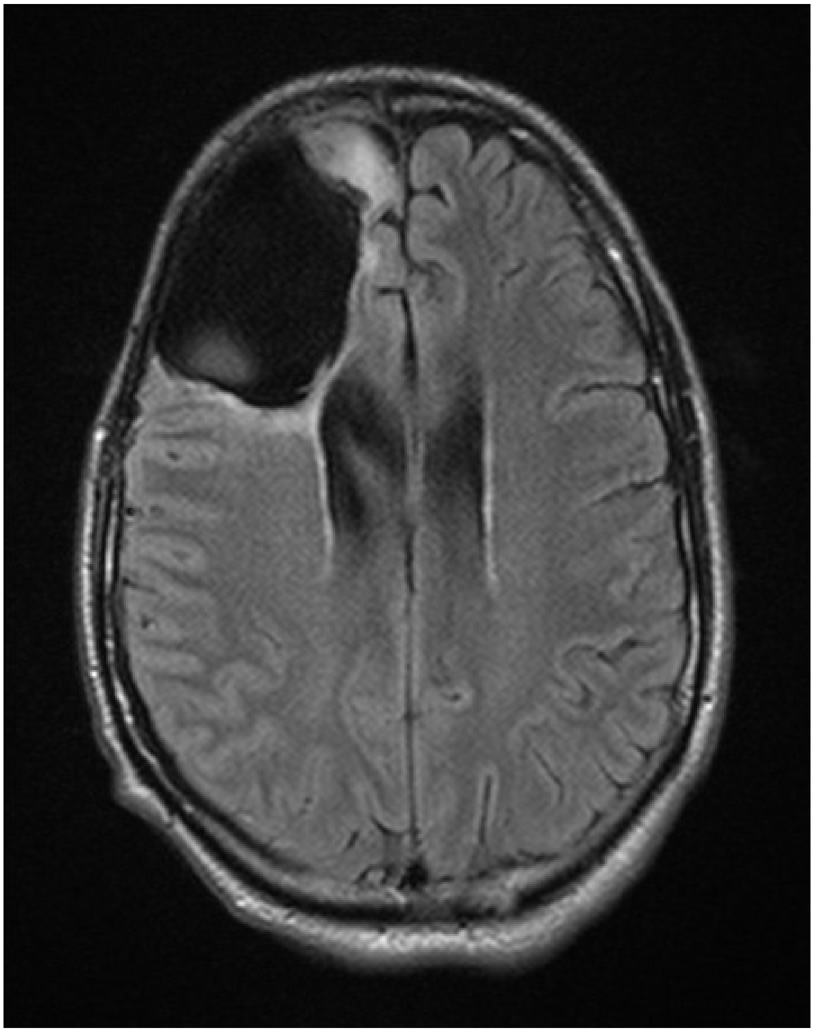

# A THEOLOGY OF BRAIN TUMORS

by Michael Finley

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*To the ones who really matter …*
*Jonathan my pride, Daniele my joy,*
*and Rachel the delight of my days.*

# Acknowledgments

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## Thar She Blows

Let me begin by telling you what I was thinking about the night my head caved in. I'm a 48 year old freelance writer, a hack writer with a hacking winter cough. It's been with me for two weeks, and every time I cough it rattles my timbers.

I work at home, in our remodeled attic, seldom more than an intercom call from my wife Rachel and Jon and Daniele, our kids. I am a business writer, and I write articles and books with business themes, about teams and change and such. Since I don't know much about the business of business, I focus on the human side of it -- what the workplace feels like (awful) and what managers go through to run an organization (hell).

I'm always scheming some new idea. In truth I am less a book writer than a book schemer, having written over a hundred book proposals in my time. I have never written a best-seller, so most of my ideas go nowhere. My current scheme may be the worst yet: I am convincing myself to write a business book incorporating the lessons of *Moby Dick*.

OK, laugh. Everyone does. But I am certain, tonight at least, it will be a great book, perhaps the greatest book ever, for a hack book anyway. I liked the story of the white whale as a child, and I read the actual book for the first time on a recent vacation. Since I have just discovered it, I am assuming no one else is familiar with it. If you squint and turn your head sideways, and ignore all the cosmic literary stuff, there are numerous lessons in the book about teamwork and leadership. My plan is that the hip half of my readership will snort at the foolishness of the idea but lap it up because it's funny; and the other half will take it at face value and think, "How true." Either way, I get both halves, and who knows, there may be thousands of each kind, and some lucky author will be able to buy lots of groceries.

Andrea, my astute agent, assures me that my idea is without value. “Mike,” she advises me, “people hate *Moby Dick*. I hate *Moby Dick*. There is probably no more hated book than *Moby Dick*.”

I accept that attitude. I can even work it into the model, I tell myself. I intend to open the book with a declaration of anti-intellectualism: “Hey, when you were in school, did you, like me, read the Cliff's Notes version *Moby Dick* instead of the Melville version?”

See, I'll make a negative into a positive, converting dislike into like. I know I can do it because I have already talked myself into it. When you're me, you get very good at making positives out of negatives.

It is just past midnight, January 22, 1999. I am typing like crazy, interrupted only by coughing. I am surrounded by Kleenex and empty Diet Coke cans, and the blather is flying thick and furious, about how the sailors in the row boats formed cohesive cross collaborative units to keep the whale from killing them, and how the visionary leader

-- OK, the insane visionary leader -- skillfully defined a mission and motivated the enterprise to achieve it.

I am on a roll. I feel great because I have a model that excites me, and that I have already written in my imagination. *This* would go here, and I would put *that* there. It'll work. Writing is so great.

The idea is to keep working for another hour. But I'm all keyed up and need to stretch out to settle down. I get up from my desk to do some quick calisthenics to limber myself up for another dozen paragraphs. A fit of coughing comes over me, and I hack till I am red in the face, and my head feels hot from the commotion.

So I lie down on the exercise mat, do a half dozen sit-ups and some stretching routines. It feels good to stretch my neck and shoulders in the sun salute, even when my pose is interrupted by more coughing.

But when I stand up, I begin to feel something in my head. It feels like someone has started up a lawnmower inside my skull. It begins as an insistent throb in a single spot, then it spreads rapidly, like the paint eruption on the Sherwin-Williams logo "We cover the earth"). Wave after wave of pain ripples up from the base of my neck, radiating over the top of my head.

# The Big Hurt

I sink into my swivel chair, holding my head in my hands. Within seconds I slide off the chair and slip to my knees, whimpering. I tell you, I have never felt anything so painful or that made me feel so mortal.

I want to be with my wife so I stand and wobble over to the stairway and begin to stumble down. The pain is not letting up, and I simultaneously starting to feel like I am freezing. I hesitate to wake her up, but I consider that the alternative might be her waking in the morning to find me dead. Which was worse.

"Honey," I moan.

Rachel sits up instantly. Something in my voice told her this is important. She's a family nurse practitioner, and a damn good one. "What is it?" she asks. "What's wrong?"

"I hurt myself," I gasp. "Really bad. My head."

"What did you do? What happened?"

I lie down beside her, and shifting to a horizontal angle only makes it worse, like my head is a bottle full of pain, and someone has shaken the bottle, and the pain is now sloshing to and fro, and each slosh throws me from side to side.

She fusses over me in the dark, feeling my forehead, checking my pulse, chattering about possible diagnoses – a migraine, a burst aneurysm, a blood clot, a stroke.

"I'm cold," I say, shivering in the sheets.

Rachel fetches a handful of Advils, which I gulp down with water. The throbbing continues, but by lying still I am able to get some kind of distance from it, like it isn't my pain any more, like I'm just a tourist alongside some smoking crater, having my picture taken.

I fall asleep like that, and sleep for three hours, when the alarm rings. When I awake, the headache is gone, although my head feels beat up, like a puddle on a battlefield that has been driven through by many tanks.

"I can’t believe you went back to sleep," Rachel says. "I was up worrying you wouldn’t wake up."

We talk about what happened. She goes over the possibilities again: migraine, aneurysm, stroke. I want to think that the least possible thing has happened. It hurt one time, but it was a fluke. The stress of tomorrow's trip might have triggered it.

I don't feel like I am going to die right away, like I did before. I feel -- like a gong that has never been struck, and now it has been struck, and the reverberations still hang in the air. I feel hollow and beaten. But I seem able to do my usual things -- stand, walk, go to the bathroom. I'm probably well enough to travel. Hell, I'm probably fine.

And so we decide that I will proceed on my trip to Ohio for a week, to be with my mother who has crushed her foot in a bad fall. She really needs someone there to help with meals, laundry, and bathing. I'll schedule a doctor's appointment the day I return home. I'm definitely fine.

I board the plane to Ohio with some premonitions. If I have an aneurysm or have suffered a stroke, it's conceivable to me that the air pressure of the cabin might have a negative effect on me. I picture the pressure in my head building as we increase altitude, until I splatter against the double-paned plastic plane window.

It doesn't happen. I touch down in Cleveland with my head intact and drive to the empty house right on Lake Erie, about 35 miles west of Cleveland. My mother is still at the nursing home. The place is in disarray. I bound up the stairs she slipped on a month earlier, disintegrating the bones in her left foot. Mary Mulligan Konik is 76 years old, a Type 1 diabetic for 25 years -- the serious kind. The injury was such that she has had to stay in a nursing home until she mends enough to return home. I am here to make the first week at home easier and to accident-proof the house.

From the looks of things my mom is at low ebb. Since her second husband (my stepdad) Dick died of a brain tumor in 1991, it has been one thing after another. A thief broke in and made off with her family treasures. A flood washed through her house and wrecked everything else. Distraught after all this trouble, and weakened by diabetes, she suffered a major heart attack and required open heart surgery. She has terrible diabetes. Every day she swallows a plate full of pills, many of whose primary functions are to counteract each other. A medical miracle, she was just climbing out of this figurative hole when she slipped on the literal stairs, and the bones in her left foot turned to moosh. The only academic article Rachel ever wrote and published was on this very nightmare: "The Diabetic Foot."

I drive to the nursing home. I come upon my mom in the cafeteria, and I am heartened by her appearance. Everyone else in the room looks very old and depressed. My mother is holding court with some ladies over lemon-coconut pudding-cake, and her eyes are bright. She knew I was coming for her, and she wants witnesses that she is making good her escape. She is a gifted talker, and very good at getting people a little less smart than her on her side, like courtiers. She is a regal woman who blesses you with her attention. Today is a victory for her. She's leaving this place on the arm of her successful son.

It is especially a victory because, in our family, I am the runaway bunny come back to the briar patch. I quit college when I was a sophomore in 1969, and disappeared without telling anyone. It was just another in a series of heartbreaks for her, but I felt like I needed to break free from this house of pain to live my own life. I wound up settling down in Minnesota.

I have always been absorbed in my own plans and my own family -- not the good, attentive son who calls twice a week. But I try to be cheerful and supportive in a long-distance sort of way. She is proud that I am a published writer -- it gives her something to club other people over the head with. Best of all, I am here now.

My mom is not your usual mom. Though she didn't go to college when she was young (she did that when she was in her sixties) she has read nearly a book a day, generally history or biography, throughout her adult life. Now in her seventies, following two heart attacks and fifty years of juvenile diabetes, her retention is no longer so good. She can finish a book one night and start reading it again the next morning, because while she may have forgotten a lot of it already, she knows it was a good place to spread a mental blanket and ponder.

She lives in a little white house nestled in a hillside alongside a smelly little creek, separated from Lake Erie by a busy highway and a pair of train tracks, for loading cars and trucks from the Ford assembly plant a mile down the road.

For years she ruled her inelegant and nonverbal stretch of the Erie Coast like an elegant, literate queen. She is still very verbal, and unlike the other old people in the cafeteria she looks ... contemporary. She smiles at me. "Hello, Michael." She puts her hands to my face as I bend to kiss her. I spend the next hour packing her up and moving her home.

My mother's father was an Ulsterman from County Down said to have lost his ticket to America -- aboard the *Titanic* -- in a card game. You may recall seeing a scene like that, involving Leo Dicaprio and some Norwegians, during the credits of the movie. I doubt it was that cinematic, but tempers certainly ran high, for my grandfather felt his future had been stolen from him. When he did come over, about three boats later, he found his way to the farm country north of Flint, Michigan, where he raised quarterhorses and dairy cows. Mary Josephine Mulligan was born in 1923. I do not possess, but I one time saw, a picture of my mother when she was 13, astride her favorite horse. A breeze that blew for only an instant, long ago, is moving across her face and long dark hair. Her look, as she pats the neck of the horse, is all beauty and unawareness, a slight but determined dimple in her brow.

The Depression hit Michigan hard. As she neared high school graduation, her father informed her that even though she was the oldest, and helped raise her sister and four brothers, there was no money for her to go to college. She wound up waitressing in a Flint coffeeshop, on the lookout for a way out of the life she was leading. One day, my father came in for lunch.

Paul Finley was the prince of a relatively well-to-do Scots-Irish family that raised cigar tobacco and other crops in a Wisconsin township called Rising Sun on a high ridge near the Mississippi River. As a boy he was in a sledding accident, crashing his sled into a barbwire fence, and tore his face up, so that his nose sat a little higher on his face than most people's noses do.

He was a clever boy but he had trouble, as all Finley boys seem to, relating to peers. When he was fourteen his relations with schoolmates was so bad he left home to live with his big sister at college, to get away from bullies. I imagine he was very cocky then, because he sure is now. And here were negative feelings against his family because his mother led numerous help-the-poor efforts in the area, and some families resented her generosity. That may explain why a few township kids picked on him. Paul was smart and ambitious, but impulsive. By the time he became an engineering student at General Motors Institute in Flint, he had plans to become head of GM some day. He once told me, fifty years later, that the only thing he really wanted from life was to make women, in particular beautiful women, laugh. (I looked up at him, and told him that was all I wanted, too.)

The story my dad once told me was that he was in love with a woman that looked just like my mom. She threw him over, so when he met Mary, he saw it as a chance for redemption, or at least replication, and began applying pressure on her almost immediately. Their first date was at a wedding, and to steal attention from the bride and groom -- this had to be my dad's idea -- Paul and Mary announced their own engagement on the spot. The waitress and the engineering student saw one another as the solutions to the life problems of the other.

It started as a joke, but they actually followed through it and got married and started having children. They caused way more problems for one another than they solved.

So I get my mom home from the nursing home, and we spend a week together. I make meals and clean up for her, and set up some safety rails in her bathroom.

"You know," I tell her the first night, "something happened to me, to my head the night before I flew down." I know this remark will carry freight because of her second husband Dick’s malignant brain tumor. I assure her that whatever happened to me, it isn’t like what happened to Dick.

We get along reasonably well during the week. I am able to clean up and cook. But as the days pass, my persistent cough moves into the laryngeal area, and by Wednesday, I am unable to make a sound, even when coughing. It seems a rip-off that on my one visit all year with my loquacious mom I am be unable to utter a sound, and can communicate only by handwritten notes. EAT YOUR PEAS, I pencil with great certitude on the spiral notebook page.

Privately, I feel more uncertain. I am sleepy, a lot. Sometimes it steals over me in a moment, and I have to lie down on a couch to sleep -- sometimes for two hours. It can happen right after waking up in the morning, too -- very unusual for me. Fighting off this kind of torpor is unthinkable. The call to quiescence must be honored, it cannot be resisted. The best I can do is get horizontal, quick. And before I nod off I may hear a bubble rising up inside my head, like a dish on the stovetop, still sputtering as it cools.

And I have a "wounded" feeling in my head, like it was in a fight, and needs time to get its powers back. I can nod, and I can shake my head no -- but only gently. I do not want to shake my head and feel the pain again. I feel like there is a gun in there, and it is cocked and loaded, and I do not want to bump it and make it go off.

I notice that when I do anything a little strenuous, like stepping up two flights of stairs at a moderate pace, the pain begins to return to my head. I get a swimming feeling, then a noisy throbbing, and then I close my eyes from the pain. I have to take it easy. The slightest thing can set it off -- a big yawn, or "pushing" when I go to the bathroom. If I were constipated, my life would be in danger, I think.

At night, in my old teenage bedroom, far from home and feeling a little lost, I attempt to masturbate. But the pain prevents me. The closer I draw to completion, the worse the pain becomes. You know when you are excited, and you feel the blood pounding in your head? That’s how it is for me, only the pounding is very loud, and the pain is incontestable -- I can't permit it, I have to back down from it, like what I remember a ferocious beating feels like, and will do anything to avoid another.

During the week I am in Ohio, I try masturbating every night, to see if my head is getting better. I am unable to get even within striking distance. I feel like a dog in an electric collar, that shocks him whenever he approaches the property perimeter. It finally dawns on me that I have done something very debilitating to myself.

Despite feeling woozy, I make a point during my visit to get out of the house once a day. I go grocery shopping at Rini Rego. I pick up the mail. I drive through the town I grew up in, Amherst. I like to see our old house, and wonder who's living there now. I visit the sandstone quarries to the south of town, enormous pits where workers carved out the steps of just about every library in America.

And I visit my sister Kathy's grave nearby. Kathy was the oldest of us, born in 1945. My dad was off winning the war at some naval station in Sault Ste. Marie, keeping Lake Huron Nazi-free, when Kathy was born. There was something wrong with her -- her skin was dark, with a bluish cast, and her energy was poor. My mom found out that Kathy was a "bluebaby" -- a cyanotic condition caused by a defective heart valve, more common before 1950 -- not from her doctors but from an article in *Life* magazine.

Kathy was not expected to live long, but she managed to eke out 15 years with us. She was an artistic person who loved to draw horses and perform in little plays in our garage. She suffered but did not complain much. Some of the kids at school made fun of her complexion: "Look out, Kathy, here comes the Purple People Eater!" Some of it was just stupidly cruel.

When she was 15, Kathy needed to have dental work, because she never outgrew her baby teeth, and they were all rotting in her gums. The dentist knew it was a dicey procedure, and had my mom sign a release. Sure enough, the extractions caused Kathy to go into a coma, and within a couple of days at Amherst Hospital, she died.

It was a horror to have a child die. My mom's heart broke. To this day I dare not bring up this awful event with her. My dad's heart also broke, perhaps doubly because my mom would not allow him to comfort her. I remember them at the funeral parlor, her sitting in stunned silence, him standing miles away from her, wringing his hands.

Within a year of Kathy's death, my dad would move away to California forever, leaving us to figure out what happened by ourselves.

I remember how embarrassed I was being at the eye of the emotional hurricane. At the funeral I couldn't bear the gaze of my classmates upon me in my grief. I wanted to laugh out loud, to seize control of the moment, and turn it around. And I remember how kind Kathy always was to me. In our crazy family, she and I were perhaps the two most similar people, outgoing and sunny. I spent much of my childhood fetching things for her. I never begrudged a moment of it. How scared she must have been, all her life. Poor little girl. Poor sis.

It's been 34 years since she died, and the stone is already at a tilt, like the graves of nearby Revolutionary War soldiers. And I'm thinking that surely her suffering immunized our family against another great sorrow. She died in order that we would all live uneventful lives, because we just can't take another blow. I must be OK -- Kathy warranteed me with her death.

I don't let on about my worries to my mom. With me using a notepad, we converse as if nothing were amiss.

"Tell me about my grandchildren. How are they? Why couldn't they come, too?"

IN SCHOOL. I answer. DANIELE'S A FRESHMAN IN H.S., DOING FINE, HANGS AROUND WITH PUNKY FRIENDS. JONATHAN IS 10, PLAYING BASKETBALL TODAY. WROTE YOU A LETTER, BACK IN MY SUITCASE.

"What are you writing these days, Michael?" she asks me.

BUSINESS BOOK ABOUT MOBY DICK, I write, nodding for approval.

"Moby Dick?" she says, wrinkling her brow. "That's one book I could never get through. And what does it have to do with business?"

See, my mom knows nothing about business. Once, when I took a job as an account executive at a PR firm, she asked how I could do that when I was never good at math. It took me a few seconds to realize she thought an account exec was like an accountant.

WE SAW THE MOVIE IN 1956, I write her -- ORSON WELLES & GREGORY PECK?

"Oh, Gregory Peck was a favorite of mine," she says.

Actually, we didn't see the movie. She bought me a kids' stamp-book of the movie -- I was 5 -- and I spent days carefully tearing the stamps out and smoothing them onto their respective pages. My favorite was a shot of Ishmael and Starbuck looking up over the riggings at the special effects of Saint Elmo's Fire. I remember wondering what the effect actually looked like -- in the movie, or on the open sea. And wondering who St. Elmo was.

I also remember how frustrating it was for a 5 year old to carefully excise a half dozen scored picture stamps, lick them, and neatly paste them over the appropriate boxes -- only to tear the corner of the seventh stamp, or to have the eighth stamp buckle in the middle and not lie flat. Making books was hard then, and it remains hard to this day.

When the week is over, I embrace my mother goodbye. Is this the last time I will see her alive? Or the last time she will see me alive? I pat her cheek, and tell her to be good and take care. She smiles crookedly at me -- I think she senses something is askew with me, but the deal is not to mention it. I smile sadly back at her, and kiss her on the forehead.

And I drive off in the rental car, gravel spitting under the tires, the music of hasty departures.

# Instruments of Inscription

It's cold and blustery when I land at the charter airport in Minneapolis, and am greeted by Rachel, my kids Daniele and Jon, and the dog. It is so good to see Rachel again. I may be the rod, technically, but she is definitely my staff in life. I trust her judgment more than I can say.

"How are you feeling, sweetie?" she asks after we hug. "I've been so worried."

"Not too bad," I say. "A little jumpy. I get headaches. And every now and then I heard a bubble rising inside my head."

She winces at the image. The dog is going nuts to see me, and in his agitation races into the airport traffic. We cut our greetings short to rescue him from the taxi queue.

Rachel has scheduled an appointment that morning with Tim Rumsey, a doctor at the clinic she works at. I like the selection of Tim because he's a writer, too. He wrote a moving and well received memoir about his brother, *Pictures from a Trip,* several years earlier. I sometimes am envious of other writers, but it delighted me to have a doctor who knew what it was like to take an idea and make it work on paper. Tim was in the august company of physician-writers Anton Chekhov, John Keats, William Carlos Williams, Michael Crichton and Frank Slaughter. He plays a pretty good Chuck Berry-style guitar, too.

In his office Tim examines me generally. It is embarrassing when someone whose opinion matters to you pokes a finger up your butt, but I have cultivated the art of denial to the point where I breezily pretend it didn't happen. Tim plays along -- I imagine he sees all sorts of interesting strategies regarding butt-poking, and mine is not as clever psychologically as I imagine it to be.

Following the examination we sit at a little table and Tim lays out the possibilities, and they are similar to Rachel's guesses.

"You may have suffered an aneurysm," Tim says, "a dangerous bulging of a blood vessel in the brain. But the violence of the event suggests that if you had had aneurysm, then it must have burst. But if it burst, you would likely have died right then. Burst aneurysms are extremely serious."

We discuss the possibility of a stroke. I have a family history of strokes -- my father's mother had a series of strokes leading up to her death at age 77.

"A stroke is a possibility," Tim says. But he points out that I am awfully young for a stroke, and I have none of the usual deficits associated with strokes -- no paralysis or language problems.

Most likely, he says, I have something called a venous malformation. "It is a sort of relatively minor abnormality in the shape of a vein inside your head. It can be serious, but it is not necessarily serious. Many people live their whole lives with venous malformations with no ill effects, like a heart murmur."

I like the idea of a venous malformation, and I start manipulating the conversation to settle on that diagnosis. "So you think the idea of a brain tumor is out?" I ask him, with an encouraging smile. I am thinking about Dick's brain tumor, and how much he suffered before dying, and how he left the family in an emotional and financial heap. Brain tumors are a horror of mine, so I try to sweep aside that possibility, for Tim to rule it out right now and never refer to it again, as a favor to me, you know, writer to writer.

