

# T U N N E L   O F   L O V E



J E A N   M c G A R R Y

A

She phoned, because they had said, Phone and try out more than one. She heard a recorded message and thought the accent was Freud's own, so talked into the phone. Next she was sitting in a large, flattish room before a woman like an idol: tall, straight, heavy, and majestic, with legs that pained her and a bright pink face. She was not helpful but brisk, and made room in her week for an hour's visit.

Why are you here? was the anthem for the first weeks, because Madelyn wasn't sure what to say.

B

Dr. Bentham-Adam received several such calls a week, sometimes in a single day. She tried her best not to form a permanent impression from the blurt that followed her invitation, and yet, in every case, that impression was right – and even if wrong, it guided the course of what followed. What she heard that day was something different. Each word was like a balloon, tense and fragile, stretched around compressed air, yet pretty somehow. She returned the call and named a day and hour. When the hour struck and she opened the double door, she thought she saw her childhood friend, and the shock made her say too much.

A

Madelyn Ignatius Smith was not going to shop around. It had taken her half a lifetime to find this one, and there was hardly time left to say what she needed to say. And yet, on the second visit she felt her face harden, and the few words spoken were blocks of straw or wax, worthless and even dubious. She saw the doctor squirm in her soft leather chair, and make and remake an expression of receptivity, and yet why did she keep yawning and stifling yawns?

B

By the third visit and third week, Dr. Bentham-Adam found herself unwilling to open the door that led down to her office door. She always tracked resistance, but was surprised that the rigor mortis started in her own kitchen, in her own house, decorated as the positive to the office negative, a difference impossible to ignore.

She went to the sink and poured herself a glass of water, bathing her eyes, already beginning to sting from an especially flowery spring. The cool water brought tears to her eyes, a relief, assurance that it was safe to go down and make out the necessary referral.

B

That day, Dr. Bentham-Adam fell down the last steps of her carpeted but steep staircase, bruising her side on the office door. Her toe was broken, but she had to hobble on it to the waiting room, and then had to usher Ms. Smith, sobbing, into the consulting room for the agonizing hour when the first of the stories poured out, and the two women suffered in tandem, smiling in accord when the odd coincidence struck them, and gave the session drive and direction. After the patient, for she was now a patient secure in the nest, left, Dr. Bentham-Adam called her husband, busy seeing patients downtown, who told her to call a cab. That hurt, and pain always shredded Sandy Bentham's supple cone of native capability, which she and her husband, a baby doctor, had grown to protect each and both. "You're not going to help?" she asked, but Dr. Sam Adam had hung up. He called back and said his assistant would drive her. She was on her way.

A

The first story Madelyn told was this: on her father's thirtieth birthday, when she was five, her mother threw a surprise party. All

the neighbors were silent in the kitchen, a cake on the table and a beer in each hand. "Surprise!" they screamed, and the look she saw on Daddy's face was terrible. Coming home from work in a raggedy work jacket, his hand on the door, his face cracked open, and she saw, in an instant (the instant her mother shot the picture), the face that had found his own father dead in his car with the motor running. He'd opened the garage door, rolling each half on its rail, and slipped inside – he was nine – and there was the dad everyone was looking for that afternoon, whom no one could find, and he hadn't gone to work. All she saw was the face; later on, she heard the story and the two came together like a glass smashing on a tile floor. The bathroom floor, where he broke it and then stepped all over, until each shard was planted in his feet.

B

When? The doctor asked, thinking of her own foot. And the hour was up.

Why had this patient hurt her so badly? Bruised side and fractured rib, broken toe, and all the overlap. What did overlap between patient and analyst mean when it started so quickly? She no longer read any of her instructional or illustrative books. She had all she needed from others, and pushed her practice into the open sea, a kind of art, and she – full of confidence. The practice was one of the best in the city, and even her colleagues and competitors liked her. Maybe not all, but most. She told her daughter what had happened. She had a daughter and a son, twins. The son was a baby doctor.

The daughter said what she always did: that it was time to retire and become a full-time grandmother; that the practice was killing her, and she was no spring chicken, with her heart problems, diabetes, high blood pressure, and arthritis. Now she had two broken bones, but would she listen to reason? Lizabetta was a full-time mother, as Dr. Bentham-Adam had been for the first ten years of her twins' lives. She'd lost the first child doing a surgical residency, at a time when no women elected (or were elected) for that Herculean training. It was Dr. Bentham-Adam's only known defeat, if you omit the years when the twin girl didn't speak to her, communicating, when necessary, through the father. That moment pushed the doctor-in-waiting into a psychiatric residency, a perfect fit, according to all, including the daughter. Seeing people

so sick had humanized the Amazon, as Lizabetta called her mother behind her back, and in front of it. Supreme womanhood was an ongoing contest between the two, and father and son refused to award the apple. They turned to each other and were self-sufficient.

