

Packets of Air

On a gorgeous late afternoon in early October, I was hitting tennis balls at the high school with my friend Bart. It's our custom to squeeze our tennis in during the last hour of daylight, so we had met shortly after five o'clock. The autumn acceleration of daylight's diminishing always somehow feels unexpected. We knew darkness would come earlier each day, and yet each year we remarked on our surprise at just how early, how soon. With just a few weeks left of outdoor play, there was a sense not of urgency exactly, but of the necessity of appreciating each hour left to us. The seasons are often used as metaphors for the stages of life, but if one compared the Berkshire tennis season to life there would be an important incongruity, for the final gasps of outdoor tennis life are the best. The air is cool and crisp, the forest covering Monument Mountain is a crochet of reds, yellows, and browns, glowing in the last of the day's sunshine. You start in a light sweatshirt but quickly warm up and throw it near the net post, and your exertions, which a month earlier wore you down in the heat and humidity, now are invigorating. The cool, thin packets of air filling your lungs vitalize you. You could play for hours, if you had the time.

The mountain eclipsed the sun. The last golden shards of sunshine were visible only on the hills to the east marking the fringes of Beartown State Forest and on the underside of a turkey vulture lit up like a Chinese lantern, gliding over the row of courts. Fifteen minutes later it was becoming difficult for our middle-aged eyes to pick up the speed and direction of the ball coming off the other's racket. One last rally, and we were done. There's always a sadness in having your tennis, when it's going well, cut short by darkness. But I had another reason for deflation of spirit. About fifteen minutes before we stopped I had suddenly, between points, coughed. Then

again, after another point. It soon became a regular little eruption, during play as well. And it wasn't a normal cough. It was painless but originated from an unusual locus, way in the back of the throat.

I had reason to be apprehensive. My fifteen-year-old son, Bram, had just gotten over a two-week struggle with pneumonia. It was nothing too serious, vanquished by antibiotics. But still, it was pneumonia, and I wasn't fifteen, and I had failed to keep away from the coughs and sneezes and had driven him four hours roundtrip to his weekly Saturday music lessons and rehearsals in Boston—two days before his "ear infection" was re-diagnosed as pneumonia.

I drove home in the gloaming, one of those after-tennis rides with the last light bursting over the western hills that made me so grateful to live in the Berkshires. But I coughed all the way. That night the fever began, along with a headache that ibuprofen couldn't touch. My cough was like nothing I'd had before; I was certain I'd gotten Bram's bug. I began calculating how long I should wait before going to the doctor for antibiotics.

Wednesday morning, it turned out. Two awful nights in the guest room coughing, with unquenchable fever, were enough for me. "I know thirty-six hours is a little early to come in," I said to the nurse, and before I could explain my concern she answered, "Yes, it is. The doctor will be in soon," and left.

Dr. Rawlings was a pleasant woman of about my age with a sympathetic expression (unlike the nurse). She listened to my story, heard no pneumonia in my chest, but did detect a slight ear infection. So at least I was able to leave with a prescription for Augmentin (chosen, I think, because of my recent proximity to my son's pneumonia). "You should be feeling much better by Friday, if not tomorrow evening," she said.

That night, although I knew it was too early for the antibiotic to take effect, I was

disheartened by a sensation entirely new to my experience: in addition to the continued raging fever and headache, I could feel a gentle painless clicking high up in my chest. A strangely peaceful flowing feeling inside there. Because of Bram's illness, I was certain that it was the dripping of mucus down into my lungs, the coming of pneumonia.

The next afternoon, Thursday, when I was hopeful I'd see the first signs of improvement, I instead felt myself slipping down the wrong-way slope. My fever was steady at 102°, with little relief from ibuprofen; my headache was a knitting pin ear to ear. That night in the guest room, each time I crawled out from under my cave of blankets and stumbled to the stone-cold bathroom to try to cough up the phlegm that was dripping down my respiratory tract, I would return to my burrow gasping for breath as though I'd been running uphill. In the early hours of the morning I passed the thirty-six-hour mark since beginning antibiotics, and things were just getting worse.

Friday morning there was no question I was going back in. My wife, Mileta, canceled her classes and made the phone call for me, which made me wonder just how bad I looked. I could have made the call and driven myself in; I was just going back to get a stronger antibiotic. When Bram was about to leave for school, he smiled and spoke from experience: "Dad, when the pneumonia goes away you're going to feel amazing. You're going to be so happy!" And then, as he walked out the door, "Bye. I hope you have a good placebo effect!" He had asked me the other night what a placebo was, and I had told him about an essay I'd written once about the remarkable extent of the placebo effect in certain cases. If only I believed that vitamin C could cure pneumonia.

Back at the doctor's office, I was seen by a nurse practitioner, the only appointment we could get. She reminded me of Dr. Rawlings—brown-haired, medium height, sympathetic face—but a decade or more older. Within a couple minutes she had heard the pneumonia in my

lungs, but before she wrote out a new stronger prescription she saw the reading on the pulse oximeter attached to my finger to measure the oxygen saturation in my blood. She paused, and I could see the increased concern on her face. She summoned Dr. Rawlings, and they shook their heads in unison.

"I think we should send you down to the ER," the doctor said. "I know that's no fun, but they can give you oxygen, and some intravenous meds, and do a bunch of tests to see just what's going on. I'm sorry, I know it might be a long day in there." A long day in there. I was to sing this phrase in my mind over the coming days, to an old familiar tune. *A three-hour cruise....*

As another nurse wheels me in a wheelchair downstairs and across the street to the ER, my illness's status seems to jump a level, from your ordinary walking pneumonia to something a bit more rarefied, as though I've been upgraded to Business Class. Still in the chair, now in a curtained cubicle in the ER, hooked to an oxygen tank by a tube in my nose, I note the perturbed looks on the faces of doctors and nurses as they keep cranking up the oxygen higher, trying to get my saturation level to a satisfactory readout. Before Mileta leaves at around two to fetch Bram at school and then our older son Satchel, who's coming home for the long weekend from college, she asks the ER doctor if I'll be coming home today. "Oh no," he says without a pause. "Not with this amount of oxygen."