But he won't do it. "We have no reason to think there's any kind of mass in there," Tim says, not quite looking at me. I don't know what makes me shiver, the use of the euphemism *mass* instead of *tumor*, or the way he avoids looking at me when he says it.

"But just to make sure, I'm scheduling some tests for you in radiology."

I nod, but I have the feeling a baton has somehow been passed, that Tim desperately does not want to tell me I have a brain tumor, and is uncomfortable even broaching the topic without evidence on film. This is one job he wants to palm off on specialists -- people who don't know me, who deal with these things coolly and unsentimentally every day.

Friends don’t tell friends they have brain tumors.

So I make appointments at a Saint Paul radiology firm to get an MRI and a CAT scan.

Snow and ice are still on the ground as I drive up to the building, and sign in at the front desk. The info sheet said to wear no metal of any kind, no zippers, snaps or pins, or else change into a hospital gown. I am in no hurry to ever wear one of those stupid gowns, so I wear a jogging suit instead.

The other people in the waiting room are my first glimpse of people who have something funny going on inside. Some of them are attached to wheelchairs and drip tripods. Their attendants trundle them through the double doors and fill in the forms for them. Some of the people seem perfectly normal, flipping languidly through the magazines.

Some have their kids with them. Some of them are kids. Some of the kids are obviously not well. A red bandana covers the bald head of one little girl, who is reading a picture book to her baby brother. Another little boy stares off into space, a beany bag giraffe, or maybe it's a llama, in his lap.

It doesn't register with me that I am on the verge of becoming one of the sick ones. I am banking heavily on the venous malformation diagnosis, thinking it is the most sensible, least fatal possibility. My writer-doctor nearly guaranteed it, didn't he? (I don't know that hundreds of people die annually from venous malformations.)

Finally a technician escorts me back to the machines. Scanners are essentially computers, and they are the same putty color as friendly computers. Being digital, they are more flexible and smarter than analog imaging tools like X-rays. Instead of inputting alphanumeric characters and outputting print or data packets, like regular computers, they input body sounds or blood or bone, and output diagrams, animations, or films.

The machines are so perfect, and so precious, and so imposing, they remind me of the "inscriber" in the Franz Kafka story "The Penal Colony," an instrument designed to write the life story of its victims upon their bodies with a razor stylus until they understand everything there is to understand, to the deepest possible level, then perish from the information.

The MRI or magnetic resonance imager, is good for identifying differences in soft tissue, which conventional X-rays are useless for. The machine is huge, taking up an entire dimly lit room. At its heart it is a tube like a cannon barrel, with a tray on casters that they load you onto. Technicians cross your hands over your heart, as a mortician might, and they place a squeeze toy in your hand, in case you panic from the closeness. People who don't think of themselves as claustrophobic nevertheless take tranquilizers before being inserted in the barrel like human cannonballs. Because once you are in, you are in for forty minutes, and if you twitch you screw up the images. It makes you want to twitch.

Inside, the cannon plays a sequence of strange musical fugues, like the spaceship music in *Close Encounters of the Third Kind*, or the percussive electronic compositions of composer Morton Subotnick. It is insect music, rhythmic, unmelodic clattering that bounces sound off your body parts, and records the densities resisting the sounds -- and then makes images of those densities, going deeper and deeper into the brain, or heart, or gut.

At one point they unload you from the barrel, inject a tracer into a vein, and load you back in and monitor the flow of the tracer through your skull.

I have since taken seven or eight MRIs, but the first is scariest because you don't know, going in, if you will tolerate it, or how long forty minutes seems like. I find I rather like it. With hands crossed on my heart and my face staring up, my only sight the reflection of my toes in the mirror, it makes me think I am attending my own funeral.

The next test is the CT or CAT scan, for computerized axial tomography. It is a smaller machine than the hulking MRI, more like a wide hoop that you pass through, like a floating magician's assistant. The CT scan is not as sensitive to soft tissue as MRI, but the color images it creates are more vivid, creating a colorful kind of topographical map of tissue. Its images have an eerie, arresting beauty. It is also quicker than an MRI -- I am finished in ten minutes.

Going through these two machines makes me feel that I have done something for myself. Perhaps they are my punishment, I convince myself, and my suffering is already over. If so, what a valuable lesson for me about life's vicissitudes. Now I have to process that lesson, put it behind me, and get back to my life.

Two nights later Tim calls me at home. I am watching the news. "Hi, Tim," I say cheerfully. What's up?" I truly think my head problems are a thing of the past.

"Are you sitting?"

"Yes," I say, frowning now.

"Well, it appears that the MRI picked up something -- some kind of a mass."

"A mass," I say, remembering the euphemism. "What kind of mass? Like a tumor?"

"We can’t say for sure. It's a possibility, but there are a dozen other things it might be. It could be some kind of cyst or bone deformation. We need to do another test to get a definitive diagnosis."

"Another test." I feel like I am being drafted back into the army, after I finished my term of service. It wasn't fair. There must be someone I could protest this unfairness to. "What test are we talking about?"

"It's called an angiogram. We put you on a table, then insert a pipette with a camera on the end inside you ..."

"Where? Where do you insert it?"

"In your inguinal region -- your crotch. Then we thread the wire up through your iliac artery, up through your aorta, and then up through the subclavian artery and inside your brain."

I say nothing about the pipette. I am still wording the protest in my head.

"Then we inject dye into your arm, and the dye goes to your head, and we take pictures of the shapes up there."

"To see the whatever."

"To see the mass."

The next day I travel not to the radiological firm but to the nuclear medicine part of United Hospital in Saint Paul. It seems that every step is taking me deeper into the system. Now I am told I *have* to wear a hospital gown. I check my sweats into a locker and carry the key, attached to a large plastic card, along with me.

I had read up a bit about this. Cerebral angiography was developed following World War I to deal with all the head injuries seen during the war. The idea is to view soft tissues in the brain that, without coloration, would be indistinguishable from one another.

I lie down on the table, and the team goes to work. The moment of insertion is painful, as the pipette presses into me. Once inside, however, I can't feel a thing as it threads up the length of me, like a coathanger trying to unlock a car door.

"We're going to release the dye now," the attending radiologist, a man who looks like he spends lots of time in the sun and sand, says.

At precisely timed intervals, the computer releases a jet of dye into the different parts of my brain. Each release is a flash of great warmth, and this warmth is matched on the computer screens above me with the image of the interior of my skull, and my poor, rotten, pewter-filled teeth grinning an X-ray grin.

It is a strange moment, seeing inside my head in real time as the liquid splashes along the pan and burbles away. I am struck by how tender the structures appear, like opening flowers. And I realize, for the first time in this whole process, how dear my brain is to me. This is my computer. The one I think all my thoughts with, utter all my words with, and feel all my feelings with.

This is the moment when the real weight of all that has been happening strikes me. Your brain is your soul, your life. You need it desperately. Without it, nothing else matters.

The radiologist is considerably less intense. He informs me, as the procedure nears completion, that everything looks normal. "I can't see anything like a mass up here, so I'm giving you a clean bill of health," he says. "There is something here, up against the bone, that looks like a gauze or spray of foam. That must be what the MRI saw. But I don't think it's anything important. Perhaps some low-level infection of the mastoid. I've seen this before, how it fools scanners into seeing it as a mass."

You can’t imagine the relief that statement gave Rachel and me.

When the test is over, I huddle with Rachel giddy as a kid. I passed the test. Passed it, hell, I aced it.

"I'll go home and feed the kids," Rachel says. "It'll take an hour or two for them to discharge you. Then I'll come back and pick you up."

Rachel leaves, and I return to my little locker and take my clothes out. How great it feels to slip back into civilian gear. I am muttering little prayers of thanks to nobody in particular when the radiologist wanders into the locker area.

"I need to talk to you. No, don't put your shoes on just yet. I've been on the phone with a neurologist, and he talked me into changing the working diagnosis."

I look up from my shoelaces and squint. "What are we changing the working diagnosis to?"

He sighs. "I fucked up. A tumor. Probably."

I stare at him, open-mouthed. He glances down at his clipboard. "I'd guess it's a meningioma, right there in the sagittal region. You can hardly see it on the frontal scan, I completely missed it the first time. But from the side you can see it very clearly, and it isn't small either -- it's 2.5 centimeters wide. See how it knocked out your venous drainage on one side. Kapow. What you had was a stroke -- pretty good one, too."

All day the doctor had been very breezy and fun. Now he looks tired and disappointed with himself. He shakes his head exasperatedly. "Damn. Don’t know why I missed it."

I can hear myself ask the next question as if from a distance. "So what's it mean?"

"Well, we don’t know that yet," he says. "It could be benign. We'll get you admitted and get some people in here to give us an idea what we have."

I stand up, feeling like a statue, ready to walk to the ward.

"No, you sit down," the doctor says. "I'll call someone down to wheel you up."

"I don't need a wheelchair," I protest. "I'm fine."

He puts his hand on my shoulder, to keep me on the bed. "Hospital rules," he says, smiling.

## Suffering Succotash

"It could be benign," is the last thing the radiologist says to me, not looking up from his chart. Now I am in an actual hospital room, up on the third floor. Rachel is home feeding the kids, imagining all is well with me. Everyone is screwing up big time.

I am sitting Indian-style on the hospital bed, still in street clothes. I'm refusing to swap them for the gown in the closet. That has an aura of finality about it, a permanent trading of the lofty status of citizen for the lesser status of sufferer. I'm fighting to remain in the bargaining phase, but I'm not getting much traction.

It is a shared room. Behind a semi-parted dividing curtain is my roommate, an old man of 90 or so, lying on his back gasping with an open mouth. He has no hair anywhere. No teeth, either. A whiteboard by his bed bears the single name in six-inch green dry-marker characters: HARRY. Harry doesn't look so good.

"Hi, Harry" I say in a choked voice. "I'm Mike."

He stares at me, lifts a bony finger to point, and gasps as if he has something to say. The hospital tape bracelet does a half revolution on his wrist. He drops his hand, looks at me, blinks once, and looks away.

Harry has his TV on very loud -- I figure out later he is very deaf -- a Sylvester and Tweety cartoon. It's one of the more recent ones, from the Chuck Jones era. Sylvester is bitter about the failure of his most recent attempt to kill and eat Tweety, and I hear him uttering the familiar words -- "Sufferin' succotash!"

My mind has no traction for any other topic at that moment, so I dwell on the cartoon phrase. Clearly it was chosen because it took maximum advantage of Sylvester's massive speech deficiencies. In Sylvester's imperfect maw the *s* sounds become sputtering *th*'s. You can't hear it without feeling mentally splattered with a patina of cat saliva.

Succotash, I recall as a vegetable medley of sweet corn kernels and lima or butter beans. When Captain Ahab was a child in Massachussetts Bay -- and what a child he must have been -- he probably sat before bowl after bowl of hot buttered succotash. When the white whale made off with his leg, and left him with a bleeding stump, then Ahab suffered. Yin, yang. Suffering, succotash.

When I was a child, Libby, or maybe it was DelMonte, actually sold a canned succotash product. We bought it maybe once. It wasn't something you'd buy twice. To my ear, the word has a hillbilly sound, like something opened up for Tennessee Ernie Ford's supper, or Lil Abner's.

I have looked this up: the name derives from the Narraganset Indian word *misickquatash*. And the dish stands foursquare in the vestibule of our tradition because it is believed to have been a gift the Indians made to the small band of struggling Puritan settlers of Plymouth Rock. This humble dish of maize and vegetables helped formed the basis of what we mean by thanksgiving.

And I am wondering how many miles it was from Plymouth Rock to Nantucket, from which the doomed Pequod sailed. That boat will never return. And my Moby Dick business book, I suddenly realize, will never be written. That boat is also gone. Sufferin' succotash.

I start to weep, and I weep for the next two hours.

To explain why I felt so devastated, I need to tell the story of my stepfather, Richard Konik.

Dick Konik was my mom's boss at the Holiday Inn on Lake Road in Vermilion. When my sister Kathy died, Dick provided motel rooms to our out-of-town relatives, and he catered the funeral reception, all for free.

Dick was Polish, passionate, stubborn, handsome and assertive as a bull. He was a world-class off-color storyteller, and a natural leader. Men who knew him from the Korean War, or who came to him as a kind of godfather to the Polish émigrés of Cleveland in the 1950s and 60s, knew his word was good, and his commitment absolute. A handshake was all the contract he ever required or engaged in, and it was good enough for most everyone that mattered to him.

He was a fabulous teller of jokes. Here is one I remember from about 1986. I will tell it the way he told it:

> A man named Charlie is sitting on a stool. In comes his friend Harry, who notices he has this big, black shiner. He says "Charlie -- what happened?"
>
> "Oh," says Charlie, "I got it in church." "You what?" "Yeah, I was in church, and we was singing this hymn, and I looked in front of me, and the dress of this woman kind of crept up, you know, so it was kind of stuck up in there. So when I pulled it out, I got this."
>
> "Oh Charlie," Harry says, "you gotta promise me you'll never do that again." So next week, in comes Harry, and Charlie's got two shiners. "Charlie, what happened?"
>
> "Well," says Charlie, "I did just like what you said. I was in church, and the same woman was standing in front of me during the hymn. And I looked at her dress, and it was hanging down straight and normal, and I knew she liked it tucked up in there, so …"

And when the joke was done Dick would howl with pleasure, a high-pitched, red-faced, apoplectic laugh like he experienced the whole story again himself, and how could you possibly not love it at least half as much?

Dick was a generous man. Since, apart from his stories and barked-out orders, he was pretty inarticulate, giving was how he showed people what was in his heart. He was a good man, but he spoiled everyone he loved, including us kids, rotten. All my life he was there for me, usually silently, pressing a secret wad of twenties into my hand when shaking it.

In the late early 80s, during the recession connecting the Carter and Reagan administrations, when I was struggling to get by in New Haven, he gave me a heavy duty pickup truck, for hauling broken cement. I had no broken cement to haul, but I sensed the intent behind his gift and sold the truck for $700. When he asked how it was working our I told him, slightly abashed, that I had sold it. "How much did you get?" he wanted to know.

"Seven hundred," I said.

"That's twice what you could get in Ohio," he said to me. "You did good, Michael. Real good."

I love my real dad, who has also been generous to me. But if I'd sold a gift my real dad gave me, the act would inevitably have been about him. I'm the same way, measuring every act against my dignity and expectations. Dick was better than that.

He was only a modestly successful businessman, running a motel and restaurant way out on the west side of the Cleveland area that his father Frank Konieczkowski, a Polish immigrant and, I'm told, bootlegger, set up for him, on the intuition that the west side was due to grow. It never did. Dick's big windfall came in the 60s, when Holiday Inns of America bought his name to secure their trademark.

When, within a few months of my sister's funeral, heartbroken and confused, my dad took off to try his luck in California, Dick began showing up at our door. I think he saw my mom as an impossibly elegant lady who could not only be great for business, but would be a kind of trophy for him, a benchmark of achievement. He would drive us to Cleveland, 30 miles away, for grandiose six -course Cantonese dinners. He can't have known how low everyone in the house was feeling, or how these trips to the exotic east lifted us up. I knew, and I was grateful. I ingested every grain of fried rice as if it were manna.

He had a grand manner about him. When Dick Konik entered a room, all eyes turned to him. He loved to flash his bankroll around, loved to leave big tips, loved to flirt with waitresses, calling them "honey" and "sweetheart," and making them blush and giggle, right in front of my mom. He was a small-scale Diamond Jim, but it was all a joke, a joke he loved more than anybody.

Dick hired me, at 11, to wash dishes and swab floors at the restaurant. I worked for him, weekends and summers, for six years. It was a mixed opportunity. I remember scrubbing grease-clogged garbage cans under a hot sun, every square centimeter of me and my apron and clothes saturated with animal fat. But I also remember delighting in fraternizing with the young waitresses who worked alongside me, which worked better if I hadn't just been scrubbing garbage cans in the sun.

Dick was something that wasn't understood in those days, dyslexic, and accordingly suspicious of education and the educated elites. And he had a temper. He could be incredibly obnoxious at the restaurant when things failed to meet his standards. When he was in a tantrum he tended to shout in a loud whiny voice absurd rhetorical observations like "What are we running here, a Marshall's Drug Store?" and "If I want a job done half-assed, I have to do it myself."

And he would storm about the back area, doing things the right way, throwing heads of lettuce behind him into a tub, scooping enough ice from the machine to pack a horse in. Five minutes later, the storm would have passed and he would be completely tranquil, as if the shouting madman were another person. His character was such that we simply tuned him out when he was on the warpath, because experience taught us that the mood would pass quickly, and he would be a friend to man again in no time.

After a suitable period of courtship, Dick and Mary got married, and my family moved from Amherst to the new house he'd built next to the restaurant, in Vermilion, on Lake Erie. Overnight, we were rich, compared to the days when my mom worked three jobs. Dick remained very generous. I was astounded when he gave me his car to drive to my new school in, a powerful 1958 V-8 Buick Century sedan. I arrived for my first day with automatic highest status, at the wheel of a monster car. In my whole life, no other gift came close to pleasing me as much.

For two summers, he set me and my brother Pat up in a business, selling fruits and vegetables from a shack by the highway, which he put up just for us. Sweet corn, potatoes, and six-packs of Pepsi paid our college tuition.

Dick was a little scary, and he was no intellectual, but people adored him, because he went out of his way for them. When he sold the restaurant and started a trucking and excavating business, he became truly happy. Like a little boy, he loved the trucks and bulldozers and dirt, and he loved working with rough, inarticulate, grown men like himself instead of chatty teenaged waitresses.

That was when Dick blossomed and became godfather to over a hundred families. The beneficent lord, he would do anything for them, and the feeling was mutual. Polish immigrants clustered about his feet as he dispensed jobs and other favors. His men were phenomenally loyal to him. If you ever got into trouble -- an arrest, a divorce, a death in the family -- Dick was there for you, with cash in hand. The things he was unable to put into words burned in his commitment to other people's happiness and fulfillment.

By 1989, at 60, Dick was one of the best-known and best-liked men in the county. People who understood his popularity but didn't know the man talked about him running for Congress. He was youthful, vigorous, and powerful. But he didn't feel right, and began talking in a way uncharacteristic of him, self-concerned and fretful.

When my mom would tell us on the phone that something was wrong, we did the usual thing, reassured her that Dick was strong as a horse, and nothing could bring him down. But when we visited that summer, he seemed changed -- inward, and angry. One day we arranged to drive 80 miles in two cars to see Shamu the killer whale at Sea World. But something went wrong and we were unable to meet up. Rachel and I and our two kids wandered through the area looking for them for a couple of hours, without success. Bewildered, we drove home again. Late that night, Dick and my mom returned, and Dick was in a hideous mood, seething with rage. As he passed me in the kitchen he gave me a look that would kill small animals. He was a different person.

Several months later Dick and Mary called a family meeting, at a Holiday Inn in Beloit, Wisconsin. Every faction of the extended family showed up, for a discussion of the division of family wealth. Dick had it in his mind that he was going to die, and wanted everyone to be clear on the flow of goods. Again, we tended to pooh-pooh his concerns. But he looked tired, and resigned. It was a time for the next generation to show leadership, but none of us felt worthy.

These were the things I thought of when Dick was finally diagnosed as having a brain tumor. His doctor -- he preferred going to his local doctor because he *knew* him, and he didn't *know* the specialists in Cleveland, so how good could they be? -- assured us that it was, in all likelihood, non-cancerous. For that reason, he dithered for almost a year, relying on CT scans rather than the more sensitive MRI. Of course, by the time we got the MRI scan, the tumor was cancerous as hell, an astrocytoma of feral malignity that invaded his cranium like a homicidal starfish.

The starfish dragged Dick down through a miserable last couple of years, and finally to an awful death, crying out in bed, pounding with his fists, as the last great stroke swept him away.

But I will say this, that once he understood his diagnosis, his personality sweetened again. The reason it sweetened was the same reason it deteriorated in the first place -- because the tumor was pressing against his prefrontal lobe, where the emotions are housed. Because of the pressure, he lost his customary control of his emotions. That was why, despite a lifetime of temper squalls that quickly passed, his anger about the Shamu affair lingered. His emotions worked differently now. And it was why, as the tumor tightened its grip around his life, his unwillingness to confront people directly and tell them how he felt -- and to slide them twenty dollar bills instead -- melted away, revealing a man in love with almost everyone he knew.

I visited him four times in the last year. His health and appearance deteriorated steadily. Chemotherapy took his hair. Radiation took much more. To shrink the tumor, they overheated his head, and destroyed some of his salivary glands and tear ducts, and converted his raspy voice, and laugh you could hear halfway across the county, to a whisper. It seemed he was forever sipping water, to irrigate the dry passages. The tumor did a number on his coordination -- his long stride was replaced shuffling baby steps.

Dick didn't have a hair on his head after chemo. But he liked talking to his barber Dave, who also sold insurance and awnings in the next town over. So we had Dave make house calls, driving over from Amherst. Dave would pretend to cut hair for half an hour or more, chatting about the kids today, or an open lot on the outskirts of town where a supermarket might go. And Dick would nod, or grunt with half open eyes. He didn’t have too many more words left in him, but he was pleased to be served, to be the man again, it made him feel that ghost hair was still coming out of him, unstoppable, wild. When Dave was done he carefully brushed the excess off, shook the cloth off on the porch, let nothing ride away on air.

He and my mother, who had an on-again, off-again love in their marriage, became very close in their last year together. She, the self-educated sophisticated lady, and he, the rough-and-tumble man's man, became best friends. My mom was always very prudish about matters sexual or even physical. Yet at the end, she set aside all her airs, and when he was unable to get to the bathroom by himself, she took his penis and placed it in the urinal jar herself, while he let go. She did it humbly, and with conviction.

I had some extraordinary talks with Dick in the last months of his life. He spent much of his days sitting in the quiet wearing dark glasses, as the dimmest light seemed glaringly bright to him, and high-pitched noises, like my one-year old son Jon's voice, could set off rapid, upsetting aural seizures. He liked to sit by the picture window, watching the finches and warblers flit by the bird feeder.

And he liked to discuss his dreams. A recurring one began with him waiting outside the house at dusk on a summer evening. He was healthy in the dream, and whole. Soon a long black car would pull up by the Lake Road, and inside were George Raft, the actor who played gangsters, and Al Capone. They would gesture for him to climb in, and they would speed off down the two-lane backroads through the farmsteads of Brownhelm Junction, Henrietta, and the Firelands. Along the way Capone would do the talking.

"And you know," Dick said, "people don't understand Al Capone. Everyone makes out like he's this bad guy. But they're wrong. He's OK. He might've done some bad things a long time ago, but I know him. I talked to him. In his heart, he's OK."

It didn't take a Jungian to see that Dick was coming to terms with his own failures in life, through Capone, and finding it in his heart to forgive himself.

We talked about death. It disturbed him that no one in the family was comfortable discussing it with him. But he knew he was dying, and he felt he was the only one of us working through the implications.

"What do you think happens when you die?" I asked him.

He looked at me levelly. "I'm going to be with Jesus, and my mother," he said, with a gulp.

I blurted out that I have always believed that something carries us on after we die -- heaven, or nirvana, or something. I couldn't believe that all this consciousness, all this meaning and memory, simply vanish like a computer shut down.

"I want to die," Dick said. "This is no damn good."

"I hate it that you have to go through all this, Dick," I said. "If you decide you can't go on any longer, and you need help, I'll do anything you want."

Dick smiled. "No, I'll -- I'll get through this. Don't worry about me." He began to sob. "I never knew it could be like this between people. It's so beautiful."

