call it egotism.

Perhaps dourness is the ability to endure. To live under bleak conditions, to survive on turnips and oatmeal, to believe in nothing but money. My father chose to escape his predestined life, to take the money he won on a horse race and buy passage to America where the streets all lead to golden dreams.

Gibbon escaped to Aberdeen, the closest city, where he found work as a journalist and then moved on to Glasgow, and suddenly, stupidly, at the beginning of a safe and prosperous career as a journalist, he was dismissed for stealing, for falsifying expense account figures. In a country where money is the key to survival, stealing is treason. After attempting suicide, Gibbon went home to recuperate from his “nervous breakdown.” His father told him to work, get a fee (a job as a tenant farmer), or get out. Gibbon got out. He went to that last refuge of the homeless, the army. It must have been fourteen years of hell for a man so convinced of his own righteousness. You lift your cap and salute. You turn from the outer world and look in. There’s nowhere else.

IT’S MY DAUGHTER’S HIGH SCHOOL GRADUATION. It’s also the summer solstice, the twenty-fifth anniversary of my high school graduation and my father’s eightieth birthday. I make a big fancy cake and buy champagne to celebrate. My father says, “It’s the first day of summer and pretty soon it’s the last, and then it’s winter again.” We leave the auditorium dragging our long shadows, cold winds already at our backs.

Daddy looked on the dark side of everything. If there was a hairline crack in a silver lining, he’d find it, stick his fingers in, rip it open. One summer he and my mother went “home” to visit and he sent this message on a postcard: “It has rained every day since we arrived. Your mother is not feeling well. All my old friends are dead. Love, Dad.”

Running through Gibbon’s life, as it did through my father’s, was the ghost in the machine—bipolar depression. This demon ghost sorts events into positive and negative. Our familiar ghost has a penchant for the negative. Things another would perhaps put in the neutral pile, our ghost places firmly in the negative column. Our own actions rank at the top of the negative column. The ghost knows. A reviewer of Gibbon’s largely autobiographical first novel, *Stained Radianance*, said, “Here was a man who had indeed been down into the pit.” I began to perceive in Gibbon’s

life the patterns of manic behaviour—gross egotism, self-destructive acts, bitter self-recrimination—that I had lived through with my father. Between the lines of the novels, essays, biographies, the pattern emerged. For Daddy there were bouts of drinking that ruined almost every holiday I can remember. He was the binge alcoholic. He'd disappear for a day, two days, sometimes even three. Then someone would bring him home, unshaven, shaking, stinking of booze, puke, piss. He'd go for six months, two or three years, and just when you thought everything was fine, there'd be a Christmas Eve and my mother and I would sit waiting. I'd fall asleep finally, bored, angry at another spoiled celebration, and always driven to a maudlin sadness about the differences I saw between the way things were and the way I felt they ought to be. I blamed my sadness—that terrible heaviness in my chest—on outside events, when the symptoms all pointed to the weight of the negatives in my column. My ghost, an experienced filer, would whip them out, one after another to illustrate for me the pattern of failure and futility in my actions, my life. No use.

JAMES LESLIE WAS WORKING FEVERISHLY on his Scottish trilogy. He was using two typewriters—one reserved only for Lewis Grassie Gibbon the Scottish novelist, and the other one for J. Leslie Mitchell, the English author. James Leslie referred to Gibbon as “my distant Scottish cousin.” Gibbon referred to J. Leslie as “my distant English cousin.” In a manic fever he wrote, alternating personalities, dialects, typewriters. In seven years he wrote sixteen books. Real life was living up to fantasy. Success was a disaster waiting to happen.

In a letter to his wife, Rae, he'd written, “I've always known deep down in me a strain of selfish caddishness, of a kind of impenetrable stoniness that underlay all my posturing and play-acting.” That is hard-won clarity. I, too, know that stony refusal, that ability to ignore everything but one's inner processes, to shut out children, lovers, in search of some ephemeral way of saying, a perfectly selfish communication, an exact translation of feeling into word.

In 1934, a best-selling author, financially able (if precariously so), he drove from his London home to Scotland in his own car to do research for *Gray Granite*, the last of the trilogy. He might have hoped for a trium-

phant return, but his mother said, “Laddie, what did you want to write all that muck for? It’s the speak of the place. Your father’s fair affronted and I’m ashamed of you.” Within six months Gibbon was dead of peritonitis following an operation on a stomach ulcer.

When my first book of poems, *The Poetess*, was published, I gave my father a copy and he set it on the table between us. He picked up a copy of a *Reader’s Digest* and tapped it with his forefinger. “Why don’t you make a name for yourself?” he said in a voice thick with exasperation. Daddy knew how machinery worked, but he never knew how he worked or how I worked. He was always disappointed in me because I never made money. I didn’t run right, but maybe if he tightened a bolt or adjusted something, I would purr along efficiently, correctly. It was the ghost at work, sorting, sorting. Daddy wanted me to avoid all his personal recriminations. He thought that money would put you out of reach of the ghost.

WHEN YOU RAKE ASHES, you find live coals. I would read along through Gibbon’s work, gasp at resemblance, similarities, and parallels, gathering so many I could not blame coincidence. Jung’s concept of synchronicity, meaningful coincidence isn’t simply a concurrence of events, but an occurrence that means something.

It hit me as I was writing this, trying to make sense of it all, lost in the doing of it, when I realized that I was not only writing about James Leslie Mitchell and James Gordon Mitchell. I was writing about Helen Mitchell too. Poor little Helenie, the victim of all those spoiled holidays, the rich sadness of her existence, always waiting for something in the outside world to take away the symptoms—make her popular, love her enough, make her beautiful or smart enough. It wouldn’t have mattered, of course. The ghost would have wanted something else, something more. There’s no cure out there. What a revelation. Depressed, and for no reason. No reason. Can that be? I decided it could be. I could stop inventing reasons to be depressed and accept the fact that I just was. Maybe then, I could help it.

In the writing of this essay I had to conjure my family skeletons, trying to summon emotional nuance from biographical facts. Using my Scottish typewriter, I had to call up the dead.

James Leslie's life, my father's life, my own life. It was plainly there, but lost in the living of it. I couldn't see it. The long reach of depression back through the years. I needed to look at the patterns, decipher them all like a literary text so I could understand and write it out.

James Clerk Maxwell, the Scottish physicist who came up with the second law of thermodynamics—in a closed system, heat can't flow from a cold place to a warm one—knew something was happening but couldn't figure out what or how. In his curious analogic style he assumed that the process was served by a ghost in the machine, a demon sorter who divided molecules into yea and nay. Any one of us out in the cold knew that too. but we spent years trying to name our demon sorter.

For years scientists have been chasing down mood disorders, their long reach. For years artists have been surviving as best they can by devising their own cures.

Helen Ruggieri has four books: The Poetess (Allegany Mt. Press), Glimmer Girls (Mayapple Press), Butterflies under a Japanese Moon (Kitsune Books), and The Character for Woman (Foothills Publishing). See www.helenruggieri.com.

Utterly Defibrillated

Eric Winter

Lazarus, when four days dead,
came forth
and they,
from hand and foot,
unwound his grave clothes,
loosed from his chin
the napkin
preventing him from speaking.
If he'd only said
some simple thing
like "Jesus, thanks!"
or mopped his brow and murmured "Phew!"
we, whose shifts are cut in two
for quick defibrillation,
would know the proper words to say
when the stone is rolled away.

Eric Winter is a senior scholar and professor emeritus at York University in Toronto. "Utterly Defibrillated" is from a collection The Man in the Hat published by Hidden Brook Press, Brighton, Ontario.

The Flaccid Fork: Why Hospital Food Needs Some Star Power

Monica Kidd

I'm a family doctor, and one of the first things I do when I visit my patients in hospital is pick up the dome on the food tray. Often what lies underneath is largely untouched. Either way, it is always an icebreaker, because there is nothing we like to complain about more than hospital food. Well, maybe the weather. Or airline food.