Sometime in the afternoon I am admitted to the hospital and taken to the Step Down Unit, the ward just under the ICU in the hierarchy of seriousness. I get a glimpse of just how serious as I'm wheeled through the room to my bed on the interior side. We pass by the bed of my roommate, and in one quick glance I take in an obese African-American man, a lot younger than me, with a breathing tube emerging from his throat. It's my last glimpse of him. The rest I learn

later from hearing, through the curtain, doctors and nurses talking to him. Eric is waiting for a colostomy operation, but they can't operate yet because he is diabetic and his sugar levels are way too high. He apparently has not known until now that he is diabetic and is understandably slow to accept the news. It's hard to feel sorry for myself after hearing this radio drama through the curtain. Eric's voice through his breathing tube is thin and raspy. I don't know if he's unaware of the nurse-call button or just impatient, but several times he begins calling out, "Help! Help!" like a drowning man, and I eventually use my call button to rouse a nurse for him.

I'm glad to have the inside bed. I feel somewhat insulated from the bustle of staff dealing with Eric, and I have the privileged benefit of a window view: a slice of sunshine sliding past the edge of the closed blind.

An initial x-ray has showed a disturbingly large percentage of my left lung to be filled with infected fluid. I'm hooked up to an IV now, both to deliver new antibiotics directly to my bloodstream and also to collect blood to begin a series of tests to try to determine just what microbe is causing this sabotage of my respiratory system. A consequence of the IV, though, in conjunction with the oxygen tube, is immobility. The assumption of the nursing staff seems to be that I am not getting out of bed anytime soon. I'm given a plastic bottle with an elbow shape and told it's my urinal. I also hear a reference to the "dreaded bedpan." I try not to think about it for now. Erika, my nurse, comes in and attaches something resembling blood-pressure sleeves to my lower legs. When turned on, these "Sequential Compression Devices" massage my calves by alternately inflating and deflating with air in order to prevent inactivity from causing blood clots. The sensation is pleasant, although they make my legs uncomfortably warm and require me to ask Erika to uncover my feet and remove my socks. I'm beginning to get used to my helplessness.

There is one aspect of it, however, that is causing me distress: the prospect of voiding my bladder and bowels in bed. I realize it's the local custom round these parts, and everyone has to face it at one time or another, but somehow that doesn't make my anticipation more sanguine. Even the handheld urinal is giving me pause. I have difficulties urinating with other people around, even other men in a public restroom. I sometimes have to resort to concentrating on mental multiplication of three-digit numbers in order to be able to relax the appropriate muscles. How will I fare lying on my side in a hospital bed, aware that a doctor, nurse, orderly, or even a friendly visitor might appear at any moment?

It isn't long before the issue is forced and conjecture must give way to experience. I take the plastic bottle in hand, peruse its dogleg contour like an intermediate golfer playing a hole for the first time, and roll onto my side. After a bit of trial and error I discern the function of the thing's form and manage to transfer from one vessel to the other. Before I snap the cover shut in triumph, however, I'm arrested by a telling odor behind me, and I turn to discover a sordid truth. Apparently while concentrating on the technique of elimination on my front side, I have somehow allowed an unwelcome jettison in the back. I have soiled my sheets before I've even had a chance to get used to them.

Horried, I manage to stand up without twisting my oxygen and IV lines, but sadly not before shaking the urinal, which in my shocked reaction I had forgotten to cap, and spilling a good bit of its contents on myself. I certainly cap it now, and then take off the boxer shorts I arrived in and still have on underneath my hospital johnny, and use them to wipe up some of the mess. Three days of antibiotics have killed off enough digestive bacteria to result in a diarrhea that I didn't even notice slipping out. I've done what I can to clean up the sheets and myself, but the former are unsalvageable. I have no choice but to ring the call button.

To my relief (for some reason) it is a male nurse who arrives, and to my further relief he takes the situation in without surprise or annoyance. Of course, I realize, they see much worse than this. In about one minute he has changed the sheets, brought me a bag for my soiled shorts, and gotten me safely back into my clean bed, covered with a clean johnny and a blanket of gratitude.

I've been quite impressed with the friendly demeanor and the skill level of the nurses I've seen. A few, though, however well-meaning, have been a bit clueless, and my impression so far is that the male nurses are less medically proficient than the females (with all due respect to the young man who saved me from own befoulment). Throughout my stay, the staff kept a close watch on my fever, a barometer of the progression of my illness. They took my temperature every few hours, including during their first visit each morning. However, the time of that first visit varied by as much as three hours each day, and my fever, held in check for part of the night by my nighttime meds, began to rise again each morning, growing steadily until I got more Tylenol. I asked a male nurse taking my temperature one morning whether they shouldn't do so at the same time each morning, in order to compare and see if there's any improvement from the previous day. "Nah," he said. "As long as we give them some numbers, it's okay."

On Saturday, my first morning in the hospital, though, the numbers are not okay. My oxygen saturation is still low, even with the oxygen tank turned up to its highest setting. My fever is still over 102°; the corresponding headache is so unrelenting that it's come to seem to me the principal problem. Dr. Dibbla, the chief resident, has been by to see me; he was concerned and asked many questions, rattled off the myriad possible sources of my infection. They're testing for flu, MRSA, Lyme and other tick-borne diseases, and Legionnaires' disease, among others. He calmly assures Mileta and me that they'll get to the bottom of this.

But later another doctor arrives, the attending physician, Dr. Habib Dakkak: dark, diminutive but authoritative, with a trio of sad-eyed medical students in tow. He confers with us in a low, subdued voice. Afterwards, I can recall only a few phrases that bob to the surface: "I realize that this is not the outcome any of us wanted...pneumonia not responding to drugs...I promise we will keep trying..." The doctor walks off with his attendants, and I am certain that I have been given my death sentence. So this is it. No, of course there's still a chance of recovery. But on the other hand there was no mistaking the past tense: "not what any of us wanted." He made it clear that there is a very real possibility that I'm not going to get any better. You read in the paper once in a while about a young healthy person succumbing to a rare drug-resistant bug; even in the age of antibiotics, people do still die of pneumonia, even, occasionally, fifty-year-olds. So this is what it feels like. You go to the doctor, expecting a routine fix, and the next thing you know you're being given the sympathetic looks, the practiced bedside manner for those lost cases.