My last visit to Ohio was for a huge farewell picnic in the 20 acre backyard. It was just like the picnics of old, when Dick would smoke a hundred pounds of kielbasa on green apple wood, and enough Coho salmon to fill a tent. The day before the picnic

Dick was still getting about the house in his small two-inch steps. But when the people began to arrive, he felt his strength return, his voice deepen, and late in the afternoon, as the accordionist played, he stood with my mother among the scrub pines and danced a stately, balanced waltz.

That weekend he counseled me. "You know, Michael, in this life you need to think with this head," he said, tapping his left temple, "not this one," he said, pointing below his waist.

"I think some of my problems are because I think too much with this head," I said, indicating the upper one.

"Yeah, well," Dick said, and smiled. "That would be you, wouldn't it."

I nodded.

"You know, Michael, I always loved you," he said, his voice catching, and his eyes weeping tearlessly. "I loved you as much as if you were my own son. And I've never been anything but proud of you."

When I said the car was the nicest gift I ever got, that wasn't quite true. What he told me that day on his bed in Ohio, that was the best.

But when the radiologist told me I had a brain tumor that was "probably benign," my mind leaped to Dick's tumor that was also probably benign. How furious I was with his doctors, who consistently fed him an optimistic diagnosis, until his head practically split open from the beating his tumor gave him.

And now they are doing the same thing with me.

## The Book of Bitching

Before Rachel comes back to be with me, a nurse comes upon me sobbing cross-legged on the bed, and sits with me for perhaps ten minutes. I won't remember the entire conversation, but I will remember resenting at first that she thinks she can talk me out of my grief. Her name was Carrie, and she asks me to say exactly what is tearing me up.

"I feel like I've let everyone down," I say, a rope of snot hanging from my chin.

"How did you do that?"

"Don't you know my diagnosis? I have a brain tumor."

"So? Maybe it's nothing."

"That's what they told my stepdad. Doctors led him down the primrose path. I think it's what they do. I have no confidence in doctors. My sister died getting teeth pulled."

"Your chart says Tim Rumsey is your doctor. I know him, and he's great. You don't like Dr. Rumsey?"

"Tim's a good guy," I concede.

"Well, there you go, then. What doctors don't you like?"

"I -- I really don't know any other doctors all that well." I was irritated with the radiologist who laid the tumor trip on me, but I could see how vexed he was at missing it the first time. I make mistakes. I know how frustrating it can be, professionally. I can relate to how embarrassing it must be to screw up on something this important.

"OK, then it's not the doctors. What's really on your mind?"

"My family." Just saying the word gets me blubbering full boil again. I feel I'm plunging them into something terrible. I can't bear to do this to them"

Carrie doesn't argue with me about that. She holds my hand for maybe five minutes, and tells me that when I actually see them, it won't be as bad as I'm picturing, even if my condition is as bad as I think it is. It never is, she says.

She asks me if I want her to sit with me until Rachel shows up. I look at her, and realize it isn't an act with her. She doesn't know me from Adam, but she is willing to spend time with me to get me through the wait. It strikes me that that is a tremendous service, and just knowing she is willing to do it makes it unnecessary. So I let her go.

"Is there anything I can get you" she asks. "A drink? A little dessert?"

I ask if she could scrounge up a pen and some paper.

I am settling in now with the new reality. Harry is asleep beside me, but his TV blares on. The fluids inside my head are still gurgling from the angiogram, but I'm already healing. I must be, because my hand is busy scribbling down my impressions and thoughts about the hospital ward.

After a few notes about the room and the day, I begin composing a compendium of the things that are bothering me -- fears for my family, fears about suffering, the terrible anger that this is happening to me. The canonity of the list would be my strength -- this can't be happening, because it's just too fucking much like something out of the Book of Job. Suffering succotash!

Here are the complaints I jotted down that night in the hospital, which I have lovingly polished. They are like a baker's dozen of supercomplaints, each one subsuming a handful of subcomplaints. The whining was the healing; even while I was getting into the feelings, I was standing outside them, making notes to myself:

> Pain. Here is something you sense only dimly now, but you know will become sharper and more real as time passes: pain. Dying has to hurt. And pain changes everything. People who think they can stand up to torture are idiots. They say they can do great things with pain medications nowadays. Why do they say that? You complain about the suffering that is in store for you, and how you would like to forego it, like Jesus weeping blood in Gethsemane. You think about the other people you have known who have gotten this diagnosis, people you loved, and the terrible things that befell them. About the triple gauntlet of poison, radiation, and surgery you must pass through, and the deficits you face afterwards, and the pain of recovery, and the vast stretches of time it takes before you die. You complain about losing your sight, about the headaches, about the strange symptoms that overtook you, like double vision, and the heavy feeling in your body that you drag around all day, because of the drugs. And the heavy feeling in your mind, that keeps you from being who you are.
>
> Injustice. It is infernally unfair that other people don't have tumors in their heads and you do. The people on the TV don't have tumors. You complain picturing all the moments life could have been normal, that aren't going to be. Like a bulldozer of crazy tissue, the tumor will edge them all off the page, just like it's edging you off yours. You complain for everyone else that was ever in these shoes -- for the loneliness they must all feel, and the fear, and the grief. You feel a terrible anger stirring inside you, resentment of others, hatred of their comfort. You're like that genie who promised for the first thousand years of imprisonment in the bottle to reward whoever freed you -- but then too much time passed and you became bitter and vowed to blow whoever liberates you away.
>
> Change. Your life is going to undergo major immediate changes that you can't stand back from. Your bankbook is in jeopardy. The things you enjoy doing, you won't be able to do any more. The things you thought you absolutely needed,

you're going to have to postpone. You grieve for the lost opportunities. For the money you could have spent on the kids, or on that dream trip, that will be spent instead on some stupid medical apparatus, or an out-of-town specialist who'll just make things worse. All that money, thrown down the sewer, just so it will take longer to die. You complain because you see yourself losing your job and going on disability, or trying to go back to work but finding you just can't do it. You complain because you'll be getting phone calls during dinner from realtors and mortuaries. There won't ever be any rest from those vultures. You complain because you have the wrong insurance plan, and because now your spouse can never quit her job -- because she'll be carrying you.

Blame. A death in the family is like a house without a broom. Everything seems right, but the place will never get swept clean again. You complain for your spouse, who will have to lie in bed beside this thing every night, alert to every weird twitch. You complain because you promised you'd take care of her, and now she's taking care of you. If you had done your job and stayed healthy, she would never have to be this strong.

Guilt. There must have been something you could have done to prevent this tumor. It was caused by your bad habits, your indifference, your neglect. But that boat has sailed, and here you are. You complain because you know there will be times you will act like a bastard to people you love. Because you will feel bad that day, or be impatient, or because the meds have distorted your outlook. Or you just want to hurt someone, because something's hurting you. You complain because you know you'll fail the people you love, and you'll do it a lot.

How dare we throw the lives of those we love into tumult just because our bodies are copping out? You cry for everyone you love, for all they're losing -- a father, a money-earner, a friend. They're going to have to go on without you if you die, or with only a part of you if you become a full-time patient.

You cry for your kids, who you won't be able to teach and impart what you know. To them you'll always be a mystery, someone with a problem, someone who could not control his emotions around them, someone angry, someone frightening. And when you're gone they'll be bitter about it, and it will undermine them their whole lives, and a part of them will blame you for taking a powder.

Diminution. Everyone will know you are disabled now, or doomed, and they'll all be whispering about you. Or maybe they don't even dare to whisper. That's how bad it is. That's how gone you are. You complain about the phone calls you won't want to take, and for the friends you will drive away, because, really, you're already dead, and they've already mourned, and moved on to other cares. You become obsessive when you are sick. You go from being a rich, rounded character with many interests to a narrow person fixated on one thing, staying alive. In time you leave amateur status behind and become a sufferer by profession.

Depression. The idea of losing everything foretells an incomparable slide into grief. The depression is profound, it is a distancing from life. You complain because you feel so heavy now and you doubt you will ever feel light again. You see the idiots cavorting on the TV screen, and the canned laughter goading them on. Could they be less funny? Amusement is such a luxury in this world. Will anything ever amuse you again? You think you will never laugh again.

Horror. This isn't your elbow or your Adam's apple. It's your head. You have no way to retreat from your head when it goes bad on you. There are no mental tricks that can distance you from an assault on your brain. You know this. You have seen it firsthand. The brain is it, it is the thermostat of the self. There is no backup for it. Character will not help you when it goes bad. Upset any corner of it and life becomes king hell. If your memory vanishes, who will you be? If language disappears, will you understand your own thoughts? What if you are in constant agony from migraines -- how philosophical will you be about that? What if every second of every day you are in a spinning torment of dizziness, and all you can do is hide yourself in a darkened room and hold your head and cry? How will God come into your life and give you peace when every second you smell shit, or blood, or vomit? Or you are paralyzed and cannot speak, and everyone gathers around you, and you can understand every word they say, but they don't understand that you understand, so they treat you like celery?

Abandonment. In a single day’s time, you’ve become isolated and alone. Your illness may sit at the center of your universe, but it is on the periphery of everyone else’s. Friendship is fine, but it has limits. How far will your friends stretch to include your problem? Won’t they show concern for a while, then grow bored with your predicament, and finally blame you for obsessing about a problem they don’t have? You cry for the thing you have become, an object of pity, something to be stepped over, and regarded in the rear-view mirror like a run-over animal. Imagine having friends ask you not to stop around so often -- because you upset the kids.

Identity. You cry about yourself, who never deserved to wear a stupid hospital gown, with your butt hanging out the back door. You don't deserve to be treated like some sick person. Don't these people know who you are? You cry for the loss of your self -- that person who suddenly seems so glorious and tender to you, and so gone. How strong and unstoppable you were. How big with laughter, how strong with unknowing. How you will miss that sweet, grand side of you, in the haze and pain you know comes next.

Forsakenness. You complain because you're not a saint, but you're supposed to act like one. God knows you're just crumbling clay, and soon everyone else will know, too. Your haughty demeanor was never more than an act. You won't be able to hide your weakness any more, or your fear. And God -- where is he now, while you're bawling your heart out on this stupid bed? How does God watch over a hospital, like a helpless family member or like a fan at a cockfight? Or was he a million universes away, sleeping off a bad creation?

Terror. You worry about the final moment, when the stroke finally drowns you and your head lights up with pain, like an amusement park ride that is going too fast, and there's no way you can get the people to slow it down, and you grip the rails and you gasp. And what happens then? And how do you get ready for that? And you so young, and so good.

## The Visit of the Magi

Finally, Rachel returns. I don't remember what we say to each other, or how I break the news of the new diagnosis to her. I just know that Carrie was right. It is pure relief to see her. We hug and kiss, and she reassures me that there are many ways the diagnosis can go, and it still might not be a tumor, and if it is a tumor, it might be nothing at all -- that it had done with the stroke all the damage it was going to do, and this was a wake-up call for our life together.

She is so great. She convinces me that this is just an exercise, an inquiry, a fact-finding junket. It is not denial -- she is fully capable of getting anxious about things. But she has a yen to know exactly what is happening, and to suspend her anxiety until that knowledge is hers.

I have always been lucky to have her, and never more than on this longest night.

Her plan is to hang around with me until several specialists visit the room, and bless us with their opinion. One by one, in the course of their rounds through the hospital, they traipse by. Having Rachel on hand to quiz them on their opinions is a blessing, because my mind has never been the sieve it is tonight.

The first visit is by a neurologist, a woman about 50 with a stiff Emily Dickinson countenance. She asks me several questions, and tells Rachel that the immediate danger for me is seizures, and suggests we consult with a doctor in her partnership after I am released. I want to ask her why my head hurts when I try to masturbate, but she seems like the wrong person to ask that question. So Rachel asks for me.

"Why does it hurt when he does valsalvos?" she asks. A valsalvo, she explains to me later, is when the diaphragm of the body "pushes" out -- we do it when we go to the bathroom, sneeze, hold our breath, approach orgasm.

"Your venous system has suffered major trauma," the neurologist says. "A major vessel that used to take blood away from your brain no longer exists. Your brain has to develop alternate routes to move that blood out. Narrow vessels will have to widen to carry the greater load. Hopefully, your body can make this adjustment in the next month or two."

The next doctor is a specialist in infectious diseases from Spain (he's from Spain, not the infectious diseases). He gives me the wildest hope because he is still wedded to the original diagnosis, that what I have is no tumor at all, but a leaching of the mastoid bone into the cranial area, caused by some infection. "You don't have a tumor," he smiles, shaking his head, as if the whole world is a moron but him. It turns out he wants to write an autobiography about his career in infectious diseases, and suggests I might perhaps talk to him about that. I say, sure -- I would love to write a book about infectious diseases.

The next doctor is the radiologist who administered the angiogram and broke the news to me about there being a tumor in my head. He looks as depleted as a cigar store Indian. He apologizes for dropping a safe on me from a seventh floor window earlier. I tell him it's quite all right. He does not seem to think the tumor, which he refers to as a meningioma, is anything to lose sleep over. "They're slow-growing, and they are located close to the skull, so they are usually operable," he says.

The next doctor is a small, tightly packed Australian neurosurgeon, still in his green scrubs. He speaks very bluntly to us about the tumor. He has no doubt about it being a tumor, nor any doubt about his ability to go in and take it out. He talks about mortality rates and complications from surgery, and about the deficits that can linger long after -- seizures, motor problems, speechlessness. Rachel and I find him terrifyingly impressive.

Finally, at about midnight, another neurosurgeon, Dr. Gregory, arrives. He only does rounds late at night, he says. Nurses call him The Vampire but he seems much nicer than that, square-faced, pale, but very, very diligent. He strikes me as the consummate workaholic, which is what you want in a neurosurgeon. "Your tumor is not small," he says. "It is about the size of a baby's fist. But it's in a good location, and from the CT images it appears to be calcified."

"Calcified is good?"

Rachel and Dr. Gregory both nod enthusiastically. She adores being in on these consults, and half the time is talking gobbledygook with specialists that I can't parse. She wants them to know she knows what they're saying.

"It means it's been there for a long time," he says. "Maybe as long as twenty years. The longer it's been there, the less chance there is that it is cancer."

"So it's not cancer?"

"We hope it isn't."

"No shit."

What we are finding, he says, is that the new imaging technologies are allowing us to spot many more tumors than we used to see. Pathologists are seeing tumors like mine, meningiomas, in nearly every brain they autopsy.

"So I'm going to be OK?" I ask tentatively.

"There's a good chance this tumor has done what it wanted to do when it caused your stroke."

"How does a tumor cause a stroke, exactly?"

"It grows next to the blood vessel and slowly corrodes the vessel's integrity. Eventually, the degraded vessel bursts."

"Why didn't my stroke do anything besides hurt like hell?"

"Good question. The location of the tumor is at the bottom of the cortex, in the venous drainage area. The vessel that burst is a vein, not an artery. Veins drain spent blood back to the lungs and heart to be refreshed. Arteries carry the charged fresh blood to the top of the brain. It's when an artery bursts that a stroke causes serious deficits. Charged blood destroys the brain tissue that it splashes on."

"So I'm going to be OK?" I ask again.

"We're going to try to get you through this," Dr. Gregory says. "But we have to keep an eye out for new growth, and seizures."

I am now under neurological watch. This means a nurse awakens me every two hours all night long to test my reflexes, look at my pupils, ask me if I know where I am, what day of the week it is, and what my name is. At the time I am merely annoyed by this procedure. On the worst day of one's life, one doesn't want to be reminded what day it is every two hours.

What do they expect -- that my brain tumor will suddenly make me insane? No, they are checking to see if I am experiencing seizures.

Primary brain tumors can only do four bad things:

1) They can encroach on vital space and destroy your brain's ability to function.

2) They can increase intracranial pressure and cause excruciating headaches.

3) They can press against blood vessels and cause strokes.

4) They can cause seizures.

My tumor is just barely pressing against my language center (1), but not enough to cause me problems yet. I have had a few headaches (2), but they do not seem especially significant. I have indeed experienced a stroke (3), which was how this story started, but apart from the pain of it, it was a nonevent -- I suffer no motor or language deficits, as most stroke victims do . And (4) I am about to learn about seizures, because strokes, brain tumors, and epilepsy go hand in hand.

Think of a seizure as an electrical short circuit. Ordinarily electricity flows through the brain in a continuous blanket of energy. A seizure is when the flow is no longer moderate or continuous. Energy backs up and then releases in a spastic uncontrolled expenditure of energy. Ordinary flow is limited and purposeful, during a grand mal or generalized seizure, the worst kind, the flow becomes unmodulated and purposeless, and the brain freaks out. The finite energy required for me to lift my hand is like a prudent letting of water from a dam; a generalized seizure is like the same dam bursting, with energy pouring out to every part of the body, causing you to lose consciousness and violently shudder. They can kill you by themselves -- you stop breathing during them -- or they can cause your death if they happen when you are near any sort of danger, like a stairway.

Less dramatic seizures occur when a single part of the brain seizes up -- the electrical short circuit is limited to single lobe or area -- and only that part of the body that is controlled by that part of the brain is affected. A seizure affecting the language center causes you to lose the ability to speak and to understand what is spoken to you. Imagine having to think without the use of language, and you have a formula for pure fright.

Likewise, a seizure to the optic nerve will make you go blind. A seizure to the part of the brain that governs consciousness will cause you to lose consciousness. It is possible to have a seizure specific to any sense or neural activity, each one exquisitely horrifying. Imagine an assault on memory, hearing, logic, balance, sequence, personality, impulse control, the ability to comprehend the world through touch.

If you had told me earlier in the day that the only problem my brain tumor would cause me would be seizures, I might have thought that was a good deal -- since I was imagining I was close to death. But now, the prospect of seizures fills me with dread. Because I have only two choices, both "unacceptable": experience seizures whenever they occur, regardless of the risk I am exposing myself and others to, or take seizure medicine, which stands an excellent chance of ending my writing career.

## Going Home

I am only in the hospital room and in a hospital gown for about eleven hours, but I can't communicate how marvelous it feels to be going home. If I was the Pope arriving by jet I would kiss the tarmac. Since Rachel is just giving me a ride home in the minivan, I content myself with patting the pillar on the front porch approvingly.

My head is still sore from the stroke and needs time to mend. But my relationship with my kids also needs work. It has been nearly two weeks since I collapsed in the bed, and both Rachel and I have been very absorbed with me and my problem in that time. Jonathan, 10, is waiting for me at the door when I come in, and he hugs me tenderly. He is a smallish boy, and his hands on my shoulders remind me of his hands when he was a baby, how he would clutch me when I carried him about the house.

It's a nice thing to have a dad who is a writer and therefore always home. You don't go two weeks without seeing him. He becomes something like we used to think of mothers -- as ubiquitous and supportive, happy to be taken for granted. The downside is that he is often writing something, which is somewhat analogous to being in labor, and therefore distracted from your immediate concerns. Oddly, a woman in labor is the closest thing to most dads -- too busy to tie your shoes just now.

My style of fathering is your basic fun dad approach, combining erudite irony with the hearty Polish papooshka humor I cribbed from Dick. It worked great when the kids looked up to me like a god, before they became a certain age. Now, as true sentience kicks in, they are looking for something more intimate and more equal. I have been Jon's baseball coach on all the teams he's been on, going back to first grade.

Jonathan is the kind of kid who is very hard on himself, thinking he is never any good at anything. The truth is that he is not world-class at anything -- which is true of most all of us. He has enough vision to dream grand dreams, but lacks the superpowers to make them come true. It is a formula for unhappiness. I wish I could tap a wand on Jon's head and make him relax, but he'll have to come to it on his own.

I tap him on the head anyway. "You OK?"

He nods anxiously, and runs upstairs to his computer.

I don't know where my daughter Daniele, 14, is. In the past couple of years she has adopted a nomadic lifestyle, crisscrossing the city on foot or by bus, visiting with a punky cohort of friends. A few of them do bad things, but most do not; they are basically hippies with staples in them, good kids with a yen for anarchy.

Jon looks more like Rachel, but Daniele is all me. We are the sort who can finish one another's sentences, even when they are off to very strange beginnings. Like Jon, she tries to come across as a little tough, but she is soft as syrup inside, and I know she, too, is worried about her old man.

Yesterday, when I was in the hospital, Daniele came home from school to find a locked house. It seemed like a metaphor for what was happening. A key was hidden on the porch in an old galosh, but she didn't remember. So she wandered through the neighborhood in January weather, her spikes and rings clattering in the cold, until a neighbor coaxed her inside, made her tea and warmed her back up. Daniele finally drifts in late in the evening. We hug tentatively, then she too retires to her lair to restore her powers.

I know what's happening. We are walking on eggshells. No one wants to say the obvious, that we are terrified of losing one another.

The first day I am too fragile to give them a pep talk. But I can see the lost look in their eyes. They don't know what to think. I want to give them a briefing that is reliable, but that also gives them hope. I do not want to scare them worse. Problem is, I'm still too rocked by what I have learned to be very reassuring.

The next day, a Saturday, just before lunch, it happens spontaneously, in the kitchen. I see them milling around, Jon with the tips of his fingers in his pants pockets and his shoulders hunched practically over his head -- the very portrait of tension -- and Daniele with a sorrowful expression arcing across her face.

I stand in the doorway and improvise the talk of a lifetime. Instinctively, I do three things: I keep it simple, I focus on the positives, but I don't sweep the negatives under the rug:

"Listen," I say, "there's stuff I got to tell you. And they aren't bad news. Mostly, they're good news. But you've got to be quiet and hear me out.

"Yes, I have a brain tumor. And I know that's a scary phrase, especially since Papa Dick died of a brain tumor.

"But my tumor's not like Papa Dick's. It's dangerous, but it's not a killer like his. We caught mine earlier. It's smaller. Mine is the size of a small bird, Papa's was like a grapefruit when they found it, and then it kept growing.

"Mine is easier to get at. If they need to go in and cut it out, they won't have to cut through the good stuff to get it. Papa's was buried deep in his brain; mine is right up against the skull.

"Best of all, mine looks like it is slow-growing, while Papa's was like a runaway train.

"The other thing to remember is that our circumstances are different. Papa Dick's tumor was discovered a decade ago. Doctors have learned an awful lot about brain tumors since then. Papa Dick never got an MRI scanner until it was too late.

"And Papa Dick and I are different. Papa was 62. I'm younger, and healthier, and better suited to fight the disease. And I'm smarter. Papa Dick refused to go to the city, where the best specialists and equipment were. We live right in the city, and if I have to, I'll get myself down to the Mayo Clinic, the best hospital in the world, just 80 miles down Highway 35.

"There is every reason to think I will do well with this. I'm a little freaked out just yet, because nothing like this has ever happened to me before. But I'm optimistic, in good humor, and I have a ton of people rooting and praying for me. And that's not nothing, is it?

"And doggone it, we've got your mom on my side. She's so smart, and she can think through all the things we have trouble understanding. How many people with this kind of problem have a live-in expert to turn to?"

The talk is going great. Daniele is looking right into my eyes, as if I'm giving her information about saving her life, not mine. Jonathan looks more attentive than I've ever seen him.

"Now, look, you guys," I say to them. "I want you to listen real good. I wish to hell I didn't have this thing, and I am a little bit scared about how it's going to play out.

"But my fears have limits. I swear to you that I am not worried about dying and leaving you. The truth is, I could die any day, from a thousand other causes. That's true of all of us. That's the way life is. A can of string beans could fall from a shelf and hit me. And I will die some day. But I am not going to leave you now, not because of this stupid thing in my head.

"What we have to do now is start thinking in the healthiest way we can. That means we pay attention to our thoughts. Don't keep secrets. Don't hold back. If something's on your mind, I want to hear it. No matter how morbid or scary it sounds. If you're giving up on me in your head, I want a chance to talk you out of it.

"This isn't going to be a cool process. It's going to be hard, because we all try hard to be grown-up and unaffected by stuff. But I can't get better and be cool at the same time, so the hell with being cool.