Lizabetta knew her mother's patients were all female, and when she was a teen she had called each one, screaming, "I've read all the notes!" Then laughed and hung up. She was referred to a male colleague, a pharmacology expert, and sent to boarding school. Now, after manic episodes, drug addiction and rehab, a petty criminal record, pregnancy and abortion, expulsion and re-enrollment, Lizabetta had married a teacher and settled down a hundred miles south of home. She called her mother every day and talked to her father more often, as needed. The twins were not close, a sadness in a family that was now warmly attached, one to the other and across generations.

A

Madelyn was ready to phone again, to cancel. And then cancel again, change her phone number, and, if necessary, move and establish herself in another city. Her life had been a trial, and she was expert at turning a trial into a tragedy. Friends saw this – they liked Madelyn, and not just for the joy of feeling so safe in her company, for she enacted their nightmares and destructive urges – and urged her to get help, but Madelyn felt she had all the help she needed, for to be loved by them was almost more than she could stand. But when – one day – she stepped on what was the edge of the edge and drew back just enough to live (and reflect), she took the phone number.

What had she seen over that edge? What she saw was enough to make the call and show up twice in two weeks.

She had already caused the new doctor to tumble downstairs, and break her bones. "Don't be silly," the friends said. "She did that to herself."

But Madelyn could tell, the next time she saw Dr. B-A (as she termed her), that the analyst could see both sides of the question, or rather she saw that  $a$  equals  $a$ , but also that  $a$  cancels  $a$ . Madelyn was caught in the net of uncertainty – not relativity; worse. But they were in it together, and had only each other to blame.

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## A

Madelyn was fourteen when her brother died at sea on a fishing boat off the Maine coast, with Dad and Uncle Dick and four other men from the plant. Dad was a mechanic who made tools that machined other tools. The boy had had a heart attack. No one knew of his congenital defect, but Madelyn's mother blamed herself and never recovered. Her father turned to alcohol, and when he lost his job – and before he found another – took a second mortgage on the family house and lost the money at the track. Not overnight, but in that year of desolation. Madelyn was, then and forever more, an only child, and spent each afternoon after school sitting in the kitchen drinking tea while her mother smoked cigarettes and cried. Both parents were gone. When Madelyn, with straight A's, had gone to college on a full scholarship and barely enough to live on, they'd died months apart of the same cancer. Families on both sides protected (or tried to protect) themselves and their children from the influence. Even the nuns were wary of Madelyn, a mystery to them – so studious and self-controlled, with always a clean uniform and polished shoes, even if she had no lunch money, or the pittance to pay dues for the French or Music Club. Madelyn had taken lessons from age five, and the one musical nun had kept her on until she left for college. She was the girl who played for assemblies, the St. Patrick's Day pageant, the May procession, feast days, and graduation. Madelyn had practiced at the convent, in the school, and, later, on the church organ. She had a gift, and could sight-read anything put in front of her, but she dropped music in college when she decided to be a doctor. She didn't have the money for medical school, so was a nurse but now had her own piano and was a member of a renowned chamber group.

## B

Dr. Bentham-Adam knew that her patient required a long analysis but would be hard to convert. And did the doctor herself have enough time left to follow through? First she had to get Ms. Smith to say what it was she was coming for. Why was that so hard? Just, she said, name one reason; we'll do the rest together. Saying this, she heard a pleading tone, inappropriate. It was the voice of a much younger doctor, the one still doing surgery and crying every

night until she lost her baby; and her husband, a softie if ever there was one, threatened a divorce if he didn't – and he said this – kill her first. She pleaded with him for one more chance to keep the residency, and he relented. She lasted a month, and needed no further threat or persuasion to resign, to come home, to recover, and to conceive again. But she was, in fact, already pregnant with twins. It was a birthday gift, a surprise.

A

Madelyn could barely tolerate the weekly hour. It fell at noon on Thursday, her day off. She was head nurse in an army hospital, patronized by chiefs of state, war heroes, generals, and diplomats with head injuries. She worked six-day weeks to allow for travel with the chamber group, whose concert schedule ran through the summer in Europe and the U.S. She had been on the stroke unit for long enough that the possession of a functioning brain seemed enough to ask of fate, when the fates of those on her unit were so cruel. Dr. Bentham-Adam was telling her to ask more of fate, and to keep asking, and to allow herself contemplation of her life's fabric, taking it length by length in the sessions; to respect – to worship, in short – what she held within. What did she hold within? Nothing of such value, a jumble, and packed so tight that the extraction of a simple tile or scrap of paper caused a landslide and ruined that day, and maybe several. So it wasn't fabric, after all: more like a house, a wreck of a house.