I'm stunned; I can't believe it's actually happening to me. I turn and see a look of inchoate grief in Mileta's eyes. So I wasn't imagining it. How can a life of such routine pleasures and a good thirty years still in the bank turn so suddenly to a point-blank stare at nothingness? But of course it happens all the time. It can happen to me.

I spend the ensuing hours drifting in and out of sleep, assimilating this latest development. But rather than succumb to despair, I am surprised to find myself accepting the situation—or rather, I find myself concentrating on the alternative. After all, he didn't explicitly say it's curtains. Certainly it must be possible that I'll recover. And for the first time I understand how people with terminal diagnoses can carry on. Even if there's only a ten percent chance of survival (and surely my odds must be better than that), there's a chance. And you expand that

possibility to fill your mind, and you come to believe that it is the future reality. Or perhaps you find yourself able, suddenly after all these years of trying, to forget the future completely and live in the moment, a moment in which you are alive and, if far from feeling your best, not really all that miserable, and in which a team of dedicated caregivers are working to make you well again.

Sometime in the afternoon, I open my eyes to see my cousin Jim and his wife Charlotte, conversing with Mileta and gazing at me with what I can only call pity. Jim is an internist up in Portland, and Char is an obstetrician. I knew they were going to stop by on their way to Connecticut for the weekend, so I'm not surprised to see them. But I am a bit taken aback by their facial expressions. Jim and Char are paragons of bonhomie and optimism, famous for their good cheer and hospitality. They bought a B&B on the next street over from them in their seaside Maine town, apparently for the main purpose of being able to host more family and friends at one time. But now I'm seeing another side of them for the first time: their bedside manner. Jim comes over to me, and instead of laughing at how the Pats have crushed the Dolphins once again he takes my left hand in his right and gives a soft squeeze: "Hey, Marsh." No "Feeling better yet?" No assurance that I'll be up and out of there in no time. Just a sympathetic look I didn't know he had, a soft touch, and "Hey, Marsh." Come on, Jim! It occurs to me that coming here took them a couple of hours out of their way, on a busy weekend when they're going to visit their son who's away at school. Then Char tells me, matter of factly, that my brother Ron, a radiologist down in Houston, is flying up the next day. What's going on here? What sort of dire discussions have been ricocheting around my family's cell phones while I've been lying here in a feverish daze? Did Dr. Dakkak, the dour doctor of doom, have it right?

Mileta goes home to be with the kids, Jim and Char leave to see their son in Connecticut, and I spend the rest of the afternoon drifting in and out of sleep, as the sliver of light behind the window blinds matures and ebbs and hospital staff float in and out of the room like jellyfish on a golden South Florida tide from my childhood. I hear a calm, low, authoritative voice from the other side of the curtain: "Hello Eric, I'm your anesthesiologist. We're not going to be able to do your operation today, as your sugar levels are too high. We're going to try to get them down, and we'll plan on operating tomorrow. Okay?" Eric's response, if any, is inaudible. A little later, there's a rustle behind the curtain, footsteps in the room, and then the same dulcet voice: "Hello Eric, I'm your anesthesiologist. We're not going to be able to do your operation today, as your sugar levels are too high. We're going to try to get them down, and we'll plan on operating tomorrow. Okay?" Why is he repeating himself? A half hour later, he comes in again with the exact same pronouncement. I've had *déjà vu* before, but this is too real. It's not that I feel as though I've heard something before; I am actually experiencing it again and again, in real time. Other bits of overheard conversation begin cycling too: a nurse tells Eric over and over again that she's going to ask "Amber" something related to his medicine. And it's not just sounds. The respiratory therapist brings me a plastic bottle with an orange label and cap and asks me to try to capture some of my sputum in it so they can run tests on it. Then she brings it to me again with the same request. And again.

I tell a nurse about it, and she just smiles and says, "Yeah, isn't it funny when that happens?" But this is not just *déjà vu*! These events actually are repeating themselves. That anesthesiologist actually came in and said the same thing to Eric several times. I heard him! I ask for some paper and a pencil, and I determine to write down anything I hear repeated. Even better, I begin writing down all snippets of conversation overheard from the other side of the room,

determined to capture the next repetition red-handed. If I hear something and go to write it down, and it's already there on the paper, then I will have proven that it's actually occurring twice. Several times I'm sure I've done it, but when I turn to my notes I'm surprised to see that the auditory nugget I've just overheard (for the second or third time, I'm sure) is not already there. But then an old friend returns. I hear his seasoned, reassuring tenor on the other side of the curtain, updating poor Eric: "Hello Eric, I'm your anesthesiologist...." I grab my paper, riffle through the accumulation of hurried notes, and there it is! ".... try to get them down, and we'll plan on operating tomorrow. Okay?" The exact monologue I've just heard again, already recorded, word for word on my paper. Proof that I'm not going crazy!

I wait for one of the doctors to come by and present him with my evidence. But even as I explain my measured experiment and its remarkable data, and wave my papers in front of him, with their (I notice now) mad illegible scrawl, I realize how irrational I'm acting and that I'm really just informing him of another symptom, giving him more information in the hope that he can save me. The two nurses with him, whom I've already confronted with my *déjà vu*, quietly look at the doctor with "See what we mean?" expressions. It's Dr. Dakkik, and, not surprisingly, he has little reaction to my eureka findings. He nods, murmurs something about looking into it, and the trio glides off into the neverland beyond the curtain.

The rest of the afternoon I lie in bed trying not to hallucinate. It's virtually impossible to sleep at night, forced to remain on my back with so many tubes connected to me. Mileta left me the latest *New Yorker* and the volume of Isaac Babel stories I had been about to begin at home, but I'm unable to concentrate on a single sentence. I'm so tired now, but every time I close my eyes I am set upon by strange, disturbing images. Faces appear, originating somewhere down in the nadir of a dark spiral. They rise towards me, hideous specters with eyes rolling like

kaleidoscopes, and as they approach and then veer off to the side one by one, their eyes never unlock their gaze with my own. The only way to dispel them is to jerk my eyes open. I'm exhausted but grateful that at least I'm not seeing these phantasms with my eyes open. Yet.