"And I am putting you two in charge of keeping me in line. I'm guessing there will be times when I'm going to be irritable, or bummed out, and sometimes I'm going to feel sorry for myself. I'm empowering you right now to call me on any baloney I try to slice. All you have to do is say, 'Dad, you're doing it,' and I'll know what you mean.

"The only thing you can't do is keep all your feelings to yourself. Because as long as I'm in this family, I make the rules, and the rules of this family are that we share our feelings.

"And be nice to Mama, because she is going to really need our support."

Suddenly I'm done and we are hugging. I couldn't be prouder of them, or of myself.

A few nights ago, alone in the hospital, I cried for three hours straight. But I'm not alone any more, and we have a plan. We're home, together. And one way or another, things are going to be … all right.

# Clay Pigeons

My talk with my kids is my high heroic point. Almost immediately thereafter I experience a sharp curtailment in confidence.

The problem is, I am not thinking as well as I used to. It just isn't there for me any more, and that terrifies me. I try to write, and the words go down on paper, but they are disjointed, they don't fit together to make a whole. Worst of all, I can't see that. I'm thinking, if I wrote it, it must be coherent. But I can see from people's expressions that it isn't.

And even when I am able to tell one part of the story, like getting the MRI, or about bawling in the nurse Carrie's arms, I can't get it to fit together with other parts. I feel like a wagon coming apart in midjourney.

My memory comes, and goes, and swings around back, then veers away again. I can't focus. I will be unable to come up with a word, and by the time I do come up with it, I forget what I wanted to do with it. I feel like I'm thinking OK, but my writing is just awful. Away from paper and pencil, the experiences and impressions storm through me like a symphony. A lot is going on inside. But I can't get any of it down.

And if I can't write, what will I do?

When I stop and think about it, I am pretty goddamn terrible at everything else. I have no professional knowledge base, no manual or technical skills, no special gift for being with people, and certainly no humility for starting at the bottom and learning any new tricks.

When I look long and deep into the crystal ball, I see myself putting groceries in a sack, and none too quickly.

Following my diagnosis I spend a lot of time on the Internet. I manage to locate the American Brain Tumor Association (www.abta.org), a clearinghouse for reliable information on types of tumors and treatments. There are websites about meningiomas, and there are many sites advancing this procedure over that procedure, and this hospital over that hospital.

But what draws me like a magnet are two listservers, one for people with all kinds of brain tumors (LISTSERV@mitva.mit.edu), the other just for people with meningiomas (requests@hydra.welch.jhu.edu). Soon I am a subscriber to these ongoing chat sessions, and my e-mail box is never empty for long.

I steer clear of the MIT list, as it is dominated by medical discussions, monitoring the decline of extremely sick people with severe malignancies. Many of the entries are requests for prayer for a particularly difficult moment in treatment, or news of the passing of a name familiar to the list's regulars. I feel if I raise my little worries about how to make a living there, I will be slapping these people in the face.

Remember my list of twelve complaints? When I show the list around on the Internet brain tumor listserver, most people resonate with the feelings I was getting at. I have several people write me that I am saying what they wanted to say, and that it is helping them.

But one tumor survivor, named Karen, won't have any of it. "I feel like a cow after finishing your little list," she writes me, "-- milked."

This hurts and confuses me. In my mind I am just being honest, though possibly a bit melodramatic. But Karen, who also strikes me as honest, and not just a pill, saw my effort as sick and manipulative. The criticism sticks in me for a few days, like the barbed tip of a porcupine quill. Then writing kicks in, and I figure out that if I just tuck in the descriptions here and there, make them a bit more emotionally *rigorous*, they work better.

Also, I remind myself of the writer’s dictum -- you can’t please everyone. Like the father and son leading a donkey into Bremen, listening to everyone's suggestions, you eventually drown the donkey.

Complaining can be unseemly but it also has purposes, and a stubborn part of me wants to become an advocate for complaining, and plead the plaintiff’s redeeming benefits.

First, it’s so human. What an act of friendship it is to listen to someone else’s complaining. Indeed it is what separates friends from associates -- only friends will put up with our whining. If you think about it, the best conversation between friends is like a shower in unclean water. You tell your gruesome stories, in a gruesome way, and the friend patiently waits to tell his or hers. It's what we do.

Second, it is developmentally necessary. Complaining is a transitory stage in the development of understanding. It is a creative way of coping with negativity. There are only three things you can do with negativity. You can express it and move on, you can express it imperfectly and sustain it, or you can stifle it, and never move on, or have to come back at some future time and work it through. I’ll choose the first option any time.

The problem is, complaining is just enough fun that many of us hang up there, and never move beyond it. Some of us stay there because it is in our personalities to hang up there. Some of us are falsely encouraged by our friends to hang up there, so that they too can hang up there. It's a classic codependent strategy: "If you don't move on, I don't have to move on."

To kvetch, to fuss, to piss, to moan is critical to healing, so much so that I hereby nominate it to be added to Elizabeth Kübler-Ross's list of stages of suffering.

Complaining is a moment on the road to growth. It is a condition of imperfect perspective -- seeing only negatives, seeing oneself at the center of the world's pain -- that with most people improves naturally with time, and expression. Complaining outwardly is the best way to quell complaining inwardly. Having expressed the negativity, a dialectical process kicks in, and the complainer moves on to the next stage -- humor, self-reflection, "on the other hand" thinking. You put the grouse behind you.

Finally, all writers complain. Complaining is the source of so much art. Chaucer used it. He wrote several "complaynts" among his short poems, including "Complaynte to His Mistresse" and "Complaynte on the Size of His Purse." And they are jewels of their genre, comical yet persuasive. After padding through *Troilus & Cressida*, what a relief it is to learn Chaucer had little things he needed to bitch about, just like we do.

I think of Mel Brooks' great comedy *The Twelve Chairs*, in which Dom Deluise plays a corrupt priest in the Russian Orthodox Church, scheming to recover a fabled chair from the czarist era containing a fortune in jewels. Time after time he snatches a chair matching the description, rips it to shreds, to find nothing but excelsior and springs. Finally he can take no more, and from a mountaintop he shakes his fist at heaven in a classic pose, crying out to heaven: "You're so strict!"

I focus instead on the meningioma list, figuring people there will be like me, gamely figuring ways to make the best of things. But I violate a key rule of Internet communications: I write before studying the site. My seemingly innocent post is about the nuts and bolts of survival:

> Here's a question I never see anyone answering: How many of us are able to work and make a living?
>
> I'm only a few weeks from diagnosis, and trying to get a bead on where this meningioma thing is going to go and what it's going to do.
>
> How many of us are financially ruined by our decline in health?
>
> I'm the primary provider for my family, and we live a big fat middle class life -- mortgage, cars, college savings plans, the works.
>
> What happens to it? Does it all go by the boards? How are all of you coping with the money side of things?

What I want to hear is reassurance -- stories of people who trimmed their sails bit, made minor adaptations, and been able to keep themselves occupied and money coming in.

What I get instead are letters of deepest foreboding, grim welcomes to a land of sorrow and confusion. Some of the responses I get are not from people with meningiomas, but their spouses, partners, parents, and, in a few cases, their survivors. They tell a uniform tale of underestimating the weight of the load they have been asked to carry.

Several letters stand out, for the sorrowfulness of their plight, and for the thorniness of their thought. "I had to put thinking behind me," Rose, a one-time screenwriter in the Pacific Northwest, writes. The intelligent horror of her communication hauls me out of denial like a gasping trout:

> Excuse my stream of consciousness. I don’t have regular e-mail, because I use Web TV instead of a computer. It doesn’t have cut and paste, so you combine that with the loopiness my tumor engenders, and everything just kind of comes out in a euphoric string. Your location and mine are so different. Think of mine as seat of intelligence smack-dab at midline plus my sinus, too.
>
> Making a living changes. I used to write films. Now I collect interest on a few bonds, and rent on a couple of dinky vacation homes along the Oregon coast. Since it’s not an actual job, the income I get does not contribute to Social Security – therefore I can’t qualify for Medicaid insurance.
>
> Did you know Christopher Reeves has to work? He has no insurance, either. His wife has to work, too. Reality.

Another writer, Thad, a former salesperson in Macon, writes about his financial dilemma:

> I had an individual indemnity policy but they declined to renew it. Then I was refused because my condition was preexisting – nice tactic. I had no fallbacks such as Veterans Administration, or spouse working or group plan. I am falling thru the cracks – falling and falling. You can't hide or give away your little bit you stashed away. Never had enough money to do any fancy trust planning. You learn you can’t trust others. When word gets out that you are sick, you see vultures on every branch outside your window. They hear tumor and think you are a goner. Which isn’t true, but try telling them that.
>
> After a while you let your pride slip away. You make minimum initial payments on everything medical. It is their power against yours. Be strong. Don’t read your mail.

Karen, who worked in radio in the Canary Islands, wrote:

> Some of this is bitterness at my lack of foresight. We all think we’re invincible, but we’re just clay pigeons. Get over it.
>
> By all means put on your Brave Face. Support your family and caregivers. To give is to receive and all that. You’re the man of the family – it will be hard to start taking. It could be worse, you could be a woman. Not everyone is loved. Ninety percent of women with brain tumors are dumped by their spouses. Children desert. Not many women desert, but a few do.
>
> My John has not left. But the stress is great. He has me here and an 86 year old mother dying across the country, and he stays with me. I was always strong, and he loved that about me – now I wonder what he sees.
>
> You choose one, you tear apart from the other. Choices and tearaparts!
>
> John's dog Pal is dying of congestive heart failure. We have no children, so Pal is our child. John is a Viet vet and has weathered monsoons, but he has never felt the wind blow like this. Everywhere we turn something or someone is dying.
>
> Big wind's ‘a-coming, Michael – best brace yourself for change!

Bill, a classical saxophone player in New York, wrote me a letter so frightening and so depressing, I can't quote from the worst of it. But toward the end he explains his pessimism this way:

> Sorry for the tone. The way I write is the way I think now – a symptom of the falx tumor. I seem never to get my intent across, no matter how much I say. Deeper and deeper, but never deeper. I am a long-term patient of watching my brain change. The view changes on both sides of the window.
>
> Santa Ana said, “Show no quarter,” as he played the *Dequello*, the Mexican death march, for 24 hours before he attacked the Alamo. It is not enough to die. You have to think about it first, long and hard.

The letter writers talk about scaling back on everything. Of lying to their insurers. Of moving back with relatives. Of drifting away from careers and into hobbies, to pass the time. Of simplifying their material lives, to make room for the new complication. Of becoming virtual rag-pickers, selling off their possessions on the Internet auction sites.

Most are not in danger of dying, but all have had their lives affected catastrophically by the things inside their heads. Many have had multiple craniotomies, as one meningioma was removed, only to have another grow in its place, or two, or three.

Some people experience permanent losses – to speech, to memory, to coordination, to vision. I get letters from people with tumors affixed to their optic nerves, like a giant squid encircling a submarine, and halting its progress. Not one has been able to return to his or her job, the way things used to be.

The effect of these letters -- I would get 20 to 30 every day -- was incalculably corrosive.

"I don't understand," I write the list. "My doctors tell me that meningiomas are treatable."

"Don't tell me," one correspondent says -- "The kind of tumor you want to have if you have to have a tumor. Right? They should be ashamed of themselves. Did you know the five-year survival rate for a meningioma is only 35%? That if you cut one out, two may grow in its place? That far more are malignant than doctors let on? Stick around the listserver, you've got a lot to learn about meningiomas."

"Oh come on," I say. "You think there is a conspiracy to keep me in the dark about my own condition? If there's a conspiracy to deceive me, what's the motive? And what about my wife? She's a nurse practitioner -- is she in on it, too? What's her motive?"

"They talk happy talk, because they don't have meningiomas," is the answer I get. "No one wants to face the truth about them."

I subscribe to the meningioma listserver for about a month, and become very attached to several score of people. Many send me heart-tearing testimonials about their struggles, and many tell me that they appreciate my stories, that I have helped them think through issues.

But at the end of the month, I pull the plug on it. These people have scared the living hell out of me. I no longer know what to believe. I am even discounting what Rachel tells me about my condition, thinking she is protecting me from the awful truth.

Medical professionals roll their eyes when you tell them about Internet chat sites. "Anecdotal, unrefereed information," is how my doctor Tim dismisses it. "Even if it is good, it isn't good for you."

"The worst stories appear to be typical, and visitors have no way of noting that discrepancy," Rachel says. People having an especially hard time haunt these sites, like the ancient mariner at the wedding, demanding that guests hear their horror stories.

But that is not to say that the stories or the suffering is untrue. And in that sense, the damage, to my confidence and clarity, is done.

## The Melting Windshield

Three days after my discharge, I need to pick Daniele up after school and drive her to her counseling session. She is doing follow-up after a bout with depression several years earlier, and she likes Judy, the psychologist. I also know she is very concerned about me, and I hope talking the problem out with Judy will be useful to her.

Problem is, a light rain has begun to fall before I even get to Daniele's school, and the sight of raindrops forming a film on the windshield is doing something strange in my brain. I am having trouble thinking about the different "layers" of visual reality -- the sky around me, the street in front of me, the inside of the car, and the in-between zone where the wipers are slapping the raindrops away.

It all threatens to peel away into separate layers, and my mind is trying to decide which layer to attend to. Unfortunately, my mind seems most interested in the windshield, where actual dangers are minimal. I am hallucinating, and that isn't good. But I am simultaneously experiencing something I have not experienced in perhaps eight years -- an ophthalmic migraine.

An ophthalmic migraine is not a headache, but an event affecting one's vision. It is hard to describe, but it is as if there is a glowing light in the center of your visual field, that wipes out everything you expect to see there. You can still see, if it is a mild event, by rolling your head, Stevie Wonder-style, so that your peripheral vision takes over, and you "paint" the scene for your brain to interpret.

By the time I pick up Daniele at her school, I am deep into the migraine, and freaking out. My judgment is also going, and I don't know what to do. It's rush hour, it's snowing, I'm hallucinating, my visual field is dwindling, I have the treasure of my life sitting in the front seat beside me, and I have an appointment with a psychologist who will charge me $100 if I am a no-show -- compared to the $15 co-pay I owe if I do show up. It is a 5-mile drive to the office. And I am afraid to freak Daniele out by showing her my alarm -- after all, my condition is the reason we're going to the psychologist in the first place.

I take a deep breath, decide that the migraine is not spreading, and that therefore I will not lose more visual field than I have already lost -- maybe 15%. I calmly explain the situation to Daniele and drive *very* carefully to the appointment, then sit in the vestibule for an hour, wondering what I have done, and wondering what I will do next time this happens -- and it could happen any time.

I am guided by two conflicting factors. The first is self-interest: I want to be free to do what I want to do. The second is ethics: I don't want to kill anyone.

Many brain tumor people are prone to seizures, and people prone to seizures can have their driver's licenses revoked. Some neurology clinics, in some states, conduct seizure-provoking tests on patients. If doctors can provoke a seizure, their responsibility shifts from you, the patient, to the state. If they fail to report you to their state's motor vehicle division, for the revocation of your license to drive, they risk the loss of their license to practice medicine.

It's all about license and licenses.

I certainly have no desire to hurt anyone, most especially my daughter Daniele, who looks like me ands thinks like me and who, if I were to rise out of this realm tomorrow, like smoke through a flue, would be my first and only choice to replace me.

But neither do I want to lose my driver's license. So much of what I am and what I do is bound up in the act of moving about freely -- chauffeuring my kids to school, driving down to the Mississippi for a walk with my dog, stocking up on groceries at Jubilee. I like it. It defines me. It's American, and I was born in the fourth of July.

First, my sex life, then my memory, and now my car -- I don't like the direction this thing is taking.

But it gets worse. I haven't held down a regular job, with employer-paid benefits, for the previous 15 years. As a freelancer I exist from assignment to assignment. I've saved some retirement money, and set aside some for the kids' college. I even have enough life insurance to pay off the mortgage if I went down for the count. But I have no disability insurance, if I went down and tried to get back up.

I always have assumed that I would be able to generate income into my 70s and even 80s. If you're a writer, and you can still think, why would you retire? Rachel always insists I wear a bicycle helmet when biking. "Take care of that noggin," she says. "We can't let anything happen to that sweet little money-maker."

But I wonder. I am still trying to get a bead on the implications. The life remaining to me is like an onion, and I can't just slice through it and understand it in one swell foop. I have to unpeel it, slowly, one layer at a time. Thinking of Dick, in whose footsteps I seem fated to follow, I thought first of money.

The hell with the Moby Dick book. From my third-floor office, gazing down upon my innocent neighborhood, I conceive of a new project, so admirable and so heart-rending, the story of my own sad situation, and how I face it as bravely as any man ever faced his own end.

Not that I am maudlin about it, mind. Not me. I maintain an agreeable humor to the last, cheerful and inspiring and a blessing to all who meet me.

I figure, worse case scenario, I had somewhere between 30 and 60 good writing days, before the tumor shuts down my faculties forever. So I quickly outline a book, quickly dash off a few heroic pages, and e-mail a half dozen writer friends begging them, at such time as I fall in my battle, to pick up the standard and carry it forward for me -- to finish my book by committee. And do it for free, so my family can luxuriate in the royalties my tale will generate.

My judgment is completely shot. Here is the e-mail I sent my writer friends:

> There is a certain chance something bad could happen to me pretty soon and I won't be able to write any more.
>
> I'll probably have surgery in a month or 6 weeks, and there's a possibility (the figure of 5% has been bandied about) I could lose my ability to understand language. Along with a 1% chance of croaking on the table.
>
> If that happens, I would like to have something in place that could possibly earn some money for my family, so they can keep the house.
>
> So I want to try, in the next however many days, to write a book about having a brain tumor. I have a thousand stories already lined up in my head, and I think it could be really good.
>
> But I would only have time to do maybe a rough second draft.
>
> So what I am proposing is that you finish it for me if I can't.
>
> When I have something ready to show, before the operation, I could send you all the draft. And each of you could read it, and think how you would make it better.
>
> I'm not a great writer, I know. But if I blow out, you guys can make me better than I ever was on my own.
>
> What do you say, my brothers and sisters?
>
> As payment, I'll mention you in the acknowledgments.

I put my friends in a very awkward position. First, I am asking them to acquiesce to my belief that I am a goner. That is a shameless manipulation. Second, I am asking them to work for free -- writers do that far more often than they'd like. And third, I am asking them to work together, something writers who know and love one another would rather die than do. How much more horrid my particular circle of author friends -- inscrutable and unbalanced loners, to the man/woman -- would find that task.

Yet everyone responds gently. Charlie writes to say of course he would do anything I ask. Maureen says she is humbled to be on the list. Miles suggests I torpedo the tumor book and focus on fixing up old work that was already done. Alison says it sounds like a great idea -- writers write their best under deadline. Andy focuses on the positive side of 1% fatalities -- if you turn your head and squint, he says, the figure suggests a 99% survival rate. Some friend.

No one challenges the self-pitying pose of my message, or thinks ill of me that I never bring up the subject again. As far as I know. They are splendid, rolling their eyes and biting their tongues, but nonetheless agreeing to the request. Not one tries to talk me out of dying.

The title, I took from an illusion I had during an ophthalmic migraine. It seems to me like what Paul must have seen on the road to Damascus, that knocked him off his high horse, too. The romance is that a tumor is a message from God that some special plan is underway.

And for a week I am in love with that title: *A Spike in the Sky.*

The problem is that I don't die in 30 to 60 days as scheduled. And I can't figure out what approach to take. Over the course of six months, then a year, then two years. I go through over twenty titles and as many approaches in my mind.

- ✯ *The Big Cry* ... This is my *Death Be Not Proud*, a brave, tear-jerking memoir that my friends will have to finish for me and will make everyone wish I was still alive. I have to jettison this otherwise fine idea when my condition improved.
- ✯ *A Hole in the Sky* ... a variant on the spike idea, referring to the tunnel vision effect of an ophthalmic migraine. It also refers to a recurring dream I had as a child, that my job was to keep the firmament intact, and one day it begins to crack, and my job, patching the hole in the sky, is (in the dream) heartbreakingly impossible.
- ✯ *A Hole in the Head* ... suggests what follows may be wacky, yet philosophical, with intimations of Frank Capra, not to mention Sinatra, singing "High Hopes." I remember my dad, when I was a kid, saying, "I need X like I need a hole in the head." I wonder if that came from some reference to war wounds, or the obviously ineffective 19th century practice of drilling holes in the skull to relieve migraines.
- ✯ *Complaining*. When I realize that all this talk about brain tumor is unbearable to readers, I consider an extended essay on the uses and practice of bitching. Alternate title: *The Book of Bitching*. This concept also helps me sidestep the problem of me getting better.
- ✯ *Dumbstruck*. It sounds like a movie or something, doesn't it?
- ✯ *Thinking of a Tumor.* This is an airy conceit, a book that is half me thinking about the thing in my head, but half a second narrator, the tumor itself, describing the progress of its campaign. This idea strives insofar as possible to make the tumor a sympathetic character. I decide, after a few peculiar pages, this it is just too weird.
- ✯ *Boomer the Tumor*. This is a memoir of my experience, but also a gloss on the baby boomer generation coming to terms (finally!) with its mortality. But I find I felt no particular affinity with my own generation, so I drop it.

Nothing works. It's too hard, especially for my addled head, to learn the science of brain tumors in time to meet my deadline. My own personal story seems too thin to stand up to heavy hitters in the literature like John Gunther's *Death Be Not Proud*. I consider doing a book of stories about other people's brain tumors. They'd be serious and respectable. I find I'm only interested, deep down, in my own, which is not very serious or respectable. Among serious brain tumor people having a meningioma is like riding a bike with training wheels.

So why *did* God knock me off my horse? What good is this thing?

# Jumping in the Night

In a dream I am headed in a car with three friends across Saint Paul. We are going to a big meeting for a project we were part of. I suspect that our hosts are aliens, or some sinister force that has planted creatures in our bodies who at some point will blossom and be born, and kill us. We are living nests for their babies. But I am confident I can outsmart them.

As we approach our destination -- a school building -- the car descends a very steep hill, at an 80 degree angle. It is so steep the car actually falls to the bottom, where the road evens out again, the way a roller coaster does. Everyone in the car shouts out, "Whee!" like it was great fun to plummet.

Once we find the auditorium inside the school building, I become separated from the rest. Then I remember the sinister intentions of the alien group we came to meet, and I try to slip away. I hide in a stairwell, but one of the aliens, who appears to be a teenage girl, finds me and charmingly tries to lure me back to my seat. I tell her I need to go to the bathroom -- brilliant!

Now I am running away, though my running is clumsy and slow. A fat man steps forward to stop me and I slug him in the gut after much struggling. Then a little dog is assigned the task of fetching me back. I am running from the dog through a series of tunnels, and find a way up out of the tunnel, but my escape is barred by a couple of boards, screwed into place. While I pry the wood away with my forearm, I am kicking behind me to keep that little dog away. Get away, little dog, I am crying -- get away!

That's when I wake up. It's dawn, and the first rays of daylight are sneaking under the blinds, and I realize I have just kicked Rachel really, really hard in the shins. She looks at me with the level expression of a woman who as been kicked in the shins, but is worried more about something else.

I have just had a seizure, a big one.

I experienced my first seizure, a tiny baby of a petit mal, the day I came home. I was still in a low-level state of shock, and when I reached for a doorknob, one of the fingers on my left hand began to spasm. It was like the hand of a clock that shot from 3 o'clock to 8 o'clock, then back to twelve. And it did it all by itself. I saw it happen with my own eyes. Interesting, I thought.

After the first few nights, I see Rachel is taking an undue interest in my sleeping habits. I will wake in the middle of the night and she will be lying awake herself, with her arm over me, holding me close to her.

"You're still awake?" I ask.

"Can't sleep. Thinking about things. Hoping you're going to be all right."