The curious thing is that while most everyone hates hospital food, and that food—local food, organic food, artisanal food, fair trade food—is all the rage these days, hospital food culture seems to have escaped major critique and historical analysis. There are moves afoot globally to improve the flavour, nutritional value, and environmental footprint of food served in hospitals (e.g., the Healthy Food in Health Care Pledge in the United States), while British chef Jamie Oliver has unleashed his wrath on school lunches in both the United Kingdom and the United States, but I wanted to know how it was that millions of Canadian hospital patients each year came to be fed the mystery meat and cubed vegetables that seem to grace most hospital trays I see.

I cracked open the history books and out stepped two unlikely personages.

ONE OF THE EARLIEST RECORDS of hospital food commentary dates back to military hospitals during the nineteenth-century Crimean War,

and a collaboration between a certain Florence Nightingale and French-born English chef Alexis Soyer. Lost to all but the most dedicated food historians now, Soyer was, as Ruth Cowen reveals in *Relish: The Extraordinary Life of Alexis Soyer, Victorian Celebrity Chef*, one of Europe's most famous cooks, not to mention an impresario in the field of hospitality. Born to humble beginnings in 1810 in Meaux-en-Brie, he began cooking professionally at the age of eleven. By the time he was twenty-seven, he had risen to the ranks of *chef de cuisine* in London's prestigious Reform Club, whose menu still offers his Lamb Cutlets Reform.

By all accounts, Soyer was an eccentric, dressing in outrageous costumes and never failing to find an opportunity to promote his abilities and inventions, including a gas stove rather stunningly named The Phidomageireion. But Europe paid attention when, in an 1855 letter to the *Times*, he publicly offered his services overseas to help improve the food for troops serving in Scutari, a region of Constantinople where the British army had been dug in for more than a year. Wounded British soldiers had first been admitted to the Scutari General Hospital, but when it began to overflow with cholera victims, new patients were taken to a nearby barracks, built a hundred years earlier to house five thousand Turkish soldiers.

When the wounded first arrived, the facility had no beds, chairs, or linens, to say nothing of food or clean water. Over time, the building was outfitted to resemble a hospital; by 1853, with winter closing in, nurse Florence Nightingale had been brought over from England to whip the place into shape, thus beginning her path to medical historical ascension. In spite of Nightingale's prodigious efforts, however, death rates at Scutari continued to rise. Soyer learned of this in the pages of the *Times* one evening while waiting for friends at a restaurant, and promptly penned a gallant response. The British government took him up on his offer and he was soon was off to the Bosphorus.

Soyer chronicled his time at Scutari in a massive memoir called *A Culinary Campaign* published within months of his return to London in 1857. Though somewhat obsequious, full of *Your Lordships* and *Your Graces* and generalized name-dropping, his account provides fascinating insight into how a man concerned with the sensual and sustaining qualities of food believed his talents could be useful to the well-being of the sick and injured; and this against a backdrop of war.

One of his first tasks upon arrival at the hospital—"the largest and most unique hospital in the world" in his typical hyperbole—was to tour the kitchens Nurse Nightingale had established. He praised her intrepid feeding efforts, but Soyer found the offerings, consisting "principally of beef-tea, chicken and mutton broth, calves-foot jelly, arrowroot, semolina, &c. &c." to be "quite free from the slightest suspicion of seasoning, and consequently tasteless." Furthermore, the kitchens were full of smoke and everything was over-done. Soyer quickly set in motion a number of improvements to both the cooking facilities and the manner in which rations were dispersed in order to improve kitchen efficiencies. Given the privations of war, Soyer couldn't be terribly concerned with ordinary considerations such as seasonality and appetizing presentation, but he did care about quality and nutrition. He scorned the vegetables as barely edible, and complained that with regard to poultry, the "old fowls, badly plucked and drawn" had been relieved of their gizzards, heads, and feet, which should have been kept to make broth. And keeping with broth, he was further mortified that the water used for boiling joints of meat was routinely discarded; instead, he asked his soldier-cooks to use it as a base for soups. His book concludes with a few dozen of the hospital recipes he concocted, for everything from the aforementioned calves-foot jelly to "Boiled Rice Semi-Curried, for the Premonitory Symptoms of Diarrhoea."

Soyer's efforts to bring a touch of care to hospital food may seem coarse by today's standards, but consider at the time it would have been possible for a wounded soldier to starve or contract cholera while recovering in hospital from his wounds. Soyer was plainly ahead of his time, quoting Hippocrates: "What pleases the palate nourishes."

CREDITED WITH HAVING INVENTED such diverse aids to living as an operating table heated by warm water, the electric blanket, tanning lights, soymilk, and even peanut butter, Dr. John Harvey Kellogg is undoubtedly best known for his enduring contribution to the breakfast table. As director of the Battle Creek Sanitarium, frequented by the likes of Henry Ford, Thomas Edison, and Amelia Earhart, Kellogg reported in his 1923 book *New Dietetics* that he wanted to develop "palatable dextrinized cereal foods for the patients . . . designated to be eaten dry

as the best means of stimulating the action of the salivary glands and to encourage thorough mastication.” Kellogg believed chewing to be central to good digestion, especially for those who had undergone bowel surgery, or who suffered from constipation, epilepsy, or hiccupping. He succeeded in 1895 by crushing wheat between heavy rollers, then baking the sheets into flakes. Three years later he repeated the performance when he cooked, tempered, milled, and finally toasted hominy grits, creating his now world-famous Corn Flakes.

Like Soyer, Dr. Kellogg appears to have been a rather flamboyant character, known for his all-white costumes (complete with a large white cockatoo for his shoulder), and for running a tireless lecture circuit to promote his views on everything from the evils of sex to colon hygiene. For his unusual fascination with clean living and regular bowel habits, Kellogg has been portrayed by J. C. Whorton in the pages of the *American Journal of Clinical Nutrition* as a zealot and a fanatic, and even registers as a “Great American Quack” on museumofquackery.com. But there is no question that as a member of the nineteenth-century sanitarium movement he was one of the first to turn his attention to the food served hospital patients, and I’d wager he’d be disappointed by a noontime stroll through the average contemporary surgery ward.

HOSPITAL FOOD seems to have lost its star power with the dawn of the twentieth century, though medical people of various stripes continued to comment on its poor showing.

During the interwar period, a flurry of activity erupted in the planning and preparation of hospital food, and who should control it. Still, by the mid-forties, Canadian physicians J. A. F. Stevenson and E. H. Bensley had noted in the pages of the *Lancet* that weight loss of ten to sixty pounds was not uncommon among patients admitted to Canadian Army hospitals in the United Kingdom. The doctors blamed the weight loss on malnutrition and argued that the food the Canadian Army was feeding wounded soldiers in hospital was directly affecting patient outcomes. They undertook a small survey of nutrition in three such hospitals, choosing twenty-five patients with no known gastrointestinal illness and who were receiving regular diets. They examined the patients’ daily average intakes of nutrients and calories and found almost all the

diets to be deficient in both protein and energy for optimal recovery following traumatic injury or surgery.

A review by King Edward's Hospital Fund for London around the same time revealed that conditions were just as poor in civilian hospitals: in 1963, researchers B. S. Platt, T. P. Eddy, and P. L. Pellet at the London School of Hygiene and Tropical Medicine published a report on the state of food in 152 hospitals throughout England and Wales. They found that food was being overcooked and taking too long to reach patients, such that nearly all the vitamin C from potatoes and green vegetables was lost. Nearly half of the food prepared went to pigswill. Larger hospitals—those with more than fifty or sixty beds—were the worst offenders; still, bafflingly, the authors recommended that hospitals should “centralize production in efficient, hygienic food factories” relying on “modern techniques, such as are used in the production of quick frozen foods or of accelerated freeze-dried foods.” An editorial in the *British Medical Journal* in the following year noted the growing popularity of this fast-food culture in institutions as diverse as the National Hospital for Nervous Diseases, restaurants, canteens, and—wait for it—airlines.