It is only after I get home that I'll learn how concerned everyone was about my psychotic symptoms. My brother initially guessed that it was a side effect of the pain reliever Ultram, and indeed it might have been. That first full day in the hospital, with the Tylenol making no dent in my fever and headache, I begged the nurse for something stronger, and finally she brought me a single white pill. My recollection is that she told me Ultram was an innocuous, nonprescription pain reliever, but in fact it is a "narcotic-like drug" used to "treat moderate-to-severe pain in adults who require around-the-clock treatment for an extended period of time." And hallucination is among the listed side effects, though presumably rare. However, déjà vu has not been a reported side effect. And I was still nutting out twenty-four hours after my one dose. (More on that later.) Apparently it is not unusual for patients who have been in the hospital for several days to go a little batty. The lack of daylight, impossibility of good sleep, and confinement in a single room can do that. In my case, there was also prolonged lower-than-optimal oxygen levels in my brain, and the doctors were concerned. When Mileta saw me Sunday morning, the next day, I was still raving on about my déjà vu and gripping my chicken-scrawl notes like a manifesto. She went out in the hall and found a nurse.

"Something's wrong," she said. "Marshall is altered. He's not himself."

"I know," said the nurse. "Prepare yourself. A man his age and in good health should not be responding this badly to the pneumonia. They are going to move him to the ICU, and he may have to be put on a ventilator, at which point you will not be able to communicate with him."

Mileta immediately called Jim and Char in Connecticut and in a shaky voice related the

news. They told her they were on their way.

Shortly after Jim and Char arrive, we meet with the doctor of the day, Hafez Alsmaan. (I have been surprised to see how each day a different doctor is on the ward and appears to have taken over the case.) Dr. Alsmaan is dark, of moderate stature, from Demascus but trained right here at Berkshire Medical Center. He is a self-described “intensivist,” which sounds to me like a follower of a fringe religion or a new workout routine but apparently refers to doctors who work the intensive care unit. He arrives carrying a scrap of paper covered with penciled writing and delivers what appears to be a written and well rehearsed speech, in an almost comically earnest tone: “This case is very mysterious, but I want you all to know that we are doing everything we can to figure this out, and we will leave no stone unturned.” He looks to his paper, and at first I think it is notes for his speech, but instead it’s a list of possible causes of my illness. He ticks down the list, asking me questions: “Have you been out of the country recently? Have you had any tick bites? Have you been in contact with birds or bats?” He makes new pencil marks. I see some things have been scratched out already. The paper reminds me of my own madly scrawled notes. When he learns Jim and Char are physicians, he says, “Good, good. We welcome your input. The more heads we have thinking about this, the better chance to solve it.” He says they would like to move me upstairs soon to the ICU. “If you would do us the honor of letting us serve you in our intensive care unit, I promise you that you will have our undying attention. We will do everything in our power to get to the bottom of this. Although I will not be here tomorrow, you will be seeing my mentor, Dr. Ringler, with whom it was my great honor to study, and I tell you it is such an honor to be able to work with him here. You will be in the greatest of hands.”

Jim and Char stay while Mileta goes home for a while, and later in the afternoon I open my eyes to see her back in the room accompanied by Bram. I'm shocked to see him, as I know he has a phobia regarding doctor's offices, hospitals, even hearing discussion of medical issues. I was sure he wouldn't want to see me in this state, in my hospital johnny, my breathing compromised, hooked up to machines. I also thought it was understood that we didn't want the boys exposed to my illness, even though I probably caught it from Bram. I'm afraid I respond somewhat negatively, saying he shouldn't be here, but luckily no one seems to hear me. We just exchange weak hand waves. He's only there for a few minutes anyway, as he's going with Jim and Char to Connecticut for the evening. They have spent some time this afternoon talking to doctors out of my view, and, outwardly anyway, they seem more like their old cheerful selves. (Though apparently they weren't so sanguine upon getting back to my aunt and uncle's house. My cousin Stacey told me later she was never so worried in her life as she was after getting their report.)

I've actually been feeling significantly better since late Saturday afternoon, when the Ultram melted away my fever and headache. But a chest x-ray shows that the pernicious white opacity in my left lung has grown larger. The CT scan they did Saturday showed a very large pneumonia occupying a significant part of my left lung and some of the right lung, too. And my oxygen saturation is the same dismal 87%, even with my oxygen tank turned up high. A few times I've taken the oxygen cannula out of my nostrils and pulled my IV with me to the bathroom, and by the time I get myself back into bed I'm panting like a mountain hiker. Around five o'clock Sunday afternoon they put me on a gurney and wheel me up to the ICU.

I have no sense of space or direction and surrender myself to higher forces as we rumble down a hallway, into an elevator—I don't even feel my normal claustrophobic spike in that dead

interval before the G-force increase—and out again into a strange new environment. I sense an atmosphere of mild chaos as we approach a corner room which is apparently our destination. A couple of young nurses are running around still getting the room ready and gesturing with exasperation to each other behind the back of an older nurse who seems to be in charge.

This is Margaret “Maggie” Merwin, an anomaly among the nursing staff not only for her age, sixty or so, but also for her appearance and demeanor. She looks like a matronly Head Nurse out of *Dr. Kildare*, and within minutes I see the cause of the animosity surrounding her. She and a young nurse together slide me from the gurney to my new bed. I’m sure I could sit up and move myself, but I let them do it by the book: one, two, three, and heave-ho, they slide the sheet I’m lying on right over to the bed. Their synchronized performance seemed acceptable to me, but Maggie does not hesitate to give her evaluation: “That was fine. Except you forgot to tell him you were about to do it.” “Yes I did.” “No, he looked surprised.” The younger, tight-lipped: “That happens.” Impatiently waiting to take over my care, Maggie instructs another nurse who is taking my blood, “They will only need one vial.” To someone else in the hall: “She’ll be right there. She only needs *one vial*.”