"I'm going to be fine," I assure her. Pause. I recall wondering if she was to be trusted, as my online correspondents suggested. "Aren't I?"

"I'm trying to think it all through," Rachel tells me. "I think if we're lucky, we may just squeak by."

Meaning, we may never need surgery, we may never need to go on epilepsy meds, I may never be disabled, and my life will go on the way it used to. And I won't die for a long time.

In the morning Rachel tells me there is one thing that concerns her.

"What is it?" I ask. "The fact we can't have sex? Dr. Hoj says that will come back."

"You're moving," she says. "At night. When you sleep, you're all over the place."

I tell her I'm not wasn't aware of doing any moving outside the usual -- rolling over in my sleep, changing positions.

"It's more than that," she says. "You're like, jerking around in your sleep."

"Hmm," I say. "Like those funny jerking motions you make when you're drifting off to sleep, and suddenly you're driving a car into a ditch, and you slam on the brakes, and you almost fall out of bed?"

"Those are called myclonic starts. They're normal. But I think you might be doing something a little more serious."

"Well, what am I doing exactly?" I want to know.

"You don't have any idea?"

"No!"

"You're having little seizures all night long," she says. "I've been sitting up every night watching you. About 500 per night. You suddenly stiffen up, and it's like an explosion of neural energy. Sometimes you jump a foot above the bed. I'm worried you'll fall out of bed and break something."

The only nighttime seizure I remember is the one I just described, when I tried to kick the evil dog, and kicked Rachel instead. The other 10,000 seizures are news to me.

Well, there was one other seizure I remember, but it was a different kind. It happened when I was awake, in my office, about three weeks after my diagnosis. I was sitting at my computer and all of a sudden I got a whiff of a bad smell. I mean, a really bad smell -- like sour, sick menstrual blood. I could smell the iron in the blood, plus a fetid overlay, like blood-soaked rags dipped in bad milk.

There was no question in my mind that it was real, but I searched my desk area, I sniffed my clothes, I cupped my hand over my mouth to check my breath. I looked under my desk, and in the back drawers for a decaying mouse.

Truth is, I only smelled the smell when sitting upright and breathing normally. I was having an olfactory seizure -- consonant with the location of my tumor, along the saggital ridge.

We make an appointment with Dr. Hoj, my neurologist. I now have a team of my family doctor, Tim Rumsey, my neurosurgeon, Dr. Gregory, and a neurologist, Dr. Hoj. Hoj is a very smart, very decent, and very large. When I told him during our first meeting about experiencing pain during masturbation, he had quite a chuckle over that.

"Why is that funny? Do you have patients that don't masturbate?"

"No, I just enjoy having expressive patients. When you're in this work, that can be a novelty."

When we tell Hoj about the seizures, he orders a sleep-deprive EKG for me: an electro-encephalogram test conducted when the subject is tired in order to force you to have seizures, if you are seizure prone, by hyperstimulating your eyes and brain with a stroboscopic light show. With only four hours of sleep the previous night, I sit in the neurologist's chair while the technician attaches a kind of electric hairnet to my head. It is a net with about twenty electrodes connections on it. She has to screw each point into my head with something like a push-pin.

The effect of having twenty pinpricks in your skull is at least reminiscent of a crown of thorns.

Then wires are attached to the twenty points and the wires conduct analog input to a computer and graphing machine. For twenty minutes I stare into the psychedelic maw of unreason, as the machine does its best to provoke a neural damburst, and I do my best to keep my cool.

My score is ambiguous. Dr. Hoj assesses it as equivocal -- I either am having seizures or I'm not. "Just to be on the safe side," he says, "let's get to work defining a medication regimen that will keep this under control."

I don't want to go on the medication. I don't, don't, don't. It's because of the writing. I feel I have to be a certain way in order to write. I can write with a cold, I can write if the temperature outside is 95 degrees, I can write if there are radio reports of an escaped homicidal madman in my neighborhood. I can write if my checking account is overdrafted or if a presidential election has been overturned.

But I can be very sensitive to other conditions. I can't write if I am depressed. I can't write if I've just been jogging. I can't write if I am tired. I can't write if I am worrying about something. I can't write if I have had a beer. I can't write if I'm not sure who I am.

I am afraid, first of all, that if I go on seizure medications, I will be just different enough that I will no longer be myself, and my special little thing will dry up.

Beyond that, I am afraid that I will cross a line into a new country -- the sovereign nation of seizure guy -- and I will never be able to cross back to what I was.

And the things seizure medications seek to prevent, grand mals sweeping you away in your daytime hours, when you may be exceedingly vulnerable or dangerous -- driving a car, or performing surgery -- aren't happening to me. I am dancing in my bed, and one time I smelled something stinky. As long as Rachel's shins can take the pummeling, I want to continue as I am.

So I refuse Dr. Hoj's advice. A year later, I am still medication-free. The seizures have gotten neither better or worse. Sometimes, I am aware after a seizure that something just happened. Other times, I get a floaty, feathery feeling in my legs that I sense might be the prior sensations of a seizure -- that I'm a colt who has wandered outside the corral and is ready to kick.

I try to make the floaty, feathery feelings subside. But the fact is, you never know if you have a seizure coming on or not.

I think I have been a good patient over the course of my problem. But I rejected Dr. Hoj's advice, and I have never looked back.

My nighttime seizures have gone away. That isn't supposed to happen. My explanation is that I healed.

## How I Got My Tumor, Maybe

If I had my meningioma for as much as twenty years, as Dr. Gregory suggested, then I could possibly pinpoint a cause for it, that far back in the past.

No one knows what causes brain tumors. Scientists suspect genetic damage, immune deficiencies, diet, chemicals, and hormones. A sick fascination of brain tumor people is to lie awake and envision the exact moment that something went wrong – when the first cell went south inside them, and decided to mutate to a different drummer.

There are so many possible causes. “Everyone knows” a food ingredient like aspartame is safe and natural, but everyone also knows stories of other safe and natural ingredients that are found to cause problems – MSG, saccharine, cyclamates, ordinary table salt.

Imagine how difficult it is to unscramble all the environmental factors – air pollution, crowdedness, chemicals, noise, greenhouse gases.

Then there are X-factors – things no one has thought of, which future generations will slap themselves on the foreheads for, and say, “What were they thinking?” Maybe newspapers cause tumors. Maybe Worcestershire sauce.

We want it to be something we already despise, like cigarettes and bus exhaust. If it is something we love, like cold beer and buttered popcorn, we’ll have tumors sprouting everywhere, and everyone hunching their shoulders in denial.

I think about my stepfather Dick’s tumor. He had no family history of brain tumors. Many people believe that, over the years, Dick accepted from his industrial clients, out of friendship and to be a good fella, hundreds of barrels of toxic waste, containing substances like carbon tetrachloride, formaldehyde, and PCBs, and buried them out in back of our house somewhere. It is not hard to imagine that fumes or leachage from these chemicals could, over a period of decades, make their way into his sleeping, breathing skull.

His main client was Ohio Edison, the electric company. His job was to build and maintain utility roads between powerline towers. He must have spent months of his life under those crackling power lines, absorbing the electromagnetic fields that sputtered around them.

There was an analog to these power lines and my life -- the electromagnetic fields emitted from my computer monitors. That they emit radiation is not in doubt. A monitor is just a cathode ray tube, like a TV. These rays are quite benign in the exposures people experienced for the last 100,000 years. But when you bathe in them day after day, for half a lifetime, the way a writer who loves to write might -- who knows?

I find this ironic, because Dick hated computers, just as I hated excavating – but each pastime may have brought us closer to our fates.

Among the 500 hats I have worn is the hat of computer writer. I wrote, in 1986, a handful of not especially seminal articles about radiation health.

> "Computer monitor radiation," I said, "has never been positively linked to higher incidents of cancer, birth defects or miscarriages, but that there are scattered stories of computer workrooms with abnormally high cancer rates, so that some experts suggest that pregnant women should consider not sitting too long in front of one."

Isn't that the kind of advice you've grown to love? Alas, it was all I was able to put forth. Today I'm looking furiously across the Internet for more conclusive studies -- and the jury appears to still be out.

Computers teach you to be comfortable with uncertainty. When a mainboard or hard drive dies, you can never establish why the failure occurred. It costs too much to establish causation with any certainty, and parts are cheap -- you simply replace the mystery component and go on with your computing life.

Wish I could do that with my head.

The thing about uncertainty is, you're not even certain what you're uncertain about. If monitor radiation caused my tumor, for instance, is it wise for me to be typing this even now, in front of my monitor? Have I been cooking my tumor all these years, and am I still basting it in its own juices it today?

Or was formation of the tumor a one-time, one-cell event, that happened back in 1985, with that crummy, noisy CGA monitor I used for a year before the VGA standard arrived -- a one-time, one-cell event that, even if I had shut off my PC forever the moment after that single cell went kablooey, would have grown into what it is today regardless?

I don't know.

I have another theory about my tumor. It involves a blow to the head I experienced in January, 1970 -- the perfect time window for tumor genesis.

I was working at M&L Motor Supply on University Avenue across from Montomery Ward, making $108 a week as an order filler guy while attending college part time. My parents had disenfranchised me at my request so I could qualify for resident tuition at the University of Minnesota. They were awfully quick to take me up on the idea, though.

My job was to take phoned-in orders, push a cart through the warehouse, locate the parts that were in stock, box them for shipment, and backorder everything I couldn't find.

This particular day, I was standing on a five-foot stepladder poking at the box-end of a Mopar combo tailpipe and muffler for a '64 Plymouth Fury. Suddenly, the tailpipe, which was stacked awkwardly on top of other tailpipes, began sliding down toward me.

The box was eight foot long and contained 46 lbs. of hardened steel. It was falling now, accelerating every inch, sailing down to me like a bride from a balcony. All I could do, balanced precariously on the ladder, was stare up at it as it drew closer to me.

It struck me on the left side of my forehead with a loud cloink. The blow alone would have knocked me out, a baseball bat could not have hit harder, but first it sent the ladder teetering, back, back until I fell backward and crashed to the floor.

I imagine I was out for several seconds. When I came to, however, I was changed. The rest of the afternoon took on a weird, mythic, skull-butted flavor. I struggled to stand. My fingers tingled. I felt an egg, a bud protruding from my brow. I looked in the mirror in the warehouse toilet and wiped away the blood.

The bump was on me for weeks, and today I can still see it in a certain light. And thinking back, I wonder if that jolt did something to my melon, caused a single cell to rebel and turn tumorous.

It doesn't matter if it did or if it didn't. But I like having a story to fit it into.

# The Thing Inside

The idea of having an intruder inside me takes some getting used to. We are all trained by nature to throw off attackers. But how does one throw off something that attacks from within?

I have an afternoon dream, and it perfectly sums up the eerie discomfort of having something up there. In the dream I am alone on a subway car, and suddenly there is another passenger in the car with me -- a strange person who I know instinctively will not listen to reason. He is like the motherless child of a motherless child -- instinctual, cruel, and beyond communicating with. There is no hint of feeling in his eyes, no possibility of pity. Yet he advances toward me in the moving car, chains jangling, and proceeds to sit right next to me, pushing me forcibly against the wall.

That's what a tumor is, an unmannerly guest. Or guests. Usually you fight not one discreet lump of enmity, but a swarm of them. Cut out every cell but one, and that one cell may multiply and fill you up all over again. Like a gang of gangs, neither educable nor socializable, they band together to improvise a life of recklessness inside you.

Tumors are ugly Americans. Insensitive and brutal, they muscle their way in whatever direction they wish. Their pursuit of freedom inevitably encroaches on yours. Their swinging fist inevitably finds your nose.

They are you, and yet they are not you. Normal cells have a purposeful DNA map. Tumor cells are cells that have lost their map. They replicate not as brain but as callus. Brain knows when to stop growing; callus does not. It is stupid as meat, but it edges out the pulsing angel that is your mind.

Consider what the human brain is, in the context of all nature. It is the only instance we know of in the universe of atoms and molecules organizing themselves to think and speak. It is breathtaking: chemistry that can say the word *chemistry*, tissue that is conscious, self-diagnosing and self-correcting.

So a tumor is like having the devil living right there in the tabernacle, and knowing it wants eventually to raid the holy of holies, scatter the host, and splash the wine and anointing oil the length of the curtain.

It's not the worst thing in the world to have a brain tumor. There are far more killing and more painful diseases and conditions. But for sheer intimacy, nothing can compare to having a parasite living in your brain.

It's not uncommon. Every year a quarter of a percent of the population -- 120,000 people -- is diagnosed with a brain tumor. Of that number, slightly less than a third are primary tumors -- tumors that originate in the brain. The remaining 70%, or 80,000, traveled to the brain from cancers elsewhere in the body; these are called metastatic or secondary tumors.

As scanning technologies and early detection improve, that number will go up. Indeed, as said before, autopsies commonly reveal the presence of one or more tumors growing in the brain. They did not cause death. The person who had them had no idea they were there. But they were there, taking up residence and quietly making plans. However, 150,000 people in the U.S. die from these tumors every year.

Primary brain tumors can be benign, which mostly means slow-growing; or they can be malignant, which means fast-growing. But be careful with these words, as benign tumors are no slouches at wreaking havoc and causing death. The malignant group is worse because the speed of the advance makes treatment more difficult. But "so-called benign tumors" -- if you have one, you always want to describe them this way -- have cut a bloody swath through thousands of families.

To make the taxonomy even more difficult, a tumor can be benign by type but malignant by location. Growing slowly is nice, but if it is in a place that a scalpel cannot reach, and radiation cannot go, it will kill you -- benignly -- over time.

Generally speaking, it is better to have a primary brain tumor, like I have, than a secondary or metastatic brain tumor, because patients with metastatic tumors have cancer both above and below the neck, and because metastatic tumors pop up not singly, in an operable area, but in clusters that can be located almost anywhere. By the time these tumors show up in the brain, the problem can already be life-threatening.

The split between malignant and benign primary tumors is about 50/50, with the most common primary tumor being a dead heat between gliomas, which are often very malignant, and meningiomas like mine, which are usually benign.

Gliomas are tumors that grow in the supportive tissue of the brain, also known as glial or neuroglial tissue. There are many kinds of gliomas, with names like astrocytoma, ependymoma, and oligodendroglioma. Gliomas are not necessarily killers, but to be told you have one is a call to battle. When my stepfather's surgeon opened him up and saw the characteristic shape and inextricable involvement in the tissue of the brain, he knew it was over for Dick.

Benign meningiomas affect the meninges, a kind of soft veil shrouding the brain. They can be among the most operable, slowest-growing brain tumors. Despite it being benign, people with a meningioma have only a 60% chance of surviving five years. A communication snafu almost always occurs when a doctor informs a patient he or she has a meningioma. The patient has just received terrible news, but the surgeon may seem almost cheerful. This is because meningiomas, as nasty as they can be, pale compared to other tumor diagnoses.

Having said that, meningiomas are no day at the beach. Some are cancerous. Many of them, while being located on the outer perimeter of the brain, nevertheless apply pressure on delicate structures and cause intense headaches, blindness, mental illness, and a hundred different kinds of seizures. Many are inoperable. Even those that are operable can be tricky. It is not unusual to have meningioma surgery that successfully removes the tumor, but leaves the patient epileptic for life. While a meningioma is not a death sentence, neither is it something you will ever be able to ignore.

If you look up tumor in a medical reference work, it will tell you that a tumor is undifferentiated tissue that grows erratically and often very rapidly.

I wanted to know what that means. And I wanted to know more, besides. So early in my diagnosis I put out a call to correspondents. “Has anyone on the listserver who has had a craniotomy actually seen their tumor? What was it like? What is it made of? Was it hard, soft, rubbery, what? Was it the same color as brain?”

The best response I got was from a woman named Judy:

> Dear Michael, I looked at my pathology report from my first surgery and it describes the tumor as "peaches-to-cream-colored." It also says there was some brain cells (gray) included. They said it was soft tissue in one of the slides, so I wouldn't think it was all that hard.
>
> The exact wording of the pathologist is "the sections show a neoplasm composed of plump spindle cells arranged in a fascicular and whorled pattern. The individual cells are mostly bland but rare scattered enlarged cells with large nuclei are present. There are scattered chronic inflammatory cells sprinkled throughout the tumor and small areas of foamy macrophage are also present. The tumor focally penetrates into dural fibrovascular tissue. Pieces of brain tissue are present.”
>
> Another description from my neurosurgeon says "it consists of multiple irregular fragments of white to tan soft tissue. Also present is a strip of gray membranous fibrous-appearing tissue. Sections from the apparent dura are also there.”
>
> In other words, tumors may be very colorful.

Peaches and cream!

Sometimes a tumor is not new tissue, but existing tissue that goes bad. This is the worst, most unexcisable tumor, because to remove the tumor is to remove the organ it used to be. It is a pancreas or liver that no longer does what a pancreas or liver is supposed to do. And you still need a pancreas or liver.

More often a tumor is new tissue, a handful of cells that take outside an organ, but eventually compromise it. Soon it brushes up against vital organs and, by competing for bodily resources, shuts it down, the way a weed steals water from its neighbor. There goes the neighborhood.

Brain tumors make bad neighbors because they tend to affect whatever is around them. Like dogs in the manger, they obstruct functions they can’t themselves perform. Like vandals placing pennies on train tracks, they delight in seeing what they can do to bring down the established order.

Researchers have identified two enzymatic reactions that take place in every normal cell, as parts of its natural clock. The first reaction limits the speed of growth by size and the other limits the growth by number. These are the checks and balances that keep a cell sane and purposeful, a part of the cell community, which is really the civilization of the body.

A tumor is tissues whose cells have cast aside these two reactions. It is like a car in a movie that has had its brakelines cut, and speeds helplessly up and down the hills of San Francisco. The quicker the chaos, the more cancerous the tumor. An astrocytoma expands to fill any empty space, shooting arms out to invade and occupy. Because it assumes a shape we assume it has a specific function, like an organ. But it has no objective except growing.

A brain tumor is not a new brain trying to compete with or replace the old one. It is an infuriating reality that the new tissue, so purposeless and unaware, is more vital than that delicate and complex part of you that, if it is not your soul, is your soul's tabernacle.

Ridding yourself of the gang of gangs is one of the most challenging problems in medicine. If you cut up a chicken and throw away the giblets, new giblets do not grow back on the chicken. But with a living body, the giblets do want to come back, because the only instructions they need to follow in order to survive is to keep growing. All you need to replicate is a single cell, following surgery or radiation, or chemical therapy. There is no distinct "edge" to a tumor, as an eyeball or a lung has. All tumors blur into the body. That is why surgeons who say "We think we got it all" are whistling in the wind. To get it all, you have to cut into the good stuff.

Even then, there is always a remaining cell. After all the suffering and apprehension and recovery, you take a new scan, or a new blood test, it is the commonest thing in the world to discover the tumor is growing again, or another tumor has popped up in a different location -- a worse location.

I never have had a scientific bent of mind, and my tumor has not succeeded in bending it so that it is more scientific. So when someone tries to explain some complex interaction involving long Greco-Latin names, I want to ask them, “So what is it like? Tell it to me as if it were a story.”

The word *hemangiopericytoma* seems to me to have been invented less to reveal than to occlude. Even with it I want to learn what the Greek roots mean (blood + vessel + epithelium + tumor). Maybe there is a clue from ancient mythology why these things show up in our heads, some god we unwittingly crossed, some atonement we might yet be able to reverse-engineer.

I had conceptions about my tumor and I wanted to explore more deeply. For several weeks I entertained the notion that a brain tumor possibly be a new kind of organ, one whose function we don't yet understand. Maybe if we learned the function, it wouldn't kill us. How possible was it, I thought, that a tumor could live so close to our minds and souls and be of nearly the same substance as them and have no mind, no soul? Can we reason with it? When we think about it, is it thinking about us?

I want to see how Walt Disney would have explained the tumor, in stopgap animation, like the famous footage of the flower sprouting, blossoming, bearing fruit, and withering away.

I want to shine a spotlight around the explanation with my mind's eye, like a recipe for soup with the story of that soup's creation, or a *New Yorker* cartoon stuck to a refrigerator with a magnet, or a bedtime story that never ends, but each night shoves my tentative little boat into a different sea.

People tell me I am anthropomorphic. I agree, I am. To me, saying things in a human way, in a way that humans can understand, is what humans are best at. Indeed, it is the only thing we are naturally good at.

At one point I ask friends to suggest names for the tumor. I figure giving it a name will make it seem less odious -- and perhaps give some folks a fresh way to think about my situation.

Their suggestions range from the cute to the profound. My daughter suggested Balthasar, because it sounds like a tumor to her.

My friend Kassandra in Ohio suggested Hertz ("my strife") and Doyle ("dark foreigner").

Al, in Indiana thinks we should name it Rodman, after Dennis. "The Worm," as many know him, is unpleasant, causes grief, and is bothersome. But deep down, he says Rodman is benign, and so should my tumor be.

My buddy Mark wants to call it Bob, as in H.R. "Bob" Giger -- I think that is the guy in the movie *Alien* who has the creature burst from his chest.

On the other hand, my friend Bob in Saint Paul voted for Charlie the Tumor.

Cyli, a BBSing friend, nominated Swirly and Squiggy, on the basis of the photograph I posted from the MRI.

Audrey in Tulsa thought Rocky was a good name, given the tumor's calcification.

A classics professor in Sacramento suggested Tumult, from the Latin *tumere*, to swell.

My buddy Ray in Singapore, a performance artist, felt the tumor needed a T name: Tammy, Tippy, Topsy, Tilly, Talmud, Twain, Tolstoi, or Tuff-nut. He also came up with Ricky, which connects either to *I Love Lucy* or "Ricky Don't Lose that Tumor."

And my brother Patrick came up with the generational name Boomer, which I liked well enough to call my book project *Boomer the Tumor* for about five months.

## Guilt and Forgetfulness

I have had weird headaches since my stroke. When I try to have sex, I am fine for the first few minutes. But as my excitement increases, I involuntarily "bear down," and the pain in my head would begins to skyrocket. It is usually so bad that I stop whatever I am doing *immediately*.

A couple of times, before my neurologist warned me not to do this, I try to "go through" the pain. It is impossible -- even when I am able to finish, I experience a sharp migraine-intense pain that dwarfs whatever release the orgasm allows. In fact, the two sensations merge, and the orgasm becomes agony.

I do not take this well. To lose such a thing, and to not know how permanent it would be -- it makes me want to keep trying. So I keep hurting myself. I am even doing it alone, trying in vain to find a way around the pain, to complete the act without "bearing down." You would need to be a yogi, with total breath and reflex control, in which case you probably wouldn't want to have sex anyway.

So one of the first results of my stroke and tumor is to make the act of love physically intolerable. It pits that part of me that most wants to be alive with that part of me that most wanted to stay alive. If I were a computer it would be like dividing by zero; fatal error.

The next residual side-effect is memory loss. Months after the stroke, I am still having a dickens of a time remembering the simplest things -- the names of things, and what people tell me on the phone. All my head can hold is generalizations and vague reminders.

It is especially troublesome because I feel called upon, for my life's sake and my family's, to listen very, very well -- like, to doctors, about different types of tumors. To me they all sounded like *Oklahoma* -- but I was reminded of the Kafka novel *Amerika*, which involved a traveling theatrical troupe from that state. Perhaps the tumors were actors in that company. Come to think of it, I can suddenly remember every story of Kafka's I had ever read. They seem -- relevant.

It is somewhat similar to the kinds of memory loss I was feeling anyway, at age 48. I was already notorious in my own household for being "absent-minded" -- mislaying papers, forgetting phone messages, etc. Some of this was due to middle age, but an equal part had to do, I believe, with being a writer, and being more interested and absorbed in the project I was working on, which could occupy at least part of my mind 24 hours a day, than in what Mrs. Mientkiewicz told me on the phone about Thursday's soccer practice -- or was it Friday's? I have always been selectively amnesiac.