It's true. Just in case you needed any further proof of the familial resemblance between hospital food and airplane food, witness this entry in Malcolm MacEachern's 1962 text, *Hospital Organization and Management*: “In 1946, while on a flight from New York to Pittsburgh, Doctor Frank R. Bradley, director of Barnes Hospital, St. Louis, observed the airline type of food service and conceived and visualized the idea of applying it to patients' food service in the hospital. In September, 1949, the department of dietetics of Barnes Hospital inaugurated this type of food service.”

And so hospital food and airline food lived blandly ever after.

I'VE NOTICED SOME SIMILARITIES between chefs and doctors. Both wield knives. Both wear white coats, presumably, à la Joseph Lister, to showcase their immaculate hygiene. Both have teams of foot soldiers (prep cooks, sous chefs, residents) to shoulder the scut. Both make their living with their hands. Where they seem to depart is around pleasure: the gastronome says good health requires pleasure; the medico-culture says pleasure requires good health.

They didn't always disagree. In 1915, Cora McCabe Sargent declared in the *American Journal of Nursing* that "when the 'anything so it's filling' hand to mouth system of catering and purveying prevails, it is a matter of health in spite of, rather than because of the fuel used for stoking the human engine." She shared some menu suggestions available at her own Sheppard-Pratt Hospital in Towson, Maryland, where for breakfast, a lucky patient could choose among crisped bacon with hot buttered toast, or masked squab, or even broiled steak with buttered toast. Not content to merely provide patients with interesting meals, Nurse Sargent wrote a little earlier in the same year to express her concern with *how* the food should be presented. She felt trays should be made from black papier-maché, rather than japanned tin, which grew shabby too quickly. When a linen doily with a "neat button-holed edge" was beyond the budget, linen damask cut into pieces and hemmed would do nicely. China, of good quality, and not of "hideous design" was to be used on patient trays. Finally, the silver service was to be the best that could be afforded, as "it is a positive insult to ask a sick person, whether he pays much, little or nothing at all, to eat with shabby or tarnished silver."

Such concerns seem quaint now, in an era of health care constraints, the cultural hegemony of efficiency and "food science," not to mention our growing reliance on convenience foods. But Sargent recognized, as did Alexis Soyer—and Dr. Kellogg, in his own way—that it is not so much nutrition, as the whole experience of eating, that is of paramount importance to good health. I think they're on to something. Maybe what hospitals need to revivify their failing food culture is a little less food science and a little more chef star power.

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Don't Look Away

Patricia J. Anderson

It was late in the day, I was tired and bummed. I don't know why I went down to the pier, just wandering, I guess. I've felt a little spacey off and on ever since the diagnosis. They say the treatment makes you that way, but I think it's the damned diagnosis. The very words themselves are a kind of wind that blows your thoughts all over the place, and they never really settle back the way they were.

The esplanade was quiet, not many people, not much happening. The end of the ocean rolled up and down the sand, making a hypnotic slurping sound. Everything was a soft late-afternoon colour. It was relaxing.

I sat down on the only bench around, vaguely aware there was someone sitting at the other end. I had no idea it was Death. I thought it was a really, really, really skinny homeless person wearing loose sweats with a big hood. Believe me, if I'd had even the slightest inkling, I would never have struck up a conversation.

There was a copy of the newspaper lying between us with the science section face up, a full-colour spread on the physics of time and space, something about how time was like a loaf of bread. I picked it up and, to be polite, said, "Are you still reading this or may I . . . ?"

"Please, be my guest."

It wasn't a normal voice, not normal at all. It made the phrase *otherworldly* really mean something. With verberb. It was so shocking I almost missed the next words: "They've got it all wrong, but what the hell, the grotesque misunderstandings that masquerade as science have always been astonishing. Nothing new about that."

I looked closely and saw that this was not a person, homeless or

homed. There was a strange humming quality coming off the hood . . . a kind of purring sound.

“Well . . . I . . . I wouldn’t know.” I stuttered. “I’m not a scientist.”

“Even if you were, you wouldn’t.”

The voice was mesmerizing and I couldn’t stop staring.

“Science. Humph. They think they’re going to conquer me.” Death paused, then turned and looked full into my face. “What do you think?”

Suddenly my mouth went dry and my heart started beating really fast and I almost fainted.

“Sorry.” Death looked down again. “I shouldn’t do that, I know, I really shouldn’t. But I get so little respect these days, I confess I sometimes resort to shock tactics. It was uncalled for. Really. I’m sorry.”

I would’ve run away right then but I couldn’t feel my legs. I started whimpering. I didn’t mean to but I did.

“Oh you’ll be all right,” the voice said with a tinge of impatience. “Just breathe. A couple of nice, deep, slow ones. In and out. In and out. It’ll get better.”

I tried to follow instructions. Gradually my breath came back to me.

“There you go.” The voice softened. “In and out. In and out. I, for one, never cease to admire the profound simplicity of it.”

“What . . . what are you doing here?” I sputtered, dreading the response.

“What are *you* doing here?” Death asked in return, which is not what I expected. There was a long pause. Death was waiting for an answer. This was one of those situations in which the possibility of dissembling never enters your mind.

“I’m just . . . taking a break I guess. I was wanting some time to sit and, you know . . . think.”

“Me too.”

Again, not what I expected. “Really?” I squeaked.

Death nodded. “Sometimes a thing requires sustained consideration. Sometimes a thing requires . . . pondering.”

“Yeah,” I agreed. “Pondering.”

We sat silently for awhile as I considered what it might be that has caused Death to ponder. I was at a loss. I decided to ask.

“So, what are you . . . ?”

"Pondering?"

"Yes."

"Respect."

"Respect?"

"Respect."

"What about respect?"

"Respect itself. Having it. Losing it. Wanting it. The whole enchilada."

"Oh."

I considered some more. "But you must have all the respect in the world. I mean, everyone's afraid of you."

"Fear. It's not the same thing. It can look the same, but believe me, it's not the same at all."

"So when did anyone show you anything else?"

"Oh I've been revered. The Stoics, the great samurai warriors of the East." Death chuckled. "The Victorians."

"The Victorians?"

"Idolized me. Those were good times. But that's all changed. I'm still feared in a basic, primitive, unexamined sort of way, but I get no respect whatsoever. Now I'm discussed as an 'issue.' I am not an issue. I'm not a medical issue, I'm not a social issue, I'm not a political issue, I'm not any kind of issue. I'm your freaking destiny! Don't you people realize that?"

"Uh . . ."

"And I work hard. It's a 24/7 thing. All phenomena may be unborn and undying on one level, but here in the relative world I'm up to my ribcage in a vast human population that refuses to give me the time of day. I work my fingers to the bone, so to speak, and get nothing but grief."

"I never thought of it that way."

"And no one ever looks me straight in the eye anymore."

"Gee, I wonder why."

"People used to. It was considered a point of honour . . . to look at Death squarely, to prepare to meet me, to show the proper respect."

"We're afraid to do that."

"But that was the whole point. Dealing with the fear. Facing it. Preparing for it. The family would gather round, waiting for me to come, quietly, respectfully, waiting and mumbling prayers and, you know, honouring

the moment. Now, when people gather, they're fighting about pulling the plug. What is it with you people and your machines?"

"We're just trying to stay alive a little longer."

The hood moved slowly back and forth. "No respect. It's a pity really, for your sake, because respect helps to manage fear. If you give something the respect it deserves, the energy changes. It's a kind of martial arts-type thing . . . your posture shifts, you see differently. Haven't you ever watched a Jackie Chan movie?"

A gull shrieked and it startled me, as if suddenly waking from a dream. I was reminded of a day last week, sitting in the radiology waiting room at the hospital, thinking it was all a dream—really believing, for a moment, that I was actually dreaming, and then, coming awake and knowing it was not a dream, feeling the cold chrome arm of the chair, smelling the mix of fear and sugary perfume on the woman sitting next to me, hearing the nurse call my name. Her voice sounded like the gull.