Despite rousing the antagonism of her younger colleagues, though, Maggie turns out to be a kind and skillful nurse. She learned her profession in an earlier era, and apparently there is a certain amount of leeway in a nurse’s protocol. She is the only nurse, in my entire hospital stay, who will offer me a sponge bath. I say “offer,” but her pronouncement “How about a sponge bath, Mr. Fisher” has no question mark, and before I know it I am being expertly scrubbed up and down, top and bottom, with no effort required on my part except when she hands me a washcloth and courteously leaves the room for a minute so I can attend to my private parts—as if any part of me is private at this point.

While getting her materials together, she also threw out a question, with, it seemed to me, an air of hopefulness: "Would you like a shave as well?" She was asking the right guy. I've always been a devotee of the salon shave, however rarely I've been given the opportunity. I've got a nine-day growth right now, and I'm surprised she's game, but the enthusiasm seems to be mutual. She gathers a whole bag of disposable razors, apologizing for their cheap quality. Clearly she is an experienced shaver and takes pride in her skill. She begins by rubbing my beard with warm cloths and emollient creams and lotions. Then, holding each section of skin taught with her hands, she scrapes with the grain, disposing of each razor after one use, no rinsing. "I keep telling them," she says, "if they would provide better razors I wouldn't have to go through so many." I suspect she's the only nurse using them at all. It feels good to be in her hands, with attention focused on a healthy part of my body. There is no scratching, no cuts. Fifteen minutes later she finishes with one last flourish and declares proudly, "Mr. Fisher, you've been shaved by a woman!" It's a hell of a job, too, better than the shave I was once treated to at a fancy salon on the Avenue George V in Paris, by a master *barbier* with his straight-edge. Not quite as smooth as my own against-the-grain jobs, but admirably even all around. I am put in mind of an anecdote my brother once told me about an Australian physician he'd followed on one of his rounds in med school. When visiting even the most serious cases, Doc Dundee would declare, "All you need is a shower and a shave, mate!" And I must admit, I feel halfway cured. Only my hair, though Maggie combs it, remains unwashed and oily.

The last thing I was expecting when I went to my doctor's office was a salon shave in the ICU. And in the ICU, I certainly wasn't expecting to see Sven Svensson, in the black scrubs of an orderly. Maggie, noticing that I am unable to stretch my legs out, has called him in to attach a metal extension to the bed. Sven is the tall, athletic hipster who used to own the old video store

in our town. He and his wife, though close to our age, were pierced and tattooed and attracted a younger, skate- and snowboarding crowd. Yet Sven (though his wife was the one with a Harvard-Law-professor mother and an NPR-reporter sister) always had a mature and intelligent look in his eye. Even when he bought the business from Crazy Dave, the shady character during whose tenure my kids were scared to go in the store, Sven knew it was soon to go the way of drive-in theaters and milk trucks. That was fine. He'd done all sorts of work before; this was just for the time being. And sure enough, a few years ago he sold his inventory and disappeared from West Stockbridge. I run into him from time to time, but the last I heard he was working on a nearby farm. It must have been a while ago, because it turns out he's been an orderly here for six years and is very close to finishing his nursing degree. After shaking my hand with a sympathetic look, he stands by my bed and gestures with his hands at the ward around us: "Yeah, this is my world now." Your world and mine, I think as he turns his attention to the metal framing of my bed.

Now that I can stretch my legs out, I relax in my private ICU room. There has been a rotating fan on since I arrived. From the feel of the air, I sense that it has a complex mechanism that causes the breeze to sweep not only horizontally but vertically as well. The resulting swirl is mesmerizing. I'm put in mind of a warm ocean breeze: as I was getting my sponge bath, eyes closed, I imagined I was on the beach in Southern California, waves crashing on the shore. Now golden parallelograms of sunset light angle through the blinds of my seaside motel. Later, as the light outside changes, and new shifts of nurses come through, and even my bed and other furniture get moved around (or is this a figment of my delirium), I imagine myself in different parts of the world, as if the fan is magically transporting me there. Arabia in the sun of noon, the Russian steppes at daybreak, the Australian outback under the stars. At the end of three days, it's

hard to believe I've been in the same room all the time: aside from the fantasized world travel, the furniture and design of the room, even the layout of the hallway outside, seem to have transformed with the turnover of personnel.

Even in the Step Down ward, I was bemused after a couple of long days to think that I had been in the same bed in the same room all the time. As the litany of attending doctors, residents, and nurses came through to talk with and examine me, I had the feeling that I was the one moving around the ward, traveling to various offices to meet with the specialists. While I remembered some doctors standing by my bed, my memory of talking with Dr. Alsmaan, a short man, was of standing next to him and looking down. Dr. Ringler, the pulmonologist, seemed to be speaking to us from the head of a classroom, with his entourage of medical students beside him and Mileta and others in chairs. Even without the magic fan, the changing light and cast of characters gave me the impression of passage between different chambers, different scenes.

A sponge bath, a shave, some Tylenol to keep the fever down (no more Ultram for me), and indeed I do feel like a new man. The ICU doesn't seem so bad; I settle down for the night with Maggie reassuringly visible at her station outside the door. I soon need to urinate, but that's all right, I've been getting the knack of it. I ring for a urinal, use it like a pro, and ring again. Maggie takes it, notes the volume, and flushes it in the bathroom with the dedicated spraying arm attached to the toilet. An hour later, oddly enough, I have to go again, and fill the cup just as much. Then again, less than an hour later. I suspect I have irritable bladder syndrome, except that I really do have a lot of urine to get rid of. All through the night, in between brief snatches of sleep, I call and nurses and orderlies file in. Each snaps on a pair of disposable plastic gloves, collects the warm container and notes the amount of liquid in it, flushes it with the special

apparatus, returns the empty vessel to my bedside table, flips the used gloves into the trash can, and dabs a bit of liquid sterilizer from a dispenser onto his hands before leaving. Every half hour or so, from seven p.m. until about four-thirty in the morning. I complain to several of them, worried that something is wrong, but no one else seems concerned at this biblical deluge. I learn later that the doctors wanted to make sure I didn't get dehydrated and overdid it a bit with my IV fluids.