But what is happening now is worse. I now have a hard time remembering anything, even in my work. And even when I do recall something -- a date, a word, a name, an intention, a message -- I have to coax it out using an assortment of mental pulleys and cables.

It's embarrassing. I keep apologizing to people, telling them I'm not quite right since the stroke. They make every kind of excuse for me. "Oh, we're all like that," they say. "I'd forget my head if it weren't stapled on." "You'll get it back." "It's just stress."

Stress is the wild card. Experts on memory say that the number one factor preventing us from readily accessing the things we know is the pressure we put on ourselves to come up with an answer. The harder we try to remember, the less we can remember. Which makes perfect sense: people with great memories exude confidence. It's not that their memory is naturally superior, and therefore they are confident; rather, their confidence is the reason their memory is better. Attitude is everything. But my attitude is shit.

And it isn't just memory -- the failures extend to simple focus. One day in February, Debbie, an old friend of mine from college, invited me via e-mail out to her farm, about 50 miles from Saint Paul. She had horses, and Daniele liked to ride. Debbie e-mailed me a set of instructions, which I kept on my lap during the long drive. I was very proud of myself. I not only didn't have a seizure (I never have experienced one while driving), but I navigated all the country roads, turning the right way, staying on the icy curves.

It wasn't until we found the house, and I knocked a dozen times on her door, that I realized I had come on the wrong day -- a day clearly stipulated in the very first sentence of the e-mail message in my hand. Humiliated before both my daughter and an old friend, I drove home in silence.

Another day I couldn't think of a writer's name. And I searched frantically though my memory for it, ransacking the associations I did have. I knew he had white hair. I could see the hair in my mind, and intuited that his name had something to do with the weather. Could his name be *snow*? My mind was a flurry of possibities that led me nowhere. Snow White? Snowy Bleach? C.P. Snow? Lord Snowed On?

I got it finally by relaxing and thinking of his face, and then the name came to me. Only when I knew that, of course, his name was Robert Frost, did I come up with a good mnemonic:

> Some say the world will end in fire
> Some say in ice.
> But from what I know of loss,
> It could also end in frost.

It is possible to have very virulent brain tumors and feel no pain from them. This is because, while the brain is the switching yard for the body's nervous system, telling you how everything in your body -- and in your soul -- feels, it itself has no nerves of its own, hence no sensations. If you somehow bypass your skin and scalp, which are loaded with nerves, you could stick a fork in your brain and feel nothing. The exception is intracranial pressure. Some, but not all brain tumors, cause headaches. A few of these are excruciating, migraine-level affairs. The pain of most tumor headaches, however, can be treated with a few Advil.

What you are more likely to feel, I find, are psychological pains. My primary sensations in the weeks following my diagnosis are distress that I seem to be forgetting things, worry about my declining abilities, and shame -- yes, shame -- that I have allowed this thing to overtake me.

My tumor has decided to dwell right next to my temporal lobe, the part responsible for language. If it grows, it stands an excellent chance of causing major disruptions to my abilities to speak, to write, and even to understand English. (And Spanish and French, my other languages.) Already, I count among my symptoms an inability to come up with the right word for things, and sometimes, a fuzziness over the meaning of a statement I heard on TV or the radio. The words vanish as soon as I hear them. I can't recall them to parse their intent. They are gone.

My only symptom is a decreased ability to do detailed assignments. I only have a handful of clients, and the most important to me of these is a speaker series called the Masters Forum that brings in management philosophers and futurists like Alvin Toffler and Lester Thurow to talk about organizations, leadership, and change management. My job is to create a 10 page report on each speaker. The report has to be useful, but it must also be readable, something attendees can pass on to their teams back where they work.

I used to be able to hear a business talk and quickly create a textured, detailed report on the points raised. Since my diagnosis, however, it's harder to focus on the minutiae of a talk. When I review my notes, I can't recognize them.

On the other hand, I still feel able to convey the overall meaning of a speech, so I simply write my reports a bit differently – more about general themes and less about specifics. No one has complained – yet I feel I am cutting corners, and yielding ground I will never again occupy. What will happen as the tumor grows, and I yield even more ground? Will I abandon themes in favor of flavors? Will I abandon long sentences for short ones? Will all meaning collapse like a black hole into a single dense punctuation point from which no light escapes?

(Indeed, as I wrote the preceding paragraphs just now, it took me three full minutes to come up with the name of Lester Thurow, perhaps the world's best-known economist, with whom I was fortunate to have lunch just a year ago. I knew his name began with a T, and that he was at MIT, and that he had a head of curly hair, and had once climbed K2 in the Himalayas. But I had to sit with those associations until my brain rerouted the question and furnished the answer.)

This is so different from the way I used to remember things. How will I remember his name once I have forgotten all the clues? At what point, en route to total language loss, do I set the pen down for good?

When I do put it down, I will be letting everyone down with it. It's my job to keep things going, keep money coming in, keep grinding grain, keep laying track. It's a brute task, a manly task, even if all I am is a writer. But its brutality protects me from a lot of fine details. Grind the grain, lay the track, and no one will ever think less of you – you're a good provider. All you have to do is keep providing. Which I don't think I'll be able to do.

How dare I throw the lives of those I love into tumult just because some pointless protein has spread its bedroll inside my ear? Oh, the shame of it.

So many things fasten us, like roots, to this life. Guilty feelings, though we associate them in our minds to the greater life beyond this one, often root us tighter to the routine we cannot bear to move away from.

What is "martyrdom," the way we have come to use the word, but a way of getting what we want? How often do we let guilt slide us closer to God, compared to how often we use it to anchor ourselves to dead habits?

After my diagnosis, and the emerging likelihood that doctors, in order to save my language center from being squeezed till it ruptured, would have to dig the expanding meningioma out of my head, I read up about the history of brain surgery. It is a stunning story of people slashing the long, hairy roots of conscience and hubris, for a greater good beyond.

Reading about the early surgeons has helped me deal with my sense of guilt. What they did, cutting into suffering people's heads and killing them all, was awful -- but they did it anyway, to end the suffering of others.

There has always been craniotomy -- the opening of the skull to relieve pressure, to release spirits. There are wall drawings of skull penetration going back 7,000 years. But craniotomy is bone surgery, not brain surgery. It doesn't breach the sacred veil of the brain. Richard von Volkmann, the greatest German surgeon of the 19th century, a doctor who would go anywhere and do anything to save a patient, drew a line at the brain. In 1904, Harvard Medical School doctors, reviewing experiments that crossed this line, concluded sadly that the only benefit of brain surgery for persons with tumors was to relieve pressure -- removing tumors was impossible.

A search of medical journals in 1906 showed that of 828 brain tumor operations undertaken, 315 patients died almost immediately. But that number didn't tell the whole story. Of the survivors, a sickening majority lingered for a time -- "paralytic, epileptic, blind" -- and then died. True surgical cures occurred about a tenth of the time.[1]

But 10 percent represented progress. Enough good things were happening in the field to embolden surgeons to continue. Indeed, it was the pathetic condition of brain tumor sufferers that impelled pioneer neurosurgeons to go on a cutting, sawing, and

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[1] Steve Fishman, *A Bomb in the Brain*, Avon Books, New York, p. 93

drilling campaign that killed virtually the first one thousand patients on the table. They were in such misery that taking their lives away, or their ability to think, or speak, or smile, or move, did not seem so unbearable a risk.

Much has been written about the hubristic attitude required to make an initial incision in another human being. Take that hubris and then quadruple it and know that you're going in where no one has gone before, and that your first hundred patients died the instant you opened them up, and you have an idea what these surgeons were made of.

Like Civil War generals, they shed the blood of many, and besplotched their own immediate reputations, to create leverage for the future. Their patients died on the table so that my neurosurgeon's patients could get operated on and survive.

And do I imagine that, at the end of each day, these doctors felt guilty? And how. In that sense, their psychological complex leaves God's in the dust. God can revel in his omnipotence and omniscience because he is, after all, omnipotent and omniscient. Like Superman, he never pays the price for his powers.

"Victor, if you operate on that man, he will die," a neurologist said to the turn-of-the-century brain surgeon Victor Horsley, who used to perform brain surgery in his patients' parlors. "Of course he will die," Horsely replied, "but if I do not persist, those who come after me will do no better."

Another surgeon, Harvey Cushing, performed an operation on Maj. General Leonard Wood, a military pal of Teddy Roosevelt's. Wood was about to be named chief of staff of the U.S. Army in 1909, when he began to experience paralysis in his left leg and seizures. Cushing was terrified of going inside the head of a national hero, and was relieved when the surgery was postponed: "Glad the operation has been postponed; for everyone dies that I touch."

Eventually, Cushing removed a huge meningioma from Wood's brain. Eleven days after surgery, the general, who had lost all feeling on one side, was up and walking again. It was a red letter day for practical brain surgery. But it was a terrible struggle for Cushing. Was he God, to take upon himself such a task?

Neurosurgeons take so much upon themselves, all the doubts and self-accusations, and then they summon the strength to go in again anyway.

There must be a lesson in there for people like me and the kind of guilty feelings I have. Maybe guilt is just the price of admission for being alive and cutting the flawed deals we have to cut. Maybe it is just the table stakes for sitting down to play.

I have an opportunity to visit another brain surgeon, for a second opinion on my case. Everyone I speak to recommends and praises him for his personality and technique. I am pretty happy with Dr. Gregory, but I see no harm in a second opinion.

Let me call him Dr. Rajib. He is perhaps the handsomest, most charismatic man I have ever seen, a poster boy for eugenics, equal parts Jimmy Smits (*NYPD Blue*), Ricardo Montalban (*Wrath of Khan*) and Rutger Hauer (*Blade Runner*) -- noble and Third Worldy and mystical.

"I am so glad you came to me," he greets me with an arms-around embrace. It's like meeting Jesus, I think he may kiss me and my tumor will shrink to the dot of an i.

Instead of sitting behind a desk, he sits on the floor. Instead of medical whites he wears khakis, with a tan belt holding him in. Instead of examining negatives on a light panel, he lays his hands on my head, and massages the place where the trouble is. He speaks more like an actor than a doctor, in rich, dramatic cadences. He seems to be a Superman of every kind of intelligence -- medical, social, emotional, theatrical.

"You have what is called a meningioma," he says. "I concur completely with the other doctor's findings. To me, you are so lucky, because you can do whatever is in your heart. You can leave it where it is, and if it ever should cause you a problem, I will go in and I will take it out. It is easy to get to. I could do it in my sleep. But I wouldn't -- I promise you I wouldn't.

"Or, if it is your wish, you may ask me to go in this very week and take it out of you. It is not necessary, I assure you, but I would not blame you in the slightest if you felt this way. If it were me in your place, I might well want it gone, so that I never need think of it again."

I leave his office, unsure if my feet are touching the ground. I would be so lucky to have this man saw my head open, I am thinking. I would be blessed.

But Rachel, who is plugged into the local medical scene, discovers over the course of the next few days that a number of Dr. Rahib's cases are in court. Not easy cases like mine, but very difficult, virtually impossible tumors that Rajib evidently felt confident unraveling.

He is either a very good man, I decide, willing to cut into people with unsolvable problems, hoping his genius and luck will carry the day. Or he is a very mixed man, with many wonderful successes to his credit, and some failures that whisper the word hubris in a clenched voice.

I'll stick with plain old Dr. Gregory.

# Return to the World

It's the night before Valentines Day, and Rachel and I go out for dinner and a movie. Money is scarce, but I buy a print for her anyway, by artist friend Dan Bruggeman, of two birch trees gently intertwining. It costs $300, but I'm in love and don't care. Wouldn't you know, I get an overdraft notice that afternoon from the bank.

We choose an Indian restaurant in Minneapolis, figuring not many people will think of celebrating Valentine's Day Indian style. When the waiter, named Dinesh, stiffly presents us with our menus and leaves, Rachel whispers that he doesn't seem to have much of a sense of humor. But I hold out for him. "He's all right," I say.

We order wine, my first drink since suffering the stroke. What a difference it is to be wearing pants and drinking a cheap merlot in a nice restaurant. We order our dinner, telling Dinesh to cook our food no spicier than mild-to-medium. "We are from Saint Paul," I say slowly. No reaction.

So I tell Rachel her about my poetry reading earlier that day. The City Center mall downtown thought an open-mike reading about love would get the cash registers ringing sales. When it was my time to read, people were passing before me like traffic at a major intersection. The sound system was loud and hollow. But this was what I told the shoppers:

"You know, it's funny to be reading here. In my experience, this is the first time a store has tried to make money off free verse. [Wait for laughs, none come.]

"Our topic today is the decline of the love poem. Today's poets write very few poems about the love we feel for our chosen ones. This failure began, oddly enough, in the Romantic era, when poets redirected their attention from what was around them, to what was going on inside their heads."

I'm going great guns, by my own estimation, and Rachel listens to my monologue with eyes shining. Dinesh brings our dinner, which is wonderful -- a dozen little dishes and sauces and chutneys and breads and rice. I continue with my speech at the mall:

"The reason poets don't write love poems," I told shoppers, "is that they love their muses more -- their imaginations. It's one reason poetry seldom seems to matter any more. It's not about love for others. It's not a gift we give readers. It's like masturbation -- fun, but unromantic.

"I have a special insight into this issue because I found out two weeks ago that I have a brain tumor. [A few shoppers halt in midstride and look in my direction, but not many.] They say it's not cancerous, but it may have to come out. I'm afraid of the tumor, and I'm afraid of the operation. I'm forgetting things. I have lots to lose besides my life.

"What if I lose my IQ? Or my sense of humor? What if I lose my muse?

"And I'm asking myself, Which is more important to me, my muse or my wife? And the answer is -- my wife. Poetry only wants you at the top of your game, when all your faculties are clicking in perfect synch. But even if I come out of the operation washed up as a poet, Rachel will still love me."

I'm telling Rachel all this over tandoori chicken and naan. I'm very pleased with my public proclamation. She just shakes her head.

"You're full of it," she says. "If you love me more than your writing, why do you write all the time?"

I nod, and think about all the times I head upstairs to clatter on the computer rather than climb into bed with her.

"But," I say. "If I come out of the hospital a vegetable, you'll still love me, right? Whereas I'll probably never hear from my muse again."

"You'll probably be OK, you know," she says.

"Sure. But if worse comes to worse, you have power of attorney. If I'm really bad you can pull the plug on me. If I'm just pretty bad, you can put me in a home. All I want is that you come visit me sometimes. I mean, I would want you to have a life, maybe get married again."

For a moment there is silence, as I push the basmati rice with a fork.

"You know," Rachel says, "if you veged out, you could still live at home. Just because you're sick doesn't mean we can't be together. Just that you'll be more like furniture."

"Then it's settled," I say. I ask Dinesh for the bill. He gives it to me, and I give it to Rachel. "Handle this, dear," I say. Dinesh cracks up.

"See," I tell Rachel, "I told you he had a sense of humor."

After dinner we go to a movie -- *Shakespeare in Love*. Rachel and I have a ball watching it, whispering excitedly, shoulder to shoulder, giggling.

A man sitting in front of me turns around not once, but twice, to insist we put a cap on it. I spin him back around with a twirl of my finger:

"Just enjoy the movie," I say to him, as if I was doing him a favor, as if it wasn't his fault he couldn't recognize true love -- "please."

I have my first night out with friends, playing pool at City Billiards, the old downtown club in Minneapolis with a couple of writer friends, Bob and Larry. What a piece of work I am, audacious one moment, on the brink of tears the next. I can't just shut up and play pool, I have to bring the guys down with the ghastly details of my healing. I tell them about the gurgling sounds I hear sometimes. I tell them about my problem with orgasms. I tell them about intracranial pressure. They stare at me, stricken.

This must be how the war wounded feel on Memorial Day, when everyone crowds around you in your uniform and slaps you on the back. No, you are not one of them, except on one day of the year. Then it is all rejoicing and hysteria and amputation envy.

Sometimes I turn my head too quickly and the whole room spins like a merry-go-round doing a hundred and twenty in a twenty-five zone. I put my hand on something solid to steady myself -- surely not the first person to do so at City Billiards. But it feels so great to be out among other men dumping a mug of cold beer into one’s belly. I feel like I have been restored to the realm of the living.

We play a kids' game called Cutthroat – where each of three players tries to sink the other players’ five balls. Bob and Larry are meticulously setting up one shot after another, trying to run the table on me with stealth and poise. I haven't the patience to play that way -- I never did -- so I play one hideous slap shot after another, hitting every ball with power. My point must be to convince them that there is no beating a player who has spent a month in hell, because he is a little crazy and has nothing to lose.

Sure enough, remarkably good things happen when I send the cue ball like a bullet into the crowd -- their balls drop in the pockets, and mine, with one or two exceptions, do not. The implication is clear -- God, and the laws of physics, are on my side. I don't tell them that this is how I have always played -- stupidly.

And I get my comeuppance when the cue ball flies up off the table and smacks a comely blonde in melon-colored, painted-on pants across the room in the right cheek of her bottom. Some comeuppance -- she walks lopsidedly over to our table, smirks at me, and drops the heavy ball into the soft palm of my hand.

We spend half the night delightedly doing one another in, the other half apologizing in a heartfelt fashion to the person whose balls you have rammed in, explaining how you hate to do it, but it is required of the game, and anyway, it is the way of nature.

Since we are all writers I am unable to shut up about my brain tumor book, and they feign interest. I want to try my latest thought for a title out on them. I have been turning it over and over in my mind, and I am confident this latest title captured the essence of the project.

It is the sort of title that, when you hear it, you want to cry because it so captures the emotional richness of the topic. It contains equal parts humor, impossible anguish, and the kind of intellectual rigor you associate with Dostoyevsky, or Camus, or one of those guys.

"Are you going to tell us what it is?" Bob says.

"OK,” I say, and I set my cue down to place the title officially in play. "The title I am thinking of is … " dramatic pause "… *Way to Go, God*.'"

Larry nearly blows his beer across the felt. The two men do a rapid double-take with one another. The first glance is to see if it's OK to laugh out loud at me. It is a poolroom, and cruelty of that sort is not unheard of in poolrooms. But the second glance -- it only lasts a fraction of a second -- is to come up with a diplomatic plan, a way to tell me the truth while being fully supportive of my efforts.

"Mike, I'm afraid no one will like that title," Larry says. "People are really funny about God. Religious people will think you're dumping on the Almighty. They won't see it as a richly textured, highly ironic thing -- they'll just think you're trashing their guy."

Larry hands the baton to Bob. "And people who aren't religious," Bob says, " will think you're some lazy-ass guy who couldn't have something go wrong with him without dragging the cosmos into it. Everyone else," he says, sinking my fourteen ball, "will think, 'What the fuck is that all about?'"

"It's a good title, Mike – to lose," Bob says, chalking his tip.

"You might want to think of it as an artist's title," Larry says. "The way Duchamps called his masterpiece 'The Large Glass.' People who get the joke aren't the problem -- it's the riffraff you have to worry about."

I want to be sure they got my intention – that a brain tumor was kind of a Whitman Sampler sent by the divinity just to mess you up, like breaking a fresh rack. And the title's sarcastic tone, in my gurgling mind, is just the way to set up the key question of the book – "What am I supposed to do with this thing?"

I spent two weeks in love with this title. It exactly describes the relationship of divinity to *mensch*: God as the never-visible hurler of thunderbolts; the *mensch* not as sarcastic but as self-interested, while trying to parse the divinity's obscure woodwork.

But I get their point – no one will buy a book with a title like that, except weirdoes, and no publisher wants to publish a book just for weirdoes.

Tumors change your religion. You don't have the same attitude about a universe in which your body does not mutate into a malignant, self-destroying thing, and a universe in which it does. The Bible says the Lord is aware of every sparrow that topples from a twig. If so, the Lord is aware of every cell that, for whatever reason, decides to go bad, and take the entire body with it.

Presumably, there is purpose to this universe; it is hard to get religious about a universe with no sense of purpose, no meaningful story. But what is the purpose of a brain tumor -- a flaw in the body's otherwise stunning array of defenses, a flaw that is so close, so intimate, with the nearly sacred tissue of the brain?

Is the purpose personal growth? Is it a story of glory, about growing and saving oneself from death? Is it a poignant story about growing spiritually but dying physically? Is it a motivational lesson, to help us get our lives together? Or is it just a dumb story about something witless growing inside you and crowding out the good parts? Possibly it's the story of a foolish man who freaks out for no good reason. Hero, martyr, victim, clown -- different tales.

There is a clinical basis for the efficacy of prayer. It's true. Religious people swear by prayer, but those of us who doubt such things can easily explain such miracle cures: People who know that other people are praying for them have a powerful reason to get better. The knowledge that they have such fervent support helps them rally their defenses and get better. Simple.

But it's more complicated that that. Clinical studies using control groups and guarding against placebos have shown some remarkable things:

- Yes, patients who know they have people praying for them, do better than patients who do not know they have people praying for them.
- Patients who have people praying for them, but *don't know it*, do better than patients who do not have people praying for them.
- Moreover, patients who have strangers praying for them do as well as patients whose loved ones are praying for them -- even if they are unaware of the praying being done on their behalf!
- Distance is not relevant -- praying does not have to occur nearby in order to effect results.

What this suggests is that the healing begins not in the patient's body, but, astonishingly, in the good wishes or positive mental attitudes, of third parties -- or possibly, but this is not proven, divine intercession.

Every day I do visualization exercises, in which I see the tumor shrinking with every suggestion. It is a war between my brain, which still controls my body, and the other thing, which has no need to do anything but grow and wreck things.

My brain, through me, is giving itself instructions: Surround the tumor. Corrode it. Destroy it. Absorb it. Shrink it.

It is a dizzying, powerful feeling. My eyes are closed, and I feel each breath swim into my skull like a gust of healing medicine, then swim out again, flushing away the bad stuff. Sometimes I feel a wave of biochemical happiness that is quite extraordinary. I want to stand up and dance. Even if I'm in, like, the Department of Motor Vehicles.

It's not as dramatic as Carrie using her brain to telekinetically wreak havoc on her senior prom. But it amounts to the same thing: mind over matter.

A profound experiment was conducted several years ago, in which electrodes placed against a user's head generated enough impulse to move a cursor on a computer screen. People were providing data input with their minds -- an in almost the same way that the PC itself works, via electrical stimulus.

If I can move a cursor with my thoughts, what else can I do?

I picture tiny nanobots, at the cellular level, or even smaller, as small as the *prana* of the Indian yogis, swarming over that poor tumor and chomping into it like sugarbees at a blueberry pie-eating contest.

And they aren't subtle about it. They are smacking their lips lustily, and singing ionic sea chanties!

Sounds preposterous? Yes, but there are many, many, documented cases of people using visualization techniques to successfully combat all sorts of illnesses. Miracle cures seem almost to be a matter of whether we *want* them or not.

I say *almost* because the magic doesn't always work. A woman in a new age cancer peer group swore she would "think" her uterine cancer into submission. Wanting, the harnessing of the brain to the will, was that powerful. When the cancer swamped her instead, people in the group asked her why she wanted to die.

I can't swear to you that it's working. But each time I go in for my MRI followup, I expect the worst. And each time, the image has shown no growth. The tumor, which caused me to have a powerful stroke in January 1999, is dead in the cranial water as of June 1999.

So I'm thinking of old Archimedes of Syracuse and the lever he called for that was as big as the world. All he needed was a place to stand -- a safe universe, from which to pry this one apart.

And I consider that the ultimate lever, the ultimate technology, the ultimate magick, is the crown of creation that is *us*. Eureka, eh?

One day, out of the blue, Rachel tells me that Catholic guilty feelings are what define me.

"They sure did a job on you," she says.

I don't defend myself -- Jesus wouldn't. I don't think there is anything necessarily wrong with being defined by guilt. In fact, I'm a little proud of at least having standards of right living to live up to. That's a measure of ambition, isn't it, of stretch?