"Have you read this statistic, in this paper right here?" Death pointed to the *New York Times* lying on the bench between us. "They took a poll. They found that people who call themselves religious want to be kept alive no matter what, and people who aren't religious think you should pull the plug. Now why is that? You'd think religious people would be ready to meet me and people who have no belief at all would be the ones wanting to hang in there like a stalk of celery."

"I think they find the idea of a big nothingness kind of comforting. I guess a lot of people wouldn't mind just fading to black."

Death snickered. "Frankly, I don't see much of that. Mostly what I see is people clinging to life whether they're religious, irreligious, or somewhere in between. No matter what you tell the pollsters, you guys cling."

"I think people feel that someday pretty soon, they'll . . . they'll be able to . . . I'm not sure how to put this tactfully . . ."

"Eliminate me? Is that what you're trying to say? Eliminate me??"

"Well, they're working on extending the lifespan longer and longer, and some scientists say the possibility exists we'll eventually be able to rebuild ourselves indefinitely."

A sound emerged from the hood that can only be described as a snort.

"Ain't happening sweetheart."

"But what about cloning and genetic engineering and . . . science?"

Death snorted again. "The most you'll wind up with is a lot of mutant quasi-life forms running around scaring everyone. Not only that, but you've got the whole identity thing to deal with. You've become very, very dependent on this idea of individual identity. It's going to freak people out when clones and copies and downloaded consciousnesses start splintering that serious sense-of-self thing you got going. It'll be hell and, in the end, it all comes back to me anyway. Trust me on this one. A hundred years, a thousand years, ten thousand years—in the end, it all comes back to me. I'm eternal and inevitable. Eternally inevitable."

"Well if you're so eternally inevitable, what's your problem?"

"The very question I was just asking myself. And I've come to the realization that total domination isn't all it's cracked up to be. Ignore somebody and the fact that they win in the end doesn't make up for it. Just ask Tim Duncan. You gotta have respect. And I used to have it in spades, so to speak. I used to be big."

"You are big," I said, imitating Gloria Swanson in *Sunset Boulevard*. "It's the pictures that got small."

Other-worldly laughter spilled out of the hood. Death liked my joke. I was emboldened. I asked, "So tell me, what happens after . . . you?"

"Can't say."

"You mean you don't know?"

"Oh, I know. I just can't . . . say. Literally. It can't be said. Not in any way you would understand. It's not words, it's not pictures, it's not numbers or patterns or any kind of math. It's not international symbols. There's no ambiguous graphic inside a circle with a line drawn through it. It's no communicable thing. Can't be told. It's a different kind of data. Sorry."

I'd been keeping my head down, not wanting to chance another glimpse inside that hood, and my neck had grown stiff. I stretched my shoulders and leaned back against the bench, raising my eyes to the horizon. The sun was very low now, sinking toward the rim of the earth, a big, fat, impossibly golden thing, its thick roundness blurring at the edges where time escapes like some kind of shimmering akashic vapour. The future flickered along the wavering line where the sky met the water. It looked like I could walk out there and touch it, like I could walk out

there and touch tomorrow and the next day. They'd always been there, in front of me. Now they trembled, a fading mirage.

I didn't want to lose the future. I didn't want to lose this moving through time. I didn't want to lose the next moment, and the next, and the next. A wave of fear slammed through me like a sudden stop. It hurt. The mirage blurred. Had I cried out loud?

A breeze came up. The ocean air was cool against my tears. I found a tissue and blew my nose. This was the moment in the made-for-TV movie where your good friend puts an arm around you, you rest your head against her shoulder or on his chest, and it looks like you're together in some way. That's such crap. The truth is, no matter how much anyone loves you, you're absolutely alone in this, with the one major exception of the figure sitting next to me right now, whose arm you do not want around you, upon whose breast you do not want to lie.

A crumpled paper bag blew across the esplanade. We sat staring out at the sea. The gulls curled themselves through the sky. The sun was almost gone. There were clouds bunched above it, reflecting the light that skimmed off the surface of the water like a stone flung perfectly and flat, skipping and skipping over and over before sinking. How long had I been here? Something was changing, shifting softly, slowing down, becoming still . . . becoming incredibly quiet.

"What was that you said about respect and fear?" I asked.

Death turned ever so slightly toward me. "Look, you got your two basic types of fear. Fear of the known and fear of the unknown. Fear of the known is a helpful thing: it keeps you from stabbing yourself with a pencil. Fear of the unknown might be justified, but then again, it might be a waste of time. The unknown can turn out to be a walk in the park on a sunny day with someone you love and you find a fifty-dollar bill. You don't know. That's why it's un . . . known."

"But what if the unknown turns out to be crawling through broken glass in a big storm with mean people who beat you over the head and take your wallet and leave you for dead."

"Which brings me to me. What if you die and then it's really fun?"

"Are you saying it's really fun?"

"No. I'm saying: You. Don't. Know. And when you don't know, maybe you should stop for a minute. Maybe you should stop and ponder. Show

some respect. You don't have to conquer a thing in order to be OK with it. There are other ways to relate. Give it some props. You guys used to know that. You bowed down to everything 'cause you didn't know bubkes. Then you learned a couple of things and all of a sudden you're masters of the freaking universe, and you don't bow down to anything you didn't make yourselves. Well, guess what? There are still a couple of things you don't know, and I'm one of 'em. And, if I may add without seeming immodest, COMPLETELY UNKNOWABLE."

"OK, OK. I get your point."

Death turned a bit more in my direction.

"All I'm saying is, when a thing is inevitable, when it governs every aspect of the known universe to the degree that you can understand it, when it brings kings to their knees and rich men to their end, I mean . . . what's not to love?"

"It's yucky, that's what not to love. It's a bunch of yucky stuff. Disease, vomiting, pain, or crashing into something really hard or some kind of terrible tearing apart or bleeding all over everything. It's awful."

"That's biology. That's not me. We're stuck in that sucker together. Blood, guts, and rotting things come with the package. Not my fault. I'm just part of the whole unfolding process. A very big part, a crucial part, a fundamental part, very, very big. But still . . . a part. And I'd like to take this opportunity to point out that it wouldn't be nearly so yucky if you guys would let it take its course. You're so afraid of being helpless and pooping in your pants, you turn the end of life into a marathon of pain and suffering. Newsflash: When you're dying, you are helpless. Get used to it."

Death rattled on with a critique of our failings but I was focused more on the biology revelation. I found it comforting that Death is a part of something that I'm a part of, not a separate thing at all but a part of some larger thing. Death happens and life happens. Inside something else. It made sense. Up/down, in/out, life/death, decaf and caffeinated. If you have a pair of opposites, there has to be a larger thing within which they sit opposing one another. It's like physics or something.

I took a deep breath. It was so quiet. The only sound I heard now was very soft, like whispering, like the water whooshing up and down over the sand. In and out. It was soothing. I was thinking, I'm getting sleepy,

and then I realized Death was saying, “Go ahead. Take a look. It won’t be as bad as before. It’s easier if you look at me, rather than my looking at you when you’re all unawares. If I look at you and you’re not ready for it, well, you saw how that goes. That’s the hardest. But if you look at me, if you prepare yourself and just take a little peek, it can be possible . . . Give it a shot.”

“I think not.”

“You’re going to have to, sooner or later.”

“It’s too hard.”

“Give it a try.”

“Uh uh.”

“Come on.”

“Don’t wanna.”

“I know,” Death said gently. “I know.”

And time slips into now and the voice is terribly close, mingling with the sound of the surf and the purring that throbs softly from Death’s hood and it’s my breath, my blood, my pulse, my living resonance throbbing through my body. I am frightened at the brightness of the inevitable as my mind slides silently beyond itself and I see that Death is within me, has always been there, deep within me since the moment of birth, growing with me toward a still small point where time moves past the tears and pain of bodies, past the sorrows and confusions of mind, past a vast unbroken line of longing where all the hearts and all the minds and all of us are dying as the very life within us merges into Death. I see that I am made of this merging and all my fear is fear of what I am, fear of the inexpressible totality into which I am woven—in space, in time, in oceans of suffering and joy, in the ancient aching mystery of what we are and why.