Monday morning, seven a.m., a new nurse relieves the night nurse who had succeeded Maggie. (The nurses, like schoolteachers, care for you devotedly for a term and then disappear into the ether of their own lives.) Gerri is also about sixty but lean, strong, and energetic. Curly light hair cut short, arms thin but strong in the way some women's slight frames belie their physical power. Cheerful and practical, exuding a no-nonsense optimism. Whereas Maggie and other nurses seemed to think I should not get out of bed for anything, Gerri encourages me to eat my breakfast sitting up at a chair. "You wouldn't eat breakfast lying down at home, would you?" No, but I also wouldn't have a tube up my nose. Nonetheless, I'm grateful for her attitude, especially when she encourages me to get up and use the toilet in the bathroom, never mind the difficulty of moving the IV stand and oxygen tank. For this if nothing else, I consider her the best nurse I've had. Alas, I was not immediately aware of her can-do attitude, and so, feeling the dreaded need in my bowels shortly after she arrived, I rang my buzzer and announced with the stoical air of an old hand, "I think it's time for the bedpan." She brought me the infamous plastic bowl, which was alarmingly shallow, it seemed to me, and left me to it. I gave it the old college try, but quite a time went by with no result. Mental long division, it appears, wasn't going to do the trick. Finally, though, some mental barricade dissolved or was forgotten for one instant, and I was able to let loose into the pan with an explosive blast. I realized I hadn't even thought about

toilet paper. Gerri answered my ring and removed the pan, gave it a puzzled inspection, and said there was nothing there. "What?" I couldn't believe it, but a quick glance confirmed her evaluation. Must've just been gas. It was only later when, emboldened by that humiliating failure, I asked if I could use the toilet, that I learned that's what she thought I should have been doing all along.

I know I shouldn't be, but I am a bit embarrassed when a nurse or orderly helps me get to the bathroom with my rolling apparatus of tubes and tanks, for the johnny they've given me only covers the front of me. Other than the straps which tie in back, my rear is open to the breeze. I ask one orderly, a short young man with glasses and a beard, if they have any garments which might leave more to the imagination. His response is wide-eyed and deadpan: "I don't think so. Most of the patients we get up here don't move. Or talk."

His words make me gratifyingly aware of my physical superiority to my wardmates, as though I were a standout athlete. Like Mr. Bean emerging from a public bathroom wanting to show everyone how dry his pants are, I am proud of my ability to converse and to stumble with my medical apparatus from bed to toilet.

His words also, though, remind me I'm in the ICU, and why. It's been more than twelve hours, and I'm still not on the ventilator, so that's a good sign. But as long as I remain here, it's because the machine may still be necessary. If it is, they'll add a sedative to my IV feed which will put me to sleep, and I'll remain unconscious until I can breathe on my own again. I've welcomed such sedation in the past for oral surgery, a colonoscopy, even toe surgery; there's nothing like sleeping through temporary pain or discomfort. But in this case, when the drug enters my veins and I fall away from consciousness, there will no guarantee of waking up. I don't even have any idea what the odds will be. This is as close as I've ever come to facing the

inevitable infinite void, the thought of which has continued to terrify me—whenever I allow my mind to consider it—since childhood.

Yet I don't feel terrified. At home, if I wake in the middle of the night and let down my guard—give way to the realization that just as quickly as the past thirty years have slipped by, so too will the next thirty, following which I will cease to be, forever and ever and ever—my chest fills with panic, and I have to leave my bed, have a cup of tea, maybe a shot of bourbon, on rare occasions a Valium. In recent years I've managed simply to follow the only advice I could give my boys when they were upset about the same thing: don't think about that now. But here, in the intensive-care unit, on the edge of the abyss, I don't feel the panic. For one thing, I don't really believe I'm destined for the ventilator. As long as I don't exert myself, I feel as though I'm breathing fine with the help of the oxygen. And since my fever and headache abated, some thirty-six hours ago, I haven't really felt that bad. My mind also is too consumed, perhaps, with concerns of the digestive system: the mechanics of plastic urinals or travel to the bathroom, and the unappetizing breakfast left for me on a tray. Under a golden dome, as though from room service at the Four Seasons, lies a spherical molded lump of goo the color of scrambled eggs but with the shape and texture of a neat bowel movement. After just a moment of confusion, I recognize that it is indeed scrambled eggs. The taste, though, brings back the uncertainty. In fact, the entire time I've been in the hospital I've been able to eat only a fraction of the food they've brought me. Even the task of checking off the items I would like for the next day's three meals has become odious. I read "Turkey sandwich" or "jello plate" and feel a wave of nausea. Everyone, even the nurses, jokes about hospital food, but when you're subjected to it you have to wonder why it has to be this way. Surely everyone agrees that a good diet is integral to good health. Yet here, where one would think a healthy intake of food would be more crucial than

anywhere, the bill of fare inspires nothing so much as a hunger strike.

Or maybe it's not so much the quality of the food affecting my appetite as the effect of my illness—and incarceration. My brother Ron arrives this morning, and for lunch he runs out and brings back sandwiches from the Marketplace Café which, in normal circumstances, I would consume in a grateful gorging. But today the big, sloppy grilled cheese with tomatoes provokes the same revulsion as the egg-stool.

It's wonderful, however, to have Ron there, even if a bit disconcerting that my situation was dire enough for him, the head of nuclear medicine at a large hospital in Houston, to take a whole week off work and fly up on the spur of the moment. Ron is an eternal optimist, and just having him there in the hospital makes the situation seem brighter. When our father was diagnosed three years ago with metastatic melanoma, in most cases a death sentence, Ron never showed the slightest sign of resignation. He flew Dad down to Houston, got him the best oncologist in town, cheerfully touted the new anti-immune drugs that had just hit the market, and oversaw his treatment for months. And sure enough, Dad's was one of the lucky cases in which the new drugs worked perfectly: his tumors shrank like puddles in the sun, and he's been cancer-free ever since. What's a little pneumonia compared to that? Ron spends his first day in the Berkshires consulting with my various doctors and translating the situation to Miletta and me with a characteristically rosy inflection.