But I defend Catholicism, which I stopped practicing at age 13. Where does Rachel get off, as a Jew, telling me that the tradition I was raised in, and which I have largely sloughed off, is neurotic? And I know thousands of Catholics, raised in the same general milieu I was raised in – but they don't not apply the same *gravitas* to living that my brothers and I do.

Sure, the Catholic religion contributed, because it is there for my kind of personality to seize on and mould to my purposes. But I am confident I would have been a long-sufferer even if I'd been raised Unitarian.

"Offer it up to the poor souls," is how the nuns urged us to transform pain into grace.

But it is so hard, and so treacherous. Dante wrote about the circle in hell reserved for the good who were proud. C. S. Lewis had great fun characterizing the self-consciously virtuous whose sin was second-guessing God.

Promising God you will wear beans in your shoes as a sign of your covenant with his will sounds great. But the jailhouse lawyer that resides in every soul quickly learns the beans hurt less if you soak them overnight –better yet, use canned.

So I'm in the pool hall with Bob and Larry, and we decide to step outside. I have a wonderful secret for them -- a rolled joint, given me by a friend who felt that smoking pot had to be good for a traumatized brain. My friends are in awe at the prospect. We are all sort of hip, but it is a rear-view mirror sort of hip. All the cool things we know are in the past.

We walk across the Mississippi, watching the ice jams butt up against the spillway walls. We sit in the crisp snow and light up. Instantly we are transported to that ancient sense of camaraderie we remember from the 60s and 70s. I hadn't smoked in nearly twenty years, and I don't suppose Bob or Larry had, either.

It is all still there, where we had left it. The childish excitement, the affection of sharing a secret, the delight that is inherent in everything. We watch the sparkling waters roll down the spillway for perhaps fifteen minutes, remembering special moments from the past.

Then we stand and hike over to Nye's Polonaise, a wonderful Polish bar with three stages, a piano bar, a blues band, and "the world's oldest jazz band," a quintet of players all in their 80s. The cigarette smoke, the banging of the cymbals, the buttery smell of kapusta hovering in the air. "Oh, God," I sigh, as the ancient drummer beats on her tomtom. We grin at one another and exit into the cold again, and walk to our cars.

It's one of the happiest nights of my life. Except that going home, I have to pull over and idle on the shoulder, because the pressure in my head, from the beer and the pot and the noise, feels like the Lord God is twisting a dull bread knife in my prefrontal region.

My friend Brit and I agree to have lunch at a Thai restaurant near my place. The buffet is fantastic, and the conversation better, as we take turns telling the stories of our lives. "*Your* father was insensitive in the '50s -- let me tell you about *my* insensitive father."

Since Brit's a music writer, among other things, I mention I was once backup rock critic for the Saint Paul paper, twenty some years ago. But I lost that gig one February when the Rolling Stones came to town, and my editor, Bob Protzmann, wanted me to cover a Conway Twitty/Loretta Lynn concert that night instead.

I was sure there was something that could be said about that concert, but I was just as sure I was not the one to say it.

I loved the Stones – enough that I laid down my $75 a shot job for them. Predictably, when I returned to the paper as a computer columnist 20 years later, only one person from the old regime remained in the newsroom – Protzmann.

I like jazz, and blues, and classical, and other things, too. But what grabs me in my heart is still rock and roll.

Now, this is a warm spring day, and as I slip my fleece sweater over my head in the restaurant booth, my wallet falls out of my pocket and into the next booth. When lunch is over, I am unable to write a check to pay for it. (Worse, when I call the credit card company, I learn someone in the restaurant the same time as me put a $50 Thai meal on my card.)

We walk back to my place, and I show Brit my CD and tape collection, and we quiz one another on favorite Dylan albums. He likes *Bringing It All Back Home* best. I can't help it, I'm a *John Wesley Hardin* man.

Then we ask about the Stones. Brit digs way back and comes up with *December's Children (And Our Own)*" circa 1964. My choice is more conventional, *Beggar's Banquet*. It was *the* record playing in my college dorm in 1968. I had it on an old cassette, but not on CD.

After Brit leaves, I go online to Amazon to linger over the Rolling Stones discography.

Toward the end of the concert back in 1977, the Stones did something wonderful. Mick had terrorized people in the front rows all through the first set with a steel bucket. Everyone assumed it was full of water, but when he finally emptied it on the people, after many false spills, it was only rose petals, fluttering onto their faces and shoulders.

For the last few numbers they turned on the house lights. Whatever mystique they had created earlier in the show, with the huge inflatable phallus and neon puckered lips-and-tongue, dissipated instantly, and they were just guys in T-shirts, blasting out "Jumping Jack Flash."

It was a democratic gesture, topped when Mick dumped the bucket on himself, and this time it *was* filled with water.

So I'm sitting at my computer, licking my lips at the Amazon URL for *Beggar's Banquet*. I want to have it now. I want to turn up the volume, close my eyes, and relive the sounds of my unscrupulous youth. Maybe, if I get a clean MRI, I can afford to buy it. Maybe I'll live to be a hundred, and have the best record collection in the home.

But I don't *need* it. I can play the versions I already have, the one on cassette tape, the other in my head. Because I know every twang of song by heart, from "No Expectations" to "Parachute Woman." And my favorite song of all of them, which I never questioned before, seems so right to me now:

I just want to do my jigsaw puzzle,
before it rains any more.

A month after my night out at the pool hall, she corners me in the hallway of our home.

"There's something I need to ask you," she whispers.

I am confused. She's taking a tone with me I have never noticed before. It is as if she is the parent and I am the child. She holds up a baggie with half a joint and a few crumbs of pot still in it. "I found this in your jacket pocket. Can you explain this?" she asks.

I sputter for a moment. To be caught with drugs by one's teenaged child -- I was unprepared.

"Yes," I say. "I can explain."

I explain that a friend gave me two joints after my night in the hospital, in the belief that smoking would hasten healing in my brain. I tried it exactly twice, got awful headaches, then forgot I had it.

She pondered that, and decided it was not unreasonable. "If that's all it is, I guess that's OK. But I can't have you getting high all the time. You have responsibilities, and if you got caught you'd go to jail."

Daniele is not a prude. She hangs around with people who smoke and do worse. Now she's asking me if she can trust me that this is all there is to it.

"You can trust me," I say to her, all contrition.

"OK then," she says. "We won't mention it again."

## Celebrity Brain Tumors

Every week I write an essay for my "Future Shoes" subscribers, and after my diagnosis I write one about the conversation I had with my kids about my brain tumor, and what my chances were. Jim, a writer friend in Pittsburgh, liked the piece and suggested I send it to an editor he knew at USA Today. I do that.

"We very much liked your essay," the editor replies to me, by e-mail. "But I'm afraid we have to say no. There are so many people with different ailments, that we have made the editorial decision to feature first-hand accounts of people who are already in the public eye."

In other words, she's saying they only run health stories by celebrities. What a stupid world, I thought, that requires the additional juice of fame to pay attention to a story that is already paying the price of life and death.

The issue of celebrity won't go away. One night I flick on the TV, and Barbara Walters is on. It is the week immediately following her ratings smash interview with Monica Lewinsky. The whole world tuned in to that vapid broadcast, so Walters knows she has to come up with someone good as a follow-up – to show that *she* made Lewinsky, and not vice versa. It has to be someone glamorous, world-renowned, yet still sympathetic.

Could it be … **Elizabeth Taylor**?

Could be and is. Madonna and Marilyn and Monica would eat their hearts out to monopolize, as Taylor has, the public eye through six decades of gossip, crisis, Egyptian beehive stardust and violet-eyed humanity.

She is not just a queen of multiple facelifts. She is someone who has actually suffered, quite a great deal, in fact, and she speaks with the authentic vocabulary of suffering. It gives her, out of all the talk-show wanabees queuing up for their moment in the bright lights, street cred. It makes her a person.

And it ain't just the six divorces. It ain't just the pills and booze. And it ain't just from being Michael Jackson's special friend. It isn't even from her long association with and support for people suffering from AIDS.

Liz Taylor tells Walters she has a brain tumor, a meningioma like mine. She has had at least one craniotomy. That much has appeared in the papers, and for many readers, that story must sound the death knell for a major star. We folks with meningiomas know it's serious, but not *that* serious. But for much of the world, a brain tumor is an automatic death sentence.

It would have been a terrific opportunity for Taylor to pause, and explain, through her spokespeople, if necessary, what a meningioma was and what it meant for her.

But she doesn't. And the online brain tumor support group is miffed about this failure.

“Here we have a celebrity of the first magnitude,” wrote Anne. “And a great chance to do some education about brain tumors, and she won't discuss it. Thanks a bunch, Liz.”

“I understand some people from the [American Brain Tumor] Association asked her to speak up about it. Miss Taylor's office informed them that she has decided not to make a big deal about brain tumors, because she’s already so identified with AIDS,” wrote Terry. Terry knows everything, especially about Liz Taylor. “AIDS is so important to her. She doesn’t want that compromised.”

“I disagree,” wrote Marie. “I think it’s all for our consumption. Being a spokesperson for AIDS makes her seem like an angel of show business. Whereas, actually having a brain tumor is a threat to her career. She doesn’t want people to think of her that way. So she bailed out. Either that or Liz, about whom we know virtually everything there is to know, has suddenly become private about her life, for reasons of personal modesty.”

“What is it,” wrote Marty, “that keeps famous people from wanting to acknowledge their brain tumors? Is it a desire for privacy, or fear of scary publicity, or not feeling up to the demands of being a spokesperson?”

“They’re just scared shitless and feeling sick as hell,” Nona wrote. “They see their lives going down the toilet, they’ve been healthy as horses all their lives, and don’t think they have what it takes to reach out and help other people.”

That was how people on the listserver decided to put together a list of celebrity brain tumors. Everyone knew someone who had a brain tumor, or remembered reading something over the years. As a writer, I was asked to compile the suggestions and say a little something about each one.

Show business provided the lion’s share of stories.

For openers, there's **Roddy McDowell**, a good friend of Taylor's, who died of a brain tumor in 1999.

**Sandy Duncan** is a survivor.

**Susan Hayward** died of a brain tumor in 1975.

Silent film star **Pola Negri**, born Apalonia Chalupec, died of a brain tumor, but first she lived 98 years.

**Bert Convy,** actor and 70's game show host, passed away from a brain tumor.

But **Nell Carter**, comedienne and singer, beat the odds and survived hers.

**George Gershwin**, perhaps America's greatest composer, died in 1937 of a brain tumor.

**Pat Paulsen,** the deadpan onetime Smothers Brothers sidekick, and oft-time presidential candidate (slogan: "We Can't Stand Pat") died of metastatic brain cancer in 1997.

Reggae star **Bob Marley** of the Wailers also died of a metastatic brain tumor, at age 36, in 1981.

French film director **Francois Truffaut** (*Jules and Jim, The 400 Blows, The Last Metro*) died in 1984 of a brain tumor.

Ten years ago, **Dirk Benedict,** star of *Battlestar Galactica* and several other TV shows, was suffering from a so-called incurable cancer. He claims to have cured himself through a microbiotic/macrobiotic diet. He wrote a book about his experience, *Confessions of a Kamikaze Cowboy*.

**Harris Barton** was a star player with the San Francisco 49ers. He is active today in the National Brain Tumor Foundation, sponsoring an annual walk around Angel Island, a State Park in San Francisco Bay.

**Otto Klemperer** (1885-1973) partly paralyzed following an operation for a brain tumor in 1939, Klemperer often had to conduct in a sitting position. (His son was Werner Klemerer, Colonel Klink on *Hogan's Heroes*.)

**William Vaughn Moody.** American poet and playwright (1869–1910) whose mystical and dignified work was considered a sign of unfulfilled promise upon his early death.

**Anthony Burgess**, the British novelist, critic, and man of letters, found out he was going to die in 1958, so he wrote a novel to pay off his family's mortgage. The book sold, so he wrote 30 more, including *A Clockwork Orange*. He lived until a brain tumor took him down in 1993.

Right in the midst of our compilation, the film critic **Gene Siskel** died. He had acknowledged being treated for a tumor several months before, but had not released any information about it, preferring to go on with his business. For this reason many of us assumed he had a "chronic treatment" tumor like my relatively accessible meningioma.

When he died rather suddenly, no information was given out to the press. Still, rumors surfaced. One of our group believed he had a glioblastoma multiforme, frontal lobe, the prognosis for which is usually one to two years.

Politics, perhaps because of the excellent health benefits, has its share of survivors. Sen. **Joseph Biden** had an arteriovenous malformation, which acts much like a tumor. Senator **Arlen Spector** from Pennsylvania had a meningioma treated with Gamma Knife, a kind of radiation.

Latino Congressman **Frank Tejeda** of Texas died of a brain tumor in 1997.

And then there was political operative **Lee Atwater.** George Bush's campaign hatchet man in the 1988 campaign, Atwater had a reputation for being brilliant as a tactician, pleasant as a friend, and brutal as an opponent. The notorious Willie Horton TV ads, blaming Michael Dukakis for letting a murderer out of prison on furlough so he could go on another murdering and raping rampage, were the product of his perhaps already tumorous brain. For this he was accused of playing the race card, whipping up fears of black crime to capture white votes. He was also a pretty good rock and roll guitarist, performing at victory celebrations and other events. He occasionally played with B.B. King.

I read that when Atwater was dying, he sent messages to people he had bashed in campaigns. Now that he was suffering, he understood better the pain his tactics caused, and he begged them all for forgiveness. Many made the trip to his bedside, and Atwater tearfully apologized to all that did.

Finally, the world of sports has yielded up a long list of survivors and victims.

NFL founder **Pete Rozelle** died of a brain tumor in 1990.

**Lyle Alzado,** NFL linebacker and B-actor, died of a brain tumor in 1989. Alzado was criticized for steroid abuse as a football player – which he steadfastly denied, until he was diagnosed with terminal cancer. It was an object lesson in hubris seeing this giant of a man reduced to tears and despair by the shortcut he took to fame and fortune.

**Josh Gibson**, slugging catcher of the Negro Leagues, sometimes called the "black Babe Ruth" died from a brain tumor in 1947.

Screwballer **Dan Quisenberry**, the witty submarine pitcher for the Kansas City Royals, was diagnosed with a glioblastoma multiforme in late 1997 and had 80-90% of it resected. But it was too much for him, and by the winter of 1998 he gave it up.

Another member of the Royals, manager **Dick Howser**, succumbed to a malignant brain tumor in 1986.

**Fritz Von Erich**, who invented the “evil wrestler” in professional wrestling in the 1960s and '70s, along with a handful of evil wrestling holds, such as the “camel clutch” and “the claw,” died of a brain tumor in early 1998.

**Tim Gullickson**, American doubles champion with his brother John, saddened the tennis world with his rapid deterioration and death in 1995.

**Eric Liddell,** the British runner celebrated in the Oscar-winning movie *Chariots of Fire,* who won a gold medal in the 400-metre run and a bronze in the 200 metres at the 1924 Olympic Games in Paris. Asked the secret of his sprinting speed, Lidell replied, “When I run, I feel God's pleasure inside me.”

The world of business yielded relatively few examples. **Dawn Steele,** the head of Columbia Pictures, and described by some as the "most powerful woman in Hollywood," died after a two-year fight with a brain tumor in 1997.

**Gerry Pencer,** the founder and CEO of Cott Corp., the 4th largest beverage company in the world, and the company whose formulas routinely beat Pepsi and Coke in blind taste tests, died in early 1998 of a glioblastoma multiforme tumor.

Many of us thought the accusations of cellphones causing brain tumors made it likely that the ranks of celebrity business basin tumors would soon swell. But it didn't.

Our celebrity brain tumor list took on a life of its own. In all, we culled nearly 300 names of celebrities who had survived a brain tumor, died from one, or had a loved one die of one. Surely, we thought from all these celebrity names, it would be possible to select a survivor spokesperson for the brain tumor cause. Liz Taylor might not want us, but surely someone on our list -- someone living -- would.

For several weeks the e-mails flew and the panel was very excited. Everyone had a favorite candidate spokesperson. We even held an election. The thinking was that a straw poll conducted on the Internet would be enough to persuade someone famous to reorganize his or her life and spend the lion's share of the rest of it speaking out on our behalf.

As people added names to the list, the concept began to blur. We began to assume that whoever we selected from the list would be happy to take on the role of spokesperson.

Then I saw the following note, from Jeanette, a glioma patient who lost a lover a year ago to metastatic brain cancer.

"Folks, we've forgotten what we set out to do. Here we are deputizing the Association to play pin the tail on the donkey with some as-yet-undesignated movie star.

"Sure, it would be great to have Elizabeth Taylor on our side. But don’t you think these things rise of their own accord? If Liz Taylor wanted to focus on increasing public awareness of brain tumors, wouldn't she have done so?

"And if we tap someone famous to be our official spokesman, won't that strike people as false, like we're conceding that our lives don’t matter, just the lives of the stars?

"I keep thinking of Rebecca. For me, she will always be my spokesman, about brain tumors, and about living and dying. And of all of you. My life has been changed forever, and for the better, by some of the people I have met in this group who aren’t with us any more. Tyler, Cheska, Zuzu, Amy, Mary, Rebecca, Mike, Keith, Scott, Matt, David, Carol, and many more.

"They weren't famous. But each of them brought commitment, courage, dignity, humor, and humanity to the fight.

"If our cause is ever to really be heard and acknowledged, I pray it will not just be just the Liz Taylors who are heard. She hasn't said a peep about this, while friends I made at this site here gone to their deaths trying to help me to live.

"Come on, people, think. If we are really good, if we are really communicators, if we really know what we want to say, and say it in the best words we can find, there's no way our message will be ignored.

"I don’t want some movie star mouthing my dying words for me."

## And We All Shine On

The first thing I realize about my friends after my diagnosis is how important they are to me. I want to tell everyone, right away, by e-mail, phone, snailmail, whatever.

The first few days I am inundated with replies. It turns out everyone knows someone who has had a brain tumor, and either died of it, or didn’t. Many people express a kind of generic shock. We're all baby boomers, and this death idea is just starting to take hold. People want to know if they can do anything. Specifically, do we need food? The food theme is poignant two ways -- feeble in the face of the medical reality, yet so comforting, and so human.

My friend Dirk in Brooklyn goes beyond chicken soup. He begins calling regularly, hoping to link me up with a traditional Chinese acupuncturist and herbalist he knows in New York's Chinatown. To hear Dirk, this man can achieve remarkable things, curing everything from dandruff to cancer. And I am ready to see him, when the doctor tells Dirk that, alas, acupuncture and herbs have little effect on brain tumors. Great of him to say so upfront, though -- and great of Dirk to get so involved on my behalf. Can you have a better friend than one that wants to roll up his sleeves and save you?

And Dirk isn't alone. Peter in Greenwich Village (he's a folksinger), calls to ask if I want him to get me a good East Coast brain man. I feel ungrateful telling him I think my Midwestern brain man (Dr. Gregory) seems pretty good. In fact, I am very touched.

My friend Jerry in Michigan City has a good line. "I believe there has been a misdiagnosis. What they are calling a tumor is really an organ in your head that only you have, that is in charge of being funny, and coming up with wonderful ideas." Thanks, Jerry.

A couple of friends get downright competitive with me. Sure, I have a brain tumor, but doesn't Abe in Toronto have a failing kidney, and doesn't Dennis in San Francisco have a weird asymptomatic blood disease? We are all three desperate to be sicker than the other two. They are jealous of my tumor, because in the realm of scary diagnoses, brain tumors plainly rock.

Then there's Dan from my poker group in Minneapolis. When I go down with the stroke, he's being tested for lung cancer. He doesn't smoke, but his symptoms suggest tumors. We've really not spoken much before, but one day we have one remarkable conversation in which we tearlessly tell one another that we don't mind dying so much, but it is hell to think of leaving our children and wives. Dan's a private man, but that day he gave me a peek into his soul.

The only friends who disappoint me are the ones who avert their eyes. We might be talking shop and I'll venture, "I suppose you heard about my little problem...." And it's like a cold draft moves through the room. I can just see these people pulling their collars closer against the chill. The tumor inside my brain somehow threatens *them*. They can't help it -- it's just too scary to acknowledge.

A number of people want me to say something to make it all right for them. If I tell them I'm ill, they know how to respond. But there is a gray zone between "ill" and "fine," that I live in, that they have trouble dealing with. The answer they want is the answer we are supposed to give even when our hearts are breaking, and our bodies are opened wide and bleeding: "fine." By not providing that answer, I am being difficult.

A few people turn away, but with a good excuse. My friend Jane in Saint Paul asks me to take her off my brain tumor email update list. "I just can’t take it," she says. "Can you understand?" It isn't just squeamishness, which is what she claimed. I can tell she genuinely fears for me, and it unnerves her. Her fear is a sign of her caring.

I get a note from Alice, an old friend, also in Saint Paul. "Thanks for being so 'out there,' about your problem" she says. "I am trying to be less ashamed of my weakness, a tremor in my hand that I can't control. I haven’t wanted people to know. I feel like I'm letting them down." She discloses that she is "coming out" with her problem. She has joined an online tremor group with the name *wemove.com*.

People can have very unusual reactions. When I tell a neighbor lady at our door about my tumor, she bursts into tears -- and I mean rolling, sputtering, cascading raindrops -- and hugs me like it is the last time she would see me. I try telling her it's all right, but she is unconsolable on my behalf.

But the strangest and most pathological response is my musician buddy Erv's. Erv is a jazz clarinetist in Chicago. We are at a club listening to a piano trio. I sip my beer and fill him in on what is going on with me.

"I have headaches sometimes, but they’re not too bad. The weirdest thing is probably the seizures. Rachel counted over 400 one night when I was asleep. The thing that bothers me the most is that I can’t have sex. The blood vessels in my head are unable to cope with the volume when I get excited, so they shut me down with head pain when I get close to an orgasm. It really hurts."

Erv looks at me through this without blinking. I forget the conversation took place. A month later, over coffee, he tells me he has a confession.

"I have been in pain since I saw you last."

"What kind of pain?"

"In my testicles," he says. "I got it into my head that you were in agony there, and then I started feeling it, too."

"But -- I don’t have any pain there."

"Yeah, I screwed that part up -- but once I started feeling it, I couldn’t make it stop."

It is Erv's misfortune in life, he explains to me, that he is unable to hear a medical story without reproducing the same symptoms in himself. He's like that empath in *The Green Mile* who takes away people's pain, and takes it upon himself. This is partly out of genuine sympathy -- he only does it with people he cares about. The other part is pure neurosis. He can't help it.

The transformation was immediate. Within a few minutes of my describing my problem to Erv, he was in self-manufactured agony. But he never even winced in my presence. I am stunned that he is able to do this -- that he is in act unable not to do it.

Then I repeat my mistake with him. "The worst thing about this tumor is thjat I think about it all the time," I say. Maybe I say it to let him know I have neurotic traits, too. "Sometimes I walk walk down by the river with my dog, and I talk into a microcassette recorder about my thoughts. I think about all sorts of things, but I keep coming back to this thing in my head."

Erv then astonishes me by doing an impression of me, right there in the coffeehouse. He acts out me walking the dog, during a sharp a tumor headache, but still trying to dictate a column into the recorder.

"How about a satire about the COMDEX show in Vegas, only no one shows up because there's nothing new... " He holds his fists to his temples and winces from pain. "Ow, ow, ow ... I can’t think."

Then he punches the rewind button on the recorder and plays back the sobbing: "Ow, ow, ow ..."

All this happens in about six seconds, and it is hilarious, but it also sends a chill through me. Erv is pantomiming my final days. This nutty bit of comedy has given me my first real glimpse into my possible future. Until that moment, I had never pictured myself torn between working and suffering.