I bow down with every particle of my being. The sky darkens. The tide ebbs. The hood hums and purrs . . .

“Now *that’s* what I’m talkin’ ’bout.”

Patricia J. Anderson’s books include All of Us, a critically acclaimed investigation of belief. She writes on diverse subjects including media arts, philanthropy, medical ethics, and Buddhism, as well as short stories and other fiction.

Mood Migraine

D. J. Gaskin

Daggers of freshly sharpened
light pierce the eyes. Closing them shatters
glass rays into prisms red and violet, opens
a sea of wicked rolling motion behind
the knurled veil
of lids quivering
deep into

cavernous marrow. Arising rolls
to stumbling, brittle skull turns
upside down. Spinning world
transposed into a swaying uncounted
dimension, balance
and weight whirl 'round, air thick
with the foggy syrup

of aching. The sting slices, dense and
pressing, just short of an imagined lingering
death by some third-world
torture; medical science of such
limited aid, like payment
against the world's debt with
a dime. Once a new

pill was sampled, small and blue, to lighten
the weight; it only inspired a craving for sweet
suicide. Right hemisphere head and face belong
not to the self but some otherworldly demon
who lives for this hot throbbing. Between

stabs, like arrows thrust in then ripped
out, right eye sinks, slips
with the flesh
of the face into a black
hole just out
of sight, but not
of sense, numb but for the rhythm
of each piercing
reminder of

this hell. It ends
as leisurely and
merciless as it began, usually
under cover of darkness, demon
retreating, back into hiding, to wait
lurking in the fog.

D. J. Gaskin has placed poetry in Gargoyle, Iodine, Fairfield Review, Zillah, Literary Salt, Liberated Muse Vol. 1, and elsewhere. She lives in Springfield, Virginia, and is working on a novel in poems.

Loss

Christine Smart

Wilted Valentine

Fold laundry make the bed
do anything but think
 of that fetus
like a wilted valentine
in a metal tray
in a sterile clinic room
 every December forever.

Fold towels sheets pillowslips
do anything but accept
a red tulip in bud
always ready
to bloom fecund and full
but never unfurling.

Fold sheets kneel down
straighten and tuck loose corners
do anything to forgive
let go tear sheets sew strips
a white flag billows through tears.

Donated to Science

We crossed the threshold from a sunlit courtyard, not thinking
of corpses on slabs behind frosted glass, a limestone tomb.

Our white lab coats, a mood of conceit
no chrysanthemums, coffins, or rouged cheeks.

Our faceless, nameless cadaver, head bag secured at its neck,
body bag raised like a blind in the morning,

we peeled back skin and found stringy muscles
named: deltoid, biceps down to fascia, tendons, bone.

The smell of formaldehyde clung to our hair across campus
and we blocked repulsion with sugar donuts and cheap coffee.

Two days later, make-up as camouflage, eyes straight ahead, I dug
beneath the breastbone; found a shriveled heart but first her blackened
lungs.

At the next table, the students prodded pink spongy tissue, a
non-smoker,
a healthier specimen to memorize.

The heart, small and rigid, arteries and veins like telephone wires,
no gonads left inside.

By the time we opened the head bag, something in me hardened,
a walnut, dull and thick, a tender part abandoned and dying

to read Shakespeare with English majors under a cherry blossom sky.
Heartless, you say, separation of body and mind, inured

to the male cadaver on the next slab, hairy nostrils and ashen jowls.
I looked behind his eyes named the optic nerve, ventricles and pineal
gland;

kept searching for something I couldn't find or label.
After class my fingers reeked as I sucked on a smoke
to soften my breath.

Christine Smart's Decker and Dancing won the Acorn-Plantos People's Poet Award in 2007. She graduated from Queen's, B.Sc.N. (1976) and Uvic, Fine Arts, Writing (1997). Her new book Packing for the Past is forthcoming. <http://christinesmart.ca>

Art of Diversity: Winners of the Mount Sinai Hospital Photography Contest



Friends (People's Choice Award), *Lorne Rose*



All of These Shoes, Heather Siekierko



Art Chat, Kimberly Deir



More Colours, More Beauty, Allison McLaughlin



Our Mosaic Culture, *Danny Santa Ana*



Celebrating the Team, *Patricia Wynter*

Beneath the Surface

H. F. Stein

History Lesson

The speaker came to talk with us
About a new disease, something that
With a show of our raised hands,
We said we did not recognize, diagnose,
Treat, or refer to his department.

He had his work cut out for him,
To persuade us that it exists at all,
That it is important to look for, diagnose,
Treat, and refer. He even called it
“The enemy within,” to underscore
Its urgency. I listened intently,
For before my eyes I was seeing
Medical history unfold. Ten years
Ago, the disease did not exist,
Or it existed but had not been discovered,
Invented, named, or something like that.
(Does something exist
Before we give it a name?)

He spoke to us about some related,
Well-known diseases, made the case
For why we needed to be vigilant
In looking for this one, too—

Or else—he did not need to say—
The enemy within might just well win.

Despair

The colour black is where despair begins.
Its darkness is more than the absence of light.
Despair stalks life like a predator its prey;
It devours after the chase and kill.
Despair is a black hole; it sucks light
Like a maw from all that surrounds it.
Despair is a factory that manufactures death
From the raw material of life. It dashes hope
Like a baby's skull against a wall.
It rasps; there is no light
It cannot extinguish. Its mocking laughter
Echoes in a canyon without floor.
It seems despair is a land of no escape,
Where one can only hope
To see in the dark.

Howard F. Stein has taught since 1978 in the Department of Family and Preventive Medicine, University of Oklahoma Health Sciences Center. His most recent book is In the Shadow of Asclepius: Poems from American Medicine.

Converting to Vegetarianism

Changming Yuan

now eating nothing
but tomatoes, potatoes,
carrots, cabbages,
apples, watermelons,
cherries, strawberries,
sorghum, pepper,
i recognize them all like true communists
either in appearance
or in heart

while their lycopene may contribute
to the well-being of my ischemic heart
i can only draw bloody memories from them
about summer fields
about all my red pasts in China

Changming Yuan, a four-time Pushcart nominee, grew up in rural China and currently teaches in Vancouver. Yuan's poetry appears in Best Canadian Poetry, BestNewPoemsOnline, Exquisite Corpse, London Magazine, and nearly five hundred other literary journals/anthologies.

The Fantasy

Suzanne E. Edison

After Louise Glück

Walking the halls with my daughter,
her IV pole like Asclepius's staff, snake
twined, she rolls past

curtained cubicles, other children
with cancer, Crohn's, cauldrons
of misinformed codes, cellular traffic jams,

bodies rising up
against themselves. Hydra monsters
slither out their noses, spiral from chests,

wrapping arms like bindweed.

While medicine drops—a cup
of Gorgon's blood might heal—injecting
sunny day regularity like morning coffee

we mothers clutch Medusa's mask,
stroke stubble-crowned heads, calm
buzzing needles of fear,

call upon our powers of invention,
imagining we are the ones
who escape unharmed and

ward off time in cartoon
fantasies, where Roadrunner
is never roadkill.

Suzanne E. Edison writes poems from her home in Seattle where two cats, a kid, and husband claim most of her attention. Some work ends up in print and online. See more at www.seedi-son.com.

A Good Lemon

Katherine Ashenburg

I had a lover who taught me how to choose a lemon. Not the extroverted, chrome yellow kind with thick, shiny skin, he directed. One with a faded colour, a thinner skin, and a withdrawn quality to the pockmarks will be juicier. I always thought that if I ever wrote about our relationship, I would call it “How to Choose a Lemon.” Because, undeniably shiny and glamorous, he was a silly choice and, as silly choices tend to, all came to a painful end.

When it was over, I told myself that the question of why I would have taken up with someone who was almost guaranteed to break my heart was more important than the broken heart itself. That sounded mature and was correct, but I also knew I wasn’t ready for that kind of big-picture analysis. What I wanted more than anything was someone to listen to my tale of woe. As it turned out, both the analysis and the good listening came in the same package.