It's also nice for Miletta to have him there to help at home. Bram needs to be ferried to and from school and appointments, and Satchel is home for the first time from his freshman year of college, for a four-day break. He came home Friday night, my first night in the hospital, and by yesterday it was clear I was going to miss his entire visit. (And I don't want him visiting me here and picking up any bugs himself.) So it's nice to have Uncle Ron there, as a sort of

surrogate dad: picking up takeout, shooting baskets with the kids, joking around in the kitchen late at night. While I lie here in my sexy nightie with a turkey sandwich.

Early Monday evening, while they're having Indian food for dinner, a normal nuclear family—Mom, Uncle, boys—I begin to hear the faint strains of a classical chorus rehearsing in some nearby building. “O Tannenbaum, O Tannenbaum....” I realize it must be the Berkshire Lyric chorus, of which Mileta is a member, rehearsing for their Christmas concert. Sure enough, it's Monday, just past 7:30pm, their weekly rehearsal. They convene about a mile from the hospital, so I'm surprised I can hear them, but there it is. I text Mileta:

**Marshall:** Do I hear your chorus?

**Mileta:** Huh?

**Marshall:** I can barely hear a large serious chorus rehearsing Tannenbaum, old Man River...others

**Mileta:** I forgot I was supposed to go tonight!

She changes the subject, but a week later I learn of the look she and Ron exchanged as she showed him my text. Can't still be the Ultram. I ask Gerri if she hears the singing, and she indulges me by coming over and listening by the window but just shrugs. She says there are only hospital buildings around, and in any case the windows are thick and shut.

Eventually I realize the music is coming from my magic fan. It emits two distinct pitches of hum as it oscillates, and the choir is singing to its rhythm. But my knowledge now that it's just the fan does little to dispel the fact that I am *hearing* this chorus. Not just “O Tannenbaum” but also “Shenandoah” (which I misnamed in my text): “Hum hum hum, you rolling river....” As the evening deepens, however, the sound of the Berkshire Lyric is more often replaced by a deep, raucous, medieval chanting. And when I close my eyes and listen I can see deep down into a hole in a rocky landscape, where a dystopian clan of primitive warriors are chanting in a cave by flickering light, led by a demonic figure holding a torch aloft.

Then it's back to the classical singers in their Monday work clothes. But whichever choral ensemble it is, I cannot help but hear it constantly, though no one else can. What's more, I am *certain* I've heard the same groups singing the same songs on that same fan at BMC, years before. This is not a new experience.

And then, that same evening, before Ron comes back, I am absolutely certain that I hear him talking out in the hall. There is a family out there, in fact. They're not all familiar, but that's definitely Ron, and then I hear a woman who sounds exactly like Char, and someone's doing a pretty good Aunt Sandy too. And they keep referring to Bram. I know it's not really them, but it somehow comforts me to hear their voices. On the other hand, I think, *What the fuck is happening inside my brain??*

Gerri has been working a superwoman shift, sixteen hours, seven to eleven. "I don't mind," she says. "I don't have to get up tomorrow." But as the night goes on, she appears to be getting fidgety. Her friend Bill, who used to work here but now is full-time at the psych ward across the street, is subbing for the nurse on the next shift, and she's worried, she tells me, that he'll be late. Sure enough he comes ambling in at 11:07 and then leaves her for another two minutes while he runs back to the other building to grab a snack and drink from the machine. When he gets back, Gerri, instead of heading for home, lights into him with impressive venom, considering I'm lying right here, tethered to my tubes, well within hearing range. The ensuing twenty-minute argument begins with incrimination and defense worthy of a long-married couple but ends with laughter and good-natured ribbing. I really need to urinate, and halfway through I finally push my buzzer, but I'm completely ignored until the argument dissipates. Gerri loses my "Favorite Nurse" award and finally abandons Bill to the long night.

Bill is a disheveled, pudgy, bearded man about Gerri's age, a nice, well-meaning, but apparently pretty rusty ICU nurse. He seems sloppy and harried and almost immediately has to call another nurse for help on something, and then again has to call someone from IV Therapy to get a new IV in. The other nurses are obviously not pleased with him. But he is gentle and solicitous, and very obliging about getting me to the bathroom a couple times, not a simple operation with all my tubes connected. I'm grateful, especially when I have a large bowel movement just before the end of his shift at seven a.m. He encourages me to take my time, no hurry.

The night nurses, though, exist in an ephemeral, time-lapse world. You see them once, twice, three times, and then it's morning and they vanish into the unseen rush hour. Bill is relieved by Jen, my Tuesday nurse. Tall, slim, moderately attractive, she exudes competence and has an understated but opportune sense of humor. At one point during the day I am complaining once again, to Ron, about my inability to get any decent sleep. The thirty-thousand-dollar ICU bed is programmable with the patient's size and weight and automatically changes contour regularly to prevent bedsores and also to provide lumbar support. It has a massage feature which is like a motel bed's "magic fingers" with road rage—I can't take it for more than a minute. I'm telling Ron how despite all these features, and the controls which let me customize the shape of the bed as often as I want, I just can't get comfortable. Jen, who happens to be in the room checking my medication, says I sound kind of like the princess and the pea. Ron cracks up, and I have to smile too: thanks for the sympathy. I feel for a moment like we're in a bar in Houston in '89, when I stayed with Ron for the summer and we often hung out with a young woman named Janey, a friend of a friend. Mexican food, beer, pool balls clicking, lazy, easy jokes.

No, I'm fifty-two with an oxygen tank and a plastic urinal by my bed. And just when I'm

starting to think that I'm feeling better, my breath coming a tad easier, my appetite showing signs of a comeback, the doctor of the day comes in. And she and all her entourage are covered head to toe with protective gear. Paper gowns, plastic gloves, and surgical masks. Was there a terrorist attack of Anthrax? No, but Dr. Callahan, a young woman not long out of her pulmonary/critical care fellowship at NYU, highly touted by Dr. Ringler the day before, has decided that the uncertainty surrounding the pathogen of my illness necessitates following full protective protocol. And so, even though doctors and nurses (and my family) have been in my room without masks for five days, including when I was at my worst, and now I seem to be improving, the order goes out that no hospital personnel may enter my room without complete *Hot Zone* gear.