Stop here, Dr. Bentham-Adam said, when she heard this. Let's go back to the tile, or the paper. Her big toe was bound to the one adjacent, and the tension in the room (the effort this patient was making) caused her to squeeze them together, and she almost cried out in pain. Take it slowly, she said, when her normal voice returned, but it still wasn't normal. They both listened: it was wound too tight, and the patient was scared off, but went home that day with the sight of that rundown house, and the silvery sound of the tile dropping onto a sink, ringing like a chime, and that felt like relief, the first Madelyn had felt. Just the sound, bright and echoing, was soothing. She had to go back to work. In that short time, a patient had died, and another was shipped off to rehab. Someone new must be coming to the dead woman's room because they were cleaning and disinfecting, and a new name was

posted on the white board. After changing into scrubs, she looked for the file, but there wasn't one. All she knew was the room was intended for a man, forty; no further details were available. The patient, unconscious and at that moment wheeled from the elevator and along the buffed floor, was someone so high up in defense or diplomacy, that his record was need-to-know only. Even onset factors were known only to the chief neurologist, who was assigned to this case. A meeting was called – the usual thing – how to forget, to lie, to hide, and to dodge. They'd done it before, but this case was of such a secure nature that even their sleep (if they were dreamers) and pillow talk were risks. Could they agree to this degree of secrecy? If not, they would be transferred. Madelyn took notes to keep from laughing. What she had just learned from the analyst was that nothing could be hidden, and nothing was ever forgotten. (She preferred “the” to “my,” in a case where *a* does and does not equal *a*. Does and does not. That changed everything.)

She saw the new patient emplaced, with new signage on the door. Even the monitors were dark – feeds from heart, lung, pulse, and brain were patched to a consulting room in the neuro chief's suite.

When she entered, using the code, the room was pulsing with twice the number of recording machines. The patient was masked and tented. But peering in, she saw that his eyes were open, and he lifted a hand freighted with tubes, an IV, and finger monitor. There was a gold signet ring. Through the plastic, she saw the open eyes, hazel or green in the dimness. She drew up a chair, leaning over so he could see her own masked face and eyes. And there they looked, face into face, until the head nurse was coded – not an imminent death or seizure, just the patient in the corner falling out of bed for the third time that day as she tried to escape. This patient, coptered in from Dulles, was tied to the bed, but could free herself with her nails and teeth. They re-strapped her, this time with the buckle under the bed, and she fell again and was found hanging suspended over the side. A sedative was added to the drip, and the patient finally relaxed. Her mouth was bloody, with a broken front tooth, and her chin bruised. She liked Madelyn, and when the head nurse entered, she smiled before closing her eyes. She'd been on the unit two days. Nothing about her case was

known; even the probable cause of stroke and seizure. An embassy aide had found her on the floor with her back arched and blood streaming from her mouth.

Where was she going, or what was she trying to find? Her official life was over; even her personal life was in suspension. Husband and daughter were on the scene, in and out of the patient's room, unrecognized. She was the puzzle of her diagnosis (with head injury or artery block, this was never stable from one hour to the next), and the puzzle of how much of herself was left.

A

On 5 June, Dr. Bentham-Adam convinced her patient to try the couch. They had been meeting since December at noon on Thursdays, regular as clockwork. Madelyn's traveling season was confined that year to August, because the first violin had delivered twins prematurely. Dr. Bentham-Adam took off the last two weeks of August, so a June start made sense, if anything in the process did.

Madelyn was skeptical even of the weekly hour, of the cost, the self-obsession and the wreck of a house, loaded with more junk by the day – for the sessions were entangling with real life, which was the reason she had considered the analysis at all. The doctor had brought her to this place, and now she needed to get her out. Was the doctor the cause, or the remedy? She assured her patient that the couch was an experiment that could be stopped at any moment, but Madelyn knew that, once down, she'd stay down, as that was her habit.

Day 1 was silence, because Madelyn only spoke if addressed, verbally or by mute solicitation. She didn't fall asleep, although the doctor asked twice if she had, or wanted to. Sleep was permitted; sometimes it was needed. All was permitted in this setting. But Madelyn would never sleep. The night of that first day, she didn't sleep, pulsing from the fifty minutes of tense silence. The analyst had placed a tissue on the stiff pillow of the shelflike couch, and Madelyn's head was dead weight, a boulder, tied to a feathery body, ready to rise, if not for the skull, loaded with junk. In the second session, for fear she'd never sleep again, she told the doctor about the house she'd swallowed, filling each day with hideous furniture and junk. Madelyn heard an intake of breath; then the analyst pronounced the closing formula, "It's time."

## B

Dr. Bentham-Adam was delighted with the house. This was material, because infused with fancy, or driven by pathology. The analyst wondered if it were her own house taken over by her patient, and incorporated into her own body, the premature start of a difficult transference. Did it mean the transference neurosis would be resolved by a painful labor and delivery of the house in the consulting room? Dr. Bentham-Adam studied her office with its pictures and knick-knacks discarded from the real house, and its cluttered corners, where work had stopped a decade ago when a new leisure and more travel entered the picture. The room was a pale shell, an expanding membrane (