It began more or less like a blind date. A psychologist friend suggested two psychiatrists, a man and a woman. Oddly enough, I had gone to grammar school in another city with the man, so that left the woman. When I sat down in her bland, beige office, she asked, “What seems to be the trouble?” As I told her, her Wedgewood blue eyes filled with tears. I joked to my friends that I would have to stay with her until she felt better.

And so the end of one relationship led to another, peculiarly modern one. Therapy, certainly the fairly orthodox variant she practised, comes with its own unchallengeable rules, and perhaps a childhood in the Catholic church, pre-Vatican II, made that a familiar situation. More or less deliberately, I avoided learning much of the theory and behaved like

a dutiful child, obeying the prompts and the gentle directions—“And how did that make you feel?” “What do you think the dream means?” “I’m afraid we’ll have to stop now.” I knew vaguely about transference and counter-transference, and there was plenty of the former. In my car, in the first, wintry months after my breakup, I talked non-stop in my head to my former lover. By the summer, I was talking non-stop to my psychiatrist, whom I called by her first name. (In a rare and tiny act of faux-defiance, I declined to call her Doctor.)

She remarked once that from the start I had seemed to know what to do in her office, but that only came from watching Woody Allen movies. And I was always troubled when she said that therapy was difficult: I was sure the fact that I did not find it at all difficult to talk about myself for fifty minutes meant either that I wasn’t doing it properly or that I was a textbook narcissist.

Drastically one-sided, therapy raises “it’s-all-about-me” not just to a virtue but a necessity. Lovers at the start of a romance are typically eager to tell their life stories in fine-grained detail, and I was happy to talk about my childhood, my marriage, my work—myself, in short. But I also craved information about her. I didn’t seek it out, because that felt like cheating, but some details arrived unbidden—from the friend whose children went to the same school as her children; from my GP, who coincidentally had been her student; from a friend who had gone to the same high school. When she had to call me to cancel an appointment, I could read her husband’s name in the Caller ID panel, and that seemed particularly illicit. I pored over these inadequate shards, trying to imagine a fuller, more satisfying biography.

ONLY ONCE THAT I CAN REMEMBER did I ask her about herself. One fall I noticed that her familiar wedding ring was missing. Unlike a person in a normal romance, it was important to me, if only for selfish reasons, that she be happy in her marriage. I tried to ignore the missing ring, but one day she did not look well. Aware of the paradox that the patient, who should say whatever comes into her mind, can ask anything, while the therapist is under no obligation to answer, I asked her about the ring. The answer was banal and reassuring: she had lost it while raking leaves, and she was looking exhausted because she had stayed up late helping a

child with homework. I could relax—there would be no serious distractions from me.

Over the years, the former lover faded into the middle distance, and my marriage, which had ended a decade earlier, emerged as the thing we really needed to discuss. She listened while I talked about my children, troubles at work, another brief, bad boyfriend (the hair of the dog), various suitors, and the writing of three books. And she was willing to bend the rules of orthodoxy occasionally, accepting a gift of Christmas baking or a book, offering her home number when my father was seriously ill.

She was everything you would want in a partner—smart, keenly interested, encouraging, pleased at my triumphs, understanding about my most neurotic worries. Every once in awhile, she would trace a pattern or nudge me towards some insight. Did I think there was a connection between my father's absences in the Navy and then in medical school when I was very young and the distant relationships with men that I tolerated and maybe even sought? I can't remember if she ever put it that baldly or, more likely, simply let me arrive at the inevitable conclusion on my own. Mostly she listened, and something about the quality of her attention and the cumulative force of her questions allowed me (slowly) to figure some things out.

We were together a long time. (I am still shy about revealing exactly how long.) We grew older together. At the beginning and for many years afterward, her recall was impressive: I would tell her an anecdote, and she would make a connection to an earlier instance I barely remembered. By the time we parted, she had taken to making the occasional note, and we sometimes needed both our memories to reconstruct an earlier episode. As happy couples do, on my side at least, I learned to anticipate her probable reactions. As I finished a story, kissing cousin to countless others I had told her, I would pre-empt her affectionately: "And I know what you're going to say . . ."

As we went on, I couldn't understand how it could ever end—when does the story of a personality end? When would she call it a day? The only conclusion that made sense to me was the death of one of us.

And yet I ended it.

Maybe I did it because the one-sidedness was starting to feel embarrassing—why didn't we ever talk about her marriage or her children?

And maybe feeling that was a sign that I was cured. I began asking her, every so often, if I didn't have enough credits to graduate. I used that metaphor because I didn't like the alternatives—leaving, separation, divorce. At first, she demurred, saying there was still work to be done. At some point, and it surely means something that I have no memory of that session, she agreed. I had enough credits to graduate.

When the therapeutic relationship is successful, it ends. And the end is perhaps the strangest part of it. One relationship, with the lemon connoisseur, failed dismally and we never saw each other again, except by accident. The other relationship, with her, was a brilliant success and, according to the rules of the therapeutic game, we will never see each other again.

Even though I would have loved to have been friends once our more intense connection ended, there was never any question that that could happen. I never challenged it because I knew that discussion would get me nowhere. I also knew that I had to be grateful to the lemon maven because the demise of our relationship had brought me to her. Not to press that metaphor too hard, but like a good lemon, her un-showy role in my life had been more than fruitful.

WE HAD AGREED that our last meeting would be just before I left on a long trip. On that morning, I asked her about recidivism: how many of her patients returned? Very few, she said, but she was always available for a session or two in the case of a crisis. It was at that point that I realized it was really over. I gave her a cake I had made, and a note full of thanks. As I gathered up my coat for the last time, she said, "Tell me if you get married." We both laughed. (Much as I would like to stay in contact with her, that sounds extreme.) Usually, before a significant birthday or before I left for a trip, she would shake hands with me. Now she embraced me, and I cried. She actually said, "I'll miss you." That was sweet, but it was also unnecessary.

After a PhD in the works of Dickens, Katherine Ashenburg became a CBC radio producer and an editor at the Globe and Mail. Her books include The Mourner's Dance: What We Do When People Die, and The Dirt on Clean: An Unsanitized History.

The Cure

Aleah Sato

My attitude is never to be satisfied, never enough, never.

—Duke Ellington

I have tried the dress and the clock,
waiting for that invisible ring of the phone
to call me back, plant me in a window seat,
place a book in hand or today's work.
I have tried the imaging of children
in a kitchen, calling "Mother! Mother!"—
my own mother's red hair painting
their china faces with my absence.

I have tried with *together* branded on my skin,
a city brushed grey against my frame;
friends singing their urgent mantras in my ear—
You just need to get out more.
You just need to stay in.
I tried with the whole of him dwindling down
until the obscurity of us fell into the black.

There are men who have saddled their mares.
I have learned their brute tactics. All of them failed.
There are men, too, who have poured into me
everything—
promised everything—left with everything
in the thimbleful of actual.
I have tried questions:
Is touch nicer than glass?

Can perfume replace a memory of night?

then made my bed of twigs and again found the match.

I tried with the grainy ghosts at my door,
threatening to leave and enter in—their gulls
flapping bent wings against the water.

I have tried this liminal state
of half-bowls of food, half-clothed guests, half-
attempts to unhook

for good.

When you came to my house,
I had become the final starving
thing of my own making.

When you pointed to the air,
how did I know the words of sunlight?

My feet were here, on this ground,
and yet, I could not ignore
the blaze from the fire,
the warmth.

How had I forgotten?

Aleah Sato is the author of Badlands and Stillborn Wilderness. Her work has appeared in numerous print and online journals, including Adirondack Review, American Poetry Journal, and Eclectica. She resides in beautiful southwestern Colorado.

You Can Be Madonna If You Want To

Jennifer Sears

They left school during lunch hour. He kissed her as they pulled out of the high school parking lot and then turned up the stereo. It was February in northern Indiana and a storm had just added foot of new snow to all that had fallen months ago. They tunneled slowly between dirty snow banks that rose higher than the car. Black ice dotted the road. In the passenger seat, Cat pulled a plaid blanket around her shoulders while steadying the paper bag in her lap.

He kissed her again at a traffic light.

"Thanks for coming," Cat said.

"Thanks for coming? Why wouldn't I come?" Luke was irritable.

"Thanks for coming," Cat said. "That's all I mean."

"So, what do you think? I'm an asshole?"

"Of course not!" Cat grabbed Luke's hand on the gearshift. "I love you," she said, even though she knew he wished he could leave her.

"We've decided," he said.

Cat shrugged.

"I mean, we're just kids," he said. "We're sixteen."

Cat looked out the window. She didn't feel like a kid.

"We're too young to be having kids."

"I know that," Cat said.

Luke reached over the gearshift and kissed her again.

Traffic started moving. Cat loved how the city she'd known her whole life glistened like a fairy tale after a storm. The sky was suspiciously

blue. Snow rested in the crevices of the trees, their branches glistening with ice. People skied excitedly down unplowed side streets. Even the dreariest structure looked like a gingerbread house frosted with snow. Soon everything would be grey and mushy and ordinary again.

Luke turned down the stereo. "What time was the appointment again?"

"Noon," she said. "I've told you three times now."

"And you gave them your name?"

"Yes."

"Your real name?"

"Yes."

"You could have used a different name," he said.

"Why wouldn't I just use my name?"

"You didn't give them my name, did you?"

"Luke!" Cat closed her eyes. "I gave them my name. That's all."

"OK," he said. She heard him fiddling with the radio again until he settled on a hard rock station from Southern Michigan. "I'm sorry," he added.

He wheeled the car around the corner. Cat opened her eyes and pointed at a shabby house. The drive and walk hadn't been shovelled. "I think that's it," she said.

Luke pulled to the side of the road. "Are you sure?"

She pointed. "There's a sign." A marquee sign on wheels read FREE TESTING in red block letters along with a phone number. "This has to be it."

"You'd think they'd do a little more with it," he said, pulling the car as far as he could into the drive, stopping under a large tree. He switched off the music. As Cat began to crawl out of the warm blanket, a branch weighed down with snow fell in front of the car. Ice pelted the hood.

"Damn," Luke said. "Close."

They went up the front steps. Closer up, the house still looked like a house, except for a sticker on the front door that said, "Enter," and below that "Entrez-vous," and below that "Por favor, pasa," as if anyone spoke anything but English in their town.

Inside, a woman sat behind a folding table reading a book. A wire rack filled with pamphlets stood beside a couch. The rest of the front room was empty. Cat stepped closer to Luke.

“Welcome,” the woman said pleasantly enough, but she didn’t smile like most people Cat knew. “Do you have an appointment?” she asked.

Cat gave her first and last name. “I called yesterday,” she said.

The woman dragged her index finger down the list and shook her head. “You used your real name?”

“I called,” Cat insisted. She set the paper bag on the table.

“All I have is a Madonna,” the woman said. “And a Princess Leah.”

Cat giggled, but then she stopped because no one else did.

“Madonna,” Luke said irritably. He touched Cat’s elbow. “Remember?”

The woman glared at Luke. “You can be Madonna if you want to,” she said and closed the appointment book. “It will only take me a minute to set up the lab.”

“Jeez,” Luke said as the woman left the room. “Everyone thinks I’m an asshole.”

“I don’t,” Cat said.

They sat on the couch. He put his arm around her and held her tight, the way she liked to be held. “Are you OK?” he asked.

Cat nodded.

“We don’t know anything yet.”

“We don’t.” Cat pulled his hand even tighter around her shoulders. “I’m cold,” she said.

“You’re always cold,” he said.

“Madonna,” the woman called out when she returned, as if others waited in the shabby room. Luke stood with Cat.

“You’re coming, too?” the woman asked sharply.

Luke didn’t say anything. Cat picked up the bag from the table. They followed the woman into a small room with a large desk, a television, and a folding chair.

“I guess I’ll have to find you a chair,” the woman said curtly to Luke. “Since you’re going to be in here, too.” She left the room.

Cat sat on the folding chair. Her knees hit the desk.

“I don’t like this place,” Luke said. “For Chrissake, you can’t even move in here.”

The woman returned with another chair and opened it behind Luke. She went behind the desk and squeezed her hands into latex gloves

that snapped loudly around her wrists. "I'll take the sample," she said. Beneath the latex, the woman's almond-coloured nails and long fingers turned into beige tentacles reaching toward Cat.

Cat gave her the bag.

"You did a home test?" the woman asked.

"Yes," Luke said sharply.

"Yes?" The woman directed the question to Cat.

Cat nodded. It was a little lie, but now a lie she'd told twice. There was no way she could bring a test or anything like that home. It had been three months since she'd had her period. That was all.

"I'll take this into the lab. You can watch this while you wait." The woman turned on a video, flipped off the light, and went to the other side of the room behind a cheap shower curtain. Through the thin plastic, Cat could see the woman's silhouette as she took the jar from the bag. She heard her unscrew the lid as a man with a familiar movie star's voice began to narrate the video.

On the television monitor they viewed buckets filled with fetuses swimming in blood as the narrator gave statistics about the number of fetuses disposed of each day. One sequence sped through the developmental stages of the embryo.

"I feel sick," Cat whispered when the embryo evolved to three months.

Luke put his arm around her shoulders.

Cat looked out the window. On the tree in front of their car, the remaining branches reached toward the winter sky. In one of its crevices, fresh snow topped an abandoned nest. Cat stared at it. As the narrator announced X-ray footage of a fetus squirming inside its mother's body, Cat imagined she could see three secret eggs in the nest, each one containing a tiny human fetus. Their tiny fingers opened and closed; their big heads pushed against the insides of the thin shells, mouths opening upward like baby birds. Cat concentrated so hard on the babies in the nest, she almost didn't hear Luke say, "This is shit."

"What?" she whispered. The woman behind the shower curtain stopped moving. She was listening.

"This is shit," Luke said loudly. "We're in the wrong kind of place."

"What are you talking about?" Cat asked. He was Catholic and knew more about practical things.

“Let’s go,” Luke said, but he didn’t move.

The woman went back to her task behind the curtain until the movie ended with a tiny creature somersaulting contentedly to classical music in its crimson den. She pushed away the shower curtain and switched off the TV. “Well?” she asked.

“We’d just like the results for the test,” Luke said. “That’s all we came for.”

The woman walked behind the desk. “It isn’t that easy.”

“It is,” he said.

“What’s easy?” Cat asked.

“We’d like the results,” Luke demanded.

The woman said to Cat, “I’d like to speak with you alone.”

Luke gripped Cat’s shoulders even tighter. “No way,” he said.

“Alone,” the woman said, looking at Cat.

“You’re not talking to her alone,” Luke said.

The cramped room was silent. Snow had muffled the whole world outside. When Luke moved his hand from Cat’s shoulders and grabbed her metal chair, the sound seemed unnaturally loud.

“This is ridiculous,” Cat said. She turned to Luke. “Go on. I’ll be fine.”

“Five minutes,” the woman said to Luke.

“I’ll be fine,” Cat said again.

“I’m back in five minutes,” Luke said to Cat. “Five minutes. I’m counting,” he said to the woman as he shut the door.

Alone with Cat, the woman pursed her lips, as if ordering her thoughts.

Cat smiled to be polite.

“Young lady,” the woman said, “consider your family.”

Cat looked down. Her parents knew she wasn’t a virgin, but she didn’t want to think about them right then. “Is there a baby?” she asked.

“Dear,” the woman continued, more gently. “If you can’t control yourself around boys . . .”

“I don’t hang around boys. I only hang around him.” Cat put her hand on the empty chair. “Can he come back in now?”

“No.” The woman snapped a fresh pair of gloves over her hands and went back behind the shower curtain.

Cat heard objects being picked up and set down again. She looked

back to the nest. The babies! No one else knew they were there. Open mouths pressed against the inside of their shells—the babies were waiting for her.

The woman walked back into the room holding a sheet of paper and sat behind the wooden desk. Cat stared at the paper. Winter light shone through the window and made it almost transparent.

“Is there a baby?” Cat asked. She tried to see through the paper. She wanted an answer.

“Dear,” the woman said. She set the paper down and took off the second pair of gloves. “You don’t realize how young you are.”

Jealous, Cat was thinking. The woman was old. She probably couldn’t even have babies anymore.

“Not to mention, you are terribly thin.”

Jealous! Cat stood up so quickly, she felt dizzy. The woman was jealous! That’s why she didn’t want to tell her. Cat grabbed the edge of the desk. “Tell me,” she said.

“It’s been five minutes,” the boy said, opening the door. “It’s been five minutes at least.” He stood next to Cat. “What did she say?”

“Luke,” Cat smiled and stepped toward him. “I’m fine.”

“Is she pregnant?” he asked the woman.

The woman opened a drawer and put the paper inside it. “We don’t know,” she said. “We can’t tell from the test.”

“You can’t do that!” Cat said.

“What did she tell you?” Luke demanded, looking at Cat.

“Maybe it’s too early,” the woman said. “Maybe she’s too thin.”

“It’s been three months!” Cat grabbed the edge of the desk again.

“We want you to come back,” the woman said to Cat. “Alone.”

“Crackpot place,” Luke said. “We’re leaving. You people don’t know anything.”

But Cat wouldn’t move. “I want you to tell me,” Cat said. “I want you to tell him.”

“Tell me what?” he said.

“There’s a baby,” Cat said. She let go of the desk. “Somewhere. I just know there is.”

“Call us,” the woman said to Cat.

“There’s a baby,” Cat said again.

The woman pointed toward a side door. "You can leave from this door," she said. "In case you don't want anyone to see."

"See what?" Cat said. She didn't think she understood anything anymore.

A woman they hadn't seen before entered the room with their coats. "You'll be leaving from here?"

"Jesus," Luke said, as they put on their coats. "Yes, we're going. We're both going."

"Call us," the woman said to Cat, as they walked through the door onto the snowy steps.

They made their way down the drive. Luke opened Cat's door, and after she got inside he grabbed the blanket and wrapped Cat up as tight as he could. He tucked in the ends and kissed her. "That lady was full of shit, Cat," he said.

As he went around the car to the driver's side, Cat looked at the tree. The nest wasn't visible as they sat inside the car, but Cat knew the babies were there.

"What did she say to you?" Luke said after he started the engine. "That's what I want to know."

"Nothing," Cat said.

"I hated that more than anything, leaving you in there, alone with her." He kissed her on the forehead.

Cat stared at the tree. How could he not feel them?

"We can't go back to school now," he said. "Let's go to the park." He began to back the car out of the driveway. They moved away from the tree.

"Stop!" she shouted.

"What?" He put the brakes on. "For Chrissakes, what?"

"I can't . . . get that movie out of my head," she said. She stared at the tree. Even if he knew the babies were there, he wouldn't want them. It was the best she could do to keep him beneath the branches for a little bit longer. She wanted him there.

"That movie didn't mean anything." Luke pulled the parking brake and searched through the blanket for her hand. "Those ladies are nuts. You know that, don't you? It was one of those places that pretend to be a real place. Just our luck," he said. "I hate this town."

Cat stared at the branches.

“Look,” he said. “I’ll still pay.”

“She told me to stay away from you.” Cat started giggling. She didn’t know why.

Luke pushed her hand away. “What’s wrong with you?”

Cat kept smiling. She put her hand on her stomach.

He hit the steering wheel with both fists. “We don’t know anything yet.”

“I know that,” Cat said, smiling still.

“I can’t marry you,” Luke said. He put his hands over his face.

“I know that,” she said.

“I don’t want to,” he said.

She nodded.

“I don’t love you,” Luke said.

Cat looked back at the tree because it almost sounded like he was going to cry, and she’d never seen him cry before.

“I know that,” she said.

Jennifer Sears’s writing appears in publications including Ninth Letter, Fence, the Boston Globe, the Journal of the Center for Mennonite Writing, and Gilded Serpent Journal of Middle Eastern Music and Dance. Her website is <http://www.HolisticBellyDanceProject.com>.

Mirrors

Ann Howells

Flushed and damp you stepped from the tub
swirling wreaths of Coty's Emeraude
mist and memory condensing on the mirror.
You fell; I was not there to hear.
Half a continent away, I browsed flea markets
oblivious—felt no unsettling of roots
no buffeting beneath my wings—
arms cradled only secondhand books.

Daddy did what he knew—
straightened your limbs, covered you,
called the rescue squad, their grill lettered
in mirror writing. But you had slipped beyond
the glass, looked out at me through my eyes,
spoke to me with my tongue, gentled me
with my own hands, hugging fiercely
as keening began deep in my throat.

How thin you look, as though life's juices,
as they drained, stole bulk that plumped you,
made you round and dimpled as I remember.
I touch your photographs, smudged,
dog-eared from passing hand to hand.
They are imprecise—snapped
an instant too soon or too late
to catch your spirit.

Frownlines gather above my brow—
yet tears are few. It is my nature, as yours,
to weep openly only in joy, conceal pain, and
shoulder guilt handed me on scraps of paper,
spread thickly on bread, stirred into tea.
Half of all we've done for one another
arose from guilt, when love
would have been enough.

Ann Howells, of Carrollton, Texas, worked as a cryo-mycology researcher. She serves on the board of Dallas Poets Community, a literary non-profit. Her writings appear in many small press and university journals.

Discussion Guide

The Flaccid Fork

Monica Kidd hints at the movement of dietetics that is partly responsible for bland hospital food. Recently, critics such as Michael Pollan have spoken out against this “nutritionist” view and in favour of viewing food holistically and intrinsically linked to health. How do the views of Pollan and Kidd correspond to current medical views and practices?

The Fantasy

What is the effect and purpose of evoking imagery from Greek mythology?

Head Control

Donna L. Trump acknowledges that she was unable to live up to her declaration, “I will not put words in peoples’ mouths.” What are some of the ethical and literary issues facing health care professionals who write about, and with, individuals requiring care? How does she come to terms with these in “Head Control”?

When Love Goes

In Vuong Quoc Vu’s four poems, he returns to the themes of death and loss. How does he describe the relationship between creativity and death?

Analgesia

How would you characterize the relationship between Mr. Kampo and Dr. Nye? How does it develop over the course of the narrative? The imagery of bridges is suspended throughout; how do the bridges link with the plot and characters?

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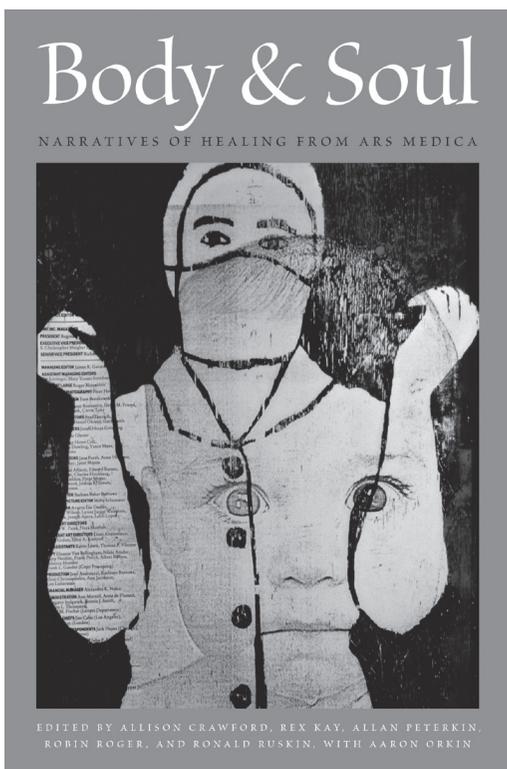
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