Jen is refreshingly slow to comply, and Ron, not only a physician but a person particularly concerned with infection in general, forgoes the mask too: after all, he's been in the room for days without one. Even Dr. Delpilar, the infectious-disease specialist, who has been a daily presence during my stay, mutters to Ron (through his mask) that there's nothing to be afraid of at this point. But by the afternoon, all hospital staff, even when just cleaning out a urinal, have to go through the donning and then trashing of the full outfit for each visit to my room. Watching them, I hope that stuff is either recyclable or biodegradable. Not likely.

And yet, in contradistinction to the alarmist contagion order focused on my room, I *have* been improving. Over the weekend they decided to upgrade the chemical arsenal to Levaquin, their strongest, widest-spectrum antibiotic, and it appears to have finally taken effect. My oxygen saturation is up to 94%, and they've been lowering the amount coming in from the tank. My fever is gone. The threat of the ventilator is gone as well, and I'm told sometime in the afternoon that as soon as a room opens up downstairs I will be leaving the ICU. Not long after that, without

pomp or ceremony, or even a wave of "ciao" from Jen, an orderly arrives to slide me onto a gurney and transport me away. As he's packing my stuff up into plastic bags—the *New Yorker* and poor Isaac Babel still untouched, unread—I am struck by the sight of my oscillating fan, the "magic fan" that transported me around the world on the wings of my feverish, oxygen-starved brain and provided a maniacal soundtrack of angelic and demonic choirs. Somebody has turned it off, and it is just sitting there, an ordinary plastic fan from K-mart. It reminds me of Hobbes the tiger whenever an adult is present: a suddenly lifeless, inanimate thing. Or the end of a kids' movie, when the magic wears off, the fantasy ends, and the young protagonist is returned to his ordinary, safe world.

I'm not yet back in my normal safe world, but certainly a corner has been turned. I am feeling much better now and begin agitating for release, petitioning each doctor who stops by. There has been a surprise benefit to having been put on contagion alert, and that is that I am required to have a room to myself. So the other bed in this room is empty, and I can even remove the oxygen cannula from my nose and make my way with my IV over to my private bathroom on my own. I continue my respiratory treatments with the nebulizer, and I begin taking walks around the hallway with Justine, the young nurse on duty in this new, low-urgency ward. They've been gradually turning down the level of oxygen I'm getting from the tank, and now I'm able to walk, very slowly, around the hallway without losing ground on the oximeter. They still haven't identified the pathogen that put me at death's door, but whatever that bug was, it has finally met its antibiotic match. In twenty-four hours, it seems, I've gone from hearing demon choirs, with the specter of the ventilator out in the hall, to rapid improvement and, at long last, talk of release. I'm elated, but as the afternoon slips away, no one is arriving to check me out. Another sunset reflects off the brick wall outside my window and illuminates a corner of my

room, another workday is ending. It looks like one more night for the princess and the pea.

Ron, who has been offering to get any food I want for several days, finally hits gold on this final evening, when I had briefly been expecting to be eating at home. My favorite meal of all suddenly comes to me like a flash of insight, and Ron runs out to Jae's and brings back a full sushi dinner. I know even before I bite in that my appetite is back and my ordeal near its end. I savor the exquisite pleasure, after days of awful stews and sandwiches and scrambled eggs served in a fecal lump, of dipping a gorgeous slice of salmon in the soy sauce and wasabi and biting into it....ah, the first gustatory pleasure in a week. Even so, there is a reminder of my compromised condition: for the first time ever, I am unable to finish a full portion of sushi.

It feels like a sudden cascade of recovery: the waning of fever, increase of lung capacity, return of appetite. And tonight, finally, I am cut loose from my IV line and oxygen tube. My robotic berth transforms from a cage of discomfort to something resembling a real bed, where one can sleep. I turn luxuriously from right to left, sleep on my side, fold an arm under my head when I want. Actually sleep for several hours at a time, until they wake me for good in the early morning: routine checkups, cured or not.

By late morning, Dr. Delpilar comes in for one last look and declares, "Time to kick you to the curb." A nurse removes the IV port from my forearm and leaves me to get dressed and pack my things. (Isaac Babel, I will read you at home, I promise.) Mileta fetches the car from the parking garage, and Ron stays to help me walk out. I'm surprised that no nurse is there to escort me; I'd half expected to be wheeled out in a chair, as I'd arrived six days ago, anticipating a few boring hours in the ER. But no, Ron takes my bag and we walk slowly together out of the ward without so much as a wave goodbye to anyone, unnoticed, out to the elevators. "I'm walking out like a man," I declare, and for some reason we both find it funny.

Ah, the sun and the sky! I feel euphoric as I climb gingerly into the passenger seat. It's an unusual sensation to be "riding shotgun," ill or not, and I observe like a child the city traffic, the clouds, and the countryside leading to our neighborhood. It all seems new and different. In a flash we're home, and I'm walking through our yard, which, in the space of only a week, has transformed. It is, after all, the middle of October, and I've missed some of my favorite days of the year. The peak foliage passed while I was away; the grass is high and peppered now with brown and orange leaves. Though the lawn is still green, and the shrubs around the house still lush, there's a feeling of impending demise about all the vegetation. Overgrown and ended.

The first thing I do at home is take my first shower in a week. A glance in the mirror at my naked body startles me. My face is gaunt, my body that of a scrawny old man. The scale tells me I've lost fourteen pounds. My skin feels sensitive as I wash in the shower, my flesh fragile. Afterwards, I settle into my recliner in the living room and spend the rest of the afternoon just gazing out the window, along with our kitten, Virginia. She replaced Velvet, a beloved calico whom we had not expected to die this year. It is Virginia's first autumn, and she's astounded by the falling of the leaves. So am I. They swirl all around the window-framed view; it's that perfect moment when there's plenty of color left in the woods and the air is filled with leaves, riding the wind, darting about en masse like a murmuration of starlings. We sit together, the cat and I, mesmerized by the glorious descent of life.