My poet friend Rich takes the opposite tack. He tells me I'm thinking about my tumor too much. He especially criticizes my efforts to write about it. "There's no way you’re going to achieve any meaningful perspective on this so soon after diagnosis," he says. "And it's no good for you. You don’t want to make a cult of this thing."

I am taken aback by this at first. How dare he pull the rug out from under my illness? But as time passes, I find he is exactly right. In the long view, the tumor is very boring even to me. But at the moment that I was blurting out my feelings to him, it seemed like everything. Meanwhile, I had dozens of people inquiring about it every day. What was I to do?

So I ask myself, "Finley, what is it you want from people exactly?" And I have come up with these thinking points.

First, I do like sympathy. I always have. I think it has curative value. When people express concern I feel loved, and that somehow shelters me from my own fears. And there is truth in it.

Whereas, when I act nonchalant and say, "Oh this is nothing," or "They say it's benign," I see my friends erase the topic from their minds completely. I don’t want it to disappear altogether, because damnit, it's an important issue for me. I want to pull these friends back in and say, "But, you know, benign tumors kill people all the time. There's only so much room in there, and the brain wants it all to itself."

So I have come up with the Michael Finley Worry Index. It's a number from 1 to 100 that I make up, and that changes from day to day, as new information arrives. It's like the fire-risk ratings posted by the U.S. Forest Service. The night I had my stroke, my rating would have been 90. By the time I was first diagnosed with the tumor, my rating was still high, about 60 -- moderately high worry of imminent death. As successive scans showed that the tumor was big, but appeared to be inert -- that it had done the worst damage it was likely to do -- I have slowly dropped it to 47, then 35, and now 28. Which is about what it should be for people my age (50).

So now I can do a service to my friends. Just as they brought me roasted chickens and assorted other hot dishes, now I can put their minds somewhat to rest concerning my condition. Knowing your concern is geared to an appropriate level is a great comfort all around.

And you know, it was just about the time I instituted this index that I felt a cloud lift inside me. It isn't just my friends' job to take care of me. I have to take care of them a little, too. I have to help them through this passage the same as me. The index gives us all an out, a place to stand, a kernel of numerical, no-bullshit truth. Now, when I see a friend, and we have gone over the ground rules, I give a thumbs-up and utter the number: "28."

And you know, it feels so great to be alive, and to enjoy the affection of so many good people. That alone buoys me up. 28? On a good day, on a really, really good day, when there is laughter and stories and the glorious feeling that I am finally getting through to people, that I am finally feeling known to them, I can go even lower.

# The Color of Cardinals

I'm at a lunch over the weekend with some dear old friends, especially an old roommate I'll call Carol, because that is her name. Carol and I go back 30 years, living in a commune together, all that. She has what we used to call an interesting head –so competent mentally that she could play championship bridge when she was stoned. Bridge is so meticulous and detail-oriented and being high is such a splattered intellectual mess. It was an absolutely amazing feat.

When I talk to her today, I see she still has a crazy gleam in her eye. Not that she's crazy; she's super competent. But there's an edgy-daring-thrill-seeking part of her that I can relate to. Always on the lookout for action. Carol is like my sister.

And she is telling me about her brother Don, who shared a house with me and several other guys near the University in 1970. Don has had severe MS the past 20 years. He lives in a nursing home, he can’t do anything, he's unintelligible, and staying alive and not suffocating on his own saliva every day is a great adventure.

I am worn down by people's difficulties, and I asked Carol, is it worth it to Don? Isn't it just cruel to be expected to live under such constraints? But Carol stands up for the quality of Don's life. Never mind that he eats through a tube in his stomach, is prone to severe respiratory infections and bed sores, can't speak except in sighs and moans (which only Carol can decipher), and appears so demented that his own kids stopped visiting him years ago.

Carol explains her view of Don's situation.

"Don has figured out, against all odds, and from the depths of suffering, how to have a life," she says. "Do you know that he lived at the nursing home for five years with a roommate who also couldn't talk? Can you imagine sharing that much time with another person, unable to say anything?

"Yet when the roommate died, Don was disconsolate -- he loved him so.

"Don is really into Jesus, and that puts people off. But if you ask him, he describes himself as utterly happy. He loves getting phone messages, which he plays and replays until he's sucked the marrow from every morpheme.

"He reads a book a day by audiotape. He can still beat anyone at cribbage. He can’t play bridge any more. But he can still be extremely keen mentally whenever a situation is competitive. He loves, loves, loves to *beat* people – especially people who feel sorry for him."

I sit in silence for a moment. All day I have been feeling crabby and low, and Carol's description of Don is a kind of gift.

I want to do something about it, and my first instinct is simply to tell her to give Don my best. But damn, that sounds remote. So I asked for his phone number instead -- I'll call him myself.

Calling my bluff, Carol smiles and dashes off the nursing home number. "Just leave a message," she says. "He loves to listen to it live, then play it back, over and over again, savoring each word."

When I get home I summoned the nerve to dial. Yes, I'm scared of the weirdness of calling him up after so long. Truth is, we were never very friendly. I remember Don as a kind of sanctimonious guy, a camp counselor at the core. And I was the kind of brat camp counselors drive crazy with their sanctimoniousness.

My plan is to call and leave Don a voice message, read an inspiring-sounding thought into the tape, then cut and run. No actual conversation will take place. I'll feel good about myself, and maybe Don will have a slightly more interesting day.

But it doesn't work out that way.

I dial, expecting his machine to pick up. Instead, after perhaps a minute of fumbling and voices in the background ("Here, let me get that up for you") I know I have a direct line to Don. I can hear him gasping into the receiver.

I accept that I have to do all the talking. "Yes, Don, this is Mike. Mike Finley, your old roommate? I was talking to Carol earlier today -- we still see other from time to time -- and she was telling me how you are doing, so I thought I'd call and say hello."

It's a little strained.

There is silence on his end, except for the broken sounds of him breathing. I press on.

"So here's what's happened to me since I saw you last -- what has it been, eleven, twelve years? I'm still a writer. You remember I was always writing something. I wrote a novel about my seminary days. You might be interested in that, cuz we both went to seminary. Boy, was that a long ago or what.

"Mainly I write articles about business and stuff now, you know, to make money. I wrote a book about working on teams that was pretty successful, with a psychologist I know.

"I think you met my wife Rachel at Carol's once -- it was her fortieth birthday party. We're still together. I have a daughter, Daniele, who's 14, and a son, Jonathan, who's 10. They're both sweet kids. I think they were running around Carol's house that day, too. Do you remember that day?"

I can hear a kind of throat-clearing sound, and some rapid breathing that makes me think Don is grinning sort of ferociously.

I'm second-guessing myself now. Why did I tell him all that? I just inventoried, as if it were nothing special, the casual treasure in my life that I know has been stripped away from his.

I am suddenly at a loss what to say. My mind races, thinking about what Carol had told me. His exhalations were insistent now, as if wanting me to fail here, so he could "win" our little entracte.

Grasping at straws, I tell him Carol told me how important Jesus is to him and if it's OK, I'd like to read him a favorite poem. I pull a paperback book from the shelf by to the phone and begin thumbing through it, looking for the poem in question.

"I apologize because this poem is a difficult one. The words pile up on you a bit, like logs in a river. But that might make it more fun to play the tape back, and let the different levels go to work in your head."

The poem was Gerard Manley Hopkins' "God's Grandeur." Hopkins had been, like Don and me, a seminarian.

And as I read to Don on the phone, my crappy attitude, the same attitude I have been writing about here, starts to melt away.

I have a trick when I read poems, I stop in the middle and reread lines that need more time to understand. I did that with Don:

> The world is charged with the grandeur of God.
> It will flame out, like shining from shook foil;
> It gathers to a greatness, like the ooze of oil
> Crushed. Why do men then now not reck his rod?
> Generations have trod, have trod, have trod;
> And all is seared with trade; bleared, smeared with toil;
> And wears man's smudge and shares man's smell: the soil
> Is bare now, nor can foot feel, being shod.
> And for all this, nature is never spent;
> There lives the dearest freshness deep down things;
> And though the last lights off the black West went
> Oh, morning, at the brown brink eastward, springs--
> Because the Holy Ghost over the bent
> World broods with warm breast and with ah! bright wings.

And all the time I am reading I can hear Don's gasping and sighing. It has a different sound than when we first started talking. Before it was regular and monotonous – now it seems excited, engaged, out of rhythm, as if he's reacting to certain images and ideas with surprise and agreement. Or maybe he's letting me know he already knows the poem by heart.

I think he is trying to tell me when a phrase or moment work for him. His sighs are like exclamation points. I get the drift.

And for a second I get a powerful impression, like a dream. In the dream Don and I are both serving at Benediction. He's in charge, and I'm taking my cues from him. We are boys again, and it is a major feast, Pentecost perhaps, and we are decked out in the red surplices, the color of cardinals.

And at the moment of change it is Don who grasps the brass-plated altar bells and rings them out in threes, crying out to every corner of the cathedral. He is so fervent and so strong, and my head is as clear as those bells, like foil shaken till the light spills out, like in Hopkins' poem, and we are no longer weary or lost, but we exult in the grandeur that peeks in on us from everywhere.

Nice thought, but my phone call is still chickenshit. I should go visit him.

## The Taxi Trunk

There comes a moment when every sick person realizes he is going to get better or he is not. Mine came at the Hubert H. Humphrey Charter Airport in Minneapolis at the end of summer, 1999.

My family went on what was billed and understood to be our final vacation as a family, to spend a week on the Outer Banks of North Carolina, playing in the sand, and another week visiting our national amusement park, Washington, D.C. It was our last vacation not because I am dying, but because we know we can't count on Daniele ever accompanying us anywhere again. She truly hates car trips, and she truly doesn't like being cooped up with the rest of us. But at age 14, she is still too young to leave behind.

So we all go, we all suffer -- from a devastating hurricane in North Carolina, and a devastating heat wave in D.C. -- and we all return. Touching down in Minnesota, we grab our bags and head out to the curb to hail a cab. The first cab in line, like most of the cabs at the airport these days, is commanded by a Somali immigrant.

Throughout the trip I have had no symptoms of my tumor -- no headaches, no dizziness, no amnesia. So now, as I help the cabbie load the trunk with our bags, I feel I am returning to a revived life, one in which I do my work and no one looks at me like I am about to croak. I am sick of being sick, and I wish I had never told a soul about it.

Suddenly, as I finish adjusting a suitcase in the trunk, and am raising my head to back away, the driver slams the trunk door as hard as he can. I am still in the trunk, or at least my head is, and the lid of the door, with its rubber padding slightly masking a forty pound sheet of steel, strikes me with the force of a sledgehammer.

Ow.

This is the most exquisite pain I have felt since my stroke. The lid hits me about an inch above my tumor location, and I immediately spin around, and begin feeling my way in the brightness, reaching out for something to lean on. I am seeing everything -- stars, planets, firetrucks, the works. A group of Somali cab drivers standing on the curb, one with a toothpick in his lips, look at me with confused smiles on their faces. They knew I am in pain, and they know their friend and competitor is in trouble, but they also know it is funny to see a sunburnt white man in an Outer Banks T-shirt staggering like a drunk in the noonday sun.

Before four seconds pass, I am surrounded by my family and the driver, who is beside himself with concern -- primarily for himself, is my guess. I am not bleeding, but I can feel a burning hot lump growing right where my tumor is, like a volcano in a cornfield. They load me into the backseat of the cab, still moaning, and as we drive away the driver waves his hands to me in the rear view mirror, swearing he did not see me, and he could not in a thousand lifetimes be sorrier than he is right that second.

In my mind, I imagine my era of good feeling, my splendid remission, coming to a crashing end. The trunk lid was a silver hammer, and when it hit my head it drove the golden spike of my tumor deep into the heart of my brain's language center. Like taking an axe to a TV screen, all one can expect now is sparks, a few stuttering sounds, a feeble effort to display an image, a dwindling star, then blackness. It is the end of me as I know me, and it is no act of martyrdom like the arrows puncturing St. Sebastian like a pincushion -- just a car trunk, a curb, and a handful of grinning Somalis.

Except I don't die. Instead, as I put the pain out of mind, I get more and more interested in the driver's apology, the driver's story. He was terrified of losing his permit, or his license, or his ability to earn a living and feed his children. At the very least, he knows he is looking at a reduced tip, and I can tell from the look on his face -- childlike yet alert with anxiety -- that this is his accident as much it is mine.

I tell him not to worry about it. I'm not going to complain or file a report. I know he didn't hit my head with the trunk lid on purpose. I ask him about his family, and he tells me about his wife Fatima and their two children. He has been in Minnesota for two and a half years, and he likes it very much, but yet it's so different from Africa. His goal is to earn enough money driving to leave the high-rise he is living in and get a regular apartment, or maybe a townhouse like a friend he knows lives in. And his wife wants him to bring his in-laws over.

When we arrive at our home, the kids rush in to check out their phone messages and e-mails. But I stay at the curb for a few moments, talking with Halil, and pay him for the ride, and gave him a ten dollar tip. He is so appreciative that he looks up at me in surprise, and then down again in supplication. Then, spontaneously, we hug, as men wishing one another peace and success in their lives and generations.

# A Day

I wake up around half past six this morning. I slide out of bed, grab some clothes, and tiptoe up to my office. This is where it all started, two years and a week ago.

I have been heartsick all week because an article I agreed to write has been killed by the editor. I thought I could write it my way -- broad, persuasive, imbued with the spirit of gee whiz. But the editor, whom I haven't worked with before, wanted it more rigorous than I could make it.

Why couldn't he have looked at my writing before he hired me, and seen what I am good at? Ironically, the story is about choosing the right people for projects.

I tiptoe onto the snowy porch to drag in the two Sunday papers. I lay them out on the table with my cereal. But it's February. The election is over, the Superbowl is over, and I can't bring myself to look at the travel section. All this paper and no real news.

It's time for the first of the dog's three daily walks. Lately I have kept him away from the big public dog yard by the airport. He is hopelessly dominant and has cabin fever so bad that within a few minutes he is always in some bare-toothed showdown with some other snow-crazed animal. The field is white from the night's snow, but it only masks a few hundred dog turds. This year people have picked up after their dogs better than last year. Surprisingly, Beau behaves pretty much like a gentleman today. I only have to call out to him a few times over the course of an hour. Poor dog, he can't help being a jerk.

When I get home, the phone rings, and it's Carol. "Mike," she says, "Don passed away."

Poor Don -- nearly everyone abandoned him, including his kids. He could be such a pistol. Yet he managed to live a life at the home. The funeral will be the first I have been to in along, long time.

Rachel is having some women over tonight to talk about the emotional climate at Jon's school -- a teacher and another parent. She was up all night cleaning for them. My contribution is to vacuum the floors and straighten the downstairs up.

Daniele calls me around two and asks me to pick her up at her friend Michele's where she spent the night. The streets are foggy and bumpy from packed snow. When I get to Michele's four kids, 16 to 19, climb in -- Daniele, her boyfriend Roy, Michele and her boyfriend Ted. Daniele thanks me for the lift. They are splendid in their black leathers and attitudes. Michele and Ted want to be dropped off at Ted's house. Fine with me. I decided a long time ago that I like them. Still, I turn up the NPR station on the way home -- Michael Feldman is muttering out the side of his mouth -- partly to make them factor him into their worldview.

Back home Daniele and Roy sneak up to her room and close the door behind them and turn up the stereo. Jon and I sit and watch TV, which seems very interesting today -- Steve Martin movies all day on Ch. 29, and Bill Murray on another. Then we switch back and forth between the Pro Bowl and the XFL game in San Francisco. We agree the XFL game is more fun to watch, but it's like watching a train rocking on its tracks. The players exhibit great anguish trying to win, and you find yourself worrying about them just a little.

The second walk of the day is at Como Park. Beau and I stroll past the snow sculptures, and through a little grove of woods. I do not let him pee on the art. Beau seems more patient to me now. He will be five in August. I have finally realized that he is happiest when I run his life. That without me, his life is completely confusing to him. He isn’t an especially good dog -- especially in public. But I am sometimes touched by how this arrogant, fastidious creature has nevertheless placed himself entirely in my care. He has given his life to me. Despite being peculiar and proud, he is also very dear to me, and the day is coming when I will miss him.

I heat up a frozen pizza for Rachel and me. It is terrible. The house is ready for her meeting now, and when the women arrive, Beau and I slip upstairs, to give them privacy. Beau goes to sleep on a big plaid pillow, his chin on his paws. A few feet away I hear Jon blasting away in his game world, and the dying cries of his victims.

I check Napster, and program it to download a duet between Duke Ellington and John Coltrane -- "In a Sentimental Mood." We all watched the jazz special on PBS the last couple of weeks. The music is still in my head.

After it downloads, I double-click it and the room fills with the plaintive sounds of piano and sax, and occasional exploding asteroids.

I push myself away from my desk and step to the window in stocking feet. Snow is falling again, like it has fallen almost every day. The departing red lights of a station wagon turn silently left at the corner. Time for the day's last walk -- maybe under the twisty oak trees at Newell Park, or just a quick walk by the railroad tracks near home.

And it strikes me that everything that matters to me is breathing with me right this moment, under this gently heaving roof..

# The Mending Tree

I finally get my first look at what happened to me, when the radiology lab sends me my very own copy of the first MRI scans. They come in a huge manila envelope -- about a dozen oversized sheets of negative images, some with as many as 24 images per sheet.

I pore over these images for several hours, trying to understand them.

My first impression is one of wonder at the complexity of what occurs between one's ears. There is no other way to think about all the folds and intricate membranes of flesh, and the threaded rivers of blood wending their way through the canyons. You are looking at mind, or the closest you will ever come to looking at mind. It is no accident, no mutation. It is the end result of a trillion years of trying -- nature acquiring a tool for thinking about itself.

I think I look pretty damn good. But I have a dickens of a time locating the meningioma. I know it's up around my left ear, and I pore over every image of left ears looking for something -- anything -- that looks like it doesn't belong there. Everything looks strange, but nothing looks like it didn't belong there. Then I figure out I have the negatives upside down. I have to look on the side on which the letters appeared backwards.

And then I see it. Looking directly into my eyes, and off to the side, is an odd shape hovering over my ear, a shape that is not also hovering over the other ear. It looks like a little curlicue, about the size of a computer mouse, above my left ear. It reminds me of the stub of a worn-down pencil, the kind you might place over your ear while playing miniature golf; only this pencil is located inside, not outside, the skull.

From another angle, on another sheet, the tumor looks like a pastry cuff, nautilus-shaped, and twirled at the end, like the tip of a frozen custard. If it weren't so pernicious, I might find it cute.

I position the negative on my computer's page scanner, and digitized the image of the meningioma. Then I use a drawing tool to draw a red circle around it -- X marks the spot. Then I take the image and upload it to my website, so anyone who wants to can see the thing inside me that caused all this commotion.

I continue to examine the scans. When I look into the eyeholes of the skull, I do not think *death's head*. There is no way to think about these shadows and shapes now but as something pulsing remarkably with life.

I see my eyes in one set, and I see through them in the next. I see my tongue at different densities. I see a thin, luminous corona sheathing brain from bone -- the meninges. I see deep into the falx, into the sacred center of the limbic region, where ecstasy and terror reside.

But it is on the last sheet that I find the most interesting pictures. Taken from the back of the head, they show the network of veins that radiate across the entire lower basin of the skull. Their job is to take the aortic blood that has passed through the cortex and is now spent and deoxygenated, and return it to the body's primary circulatory highway -- and on to the heart and lungs to be re-enlivened.

In a normal picture of this system, the veins in this location are like a round spreading tree, rising from two sturdy, nearly intertwining trunks and then reaching out in every directions, filling the space allowed.

But in my picture, in my brain, half the tree is missing. The right side is flush with the venous drainage system. The left side is -- empty. When I had my stroke, the main branch of my left venous drainage system shut down completely, and lost all its bulk. It was as if lightning blasted the tree to oblivion. No wonder it hurt.

The picture explains everything to me. It explains why, for weeks following the stroke, doing anything that required a little oomph, a "body push," caused me excruciating pain. It's why I couldn't do situps, why I couldn't have orgasm, why it was disturbing to go to the bathroom, why even coughing hurt.

With half the circulatory network downed by a storm, the remaining network was overtaxed. It couldn't handle the volume that the body pumped into it -- especially during moments of exertion. Headache pain saved my life at times like this. Had I continued, I might have blown the other half of the tree -- and then where would I be.

But a miracle saved me. From the moment I collapsed from my stroke, the tree set about to repair itself. It couldn't grow a new trunk where the old one had been -- I'm not a skink, regenerating a tail. But it could "promote" the capillaries in the remaining network, allowing them to expand and grow to take on greater volume. Every breath I took, every step I took, strengthened the reorganizing venous system.

So instead of getting headaches every time I climb a few stairs, I can climb more, and more, and more every day. It is as if some very clever entity said, let's make these things symmetrical, so if a part on one side fails, the part on the right side can pick up the standard.

I find that breathtaking.

Here's another consideration. Let's say I guessed I had a brain tumor a year earlier, had my head scanned, and verified the meningioma's existence and location. Let's also say that I wanted to get that sucker out of there, as soon as possible, and ordered my surgeon to go in and remove it.

By going in before the stroke shut down that half of my venous drainage system, a surgeon would in all likelihood have triggered the same kind of shutdown. And this shutdown would have doubled or tripled the trauma resulting from the surgery, complicating my chances for recovery. My body would have had to cope simultaneously with tumor removal and a pretty substantial stroke.

But my brain saved me from this double whammy by chopping down the tree in advance, and blasting it to bits. The blood in that vein simply clotted inside it, sealed itself off, and is now being slowly resorbed into the body, like a suitcase full of diamonds at the bottom of the sea. There is no danger of clots breaking up and going to my heart and killing me, I'm told, because of the freak way the tree was uprooted by the tumor.

Ain't that a kick in the head.

I started all this with Moby Dick. At the end, the whale bashes in the side of the Pequod, and the ship and all its hands go spiraling to the bottom. Only the narrator, Ishmael, pops up -- and with him, the coffin of a friend, to use as a raft. Looking at the image of my brain, with the tree all gone, but another tree rising up to take its place, like a miracle, I feel so lucky.

And I've learned a lot. I learned that the everyday world -- the one we walk through and work in, with all the jokes and TV and busy-being -- is full of hurting. There isn’t a house on your block that is not in some kind of anguish. So be kind to people, and let them know you know. It's surprising what people will share if they know it's OK.

I now know what my sister went through when she died at 15, and my stepfather, too. I know the horror, but also the limits of the horror. Everyone has good days and good moments. You cannot scream for very long -- life takes over even when you’re dying. There is mercy in the cruelest moment.

I always felt I was a loving, if distracted husband and father. I still am. But I now feel how loved I am by Rachel and the children, how important I am to them. Not just how awful it will be if I leave and they have to move to less expensive digs. But to know I am inside them and will always be, as long as they breathe. That, and not all this typing, is my great accomplishment in life.

What happens now? Interim scans show that my venous drainage is working perfectly adequately, and at this point (cross fingers) the tumor has not grown even a centimeter. It doesn't hurt to have sex. The tiny blood vessels that survived the stroke expanded to accommodate heavier traffic. I do pretty much anything I want.

It may be that the tumor has done all it will ever do, that its job in life was simply to make a vein in my head explode and bring me to my knees, and the rest was up to me.

Or, and this is likely, it will start to grow again, and I will have to have it removed by the knife, before it gets closer to my language center and I lose my ability to think and speak.

If that happens, I hope it's sooner rather than later, because I can cope with the trauma of the operation better now, as a younger older man, than I can later, as an older older man.

Meanwhile, I stare at these pictures, and the gray shapes in them, and the withered branches, and the resurgent white lines, and I am so grateful for my chances, and so astonished at the mind inside the mind.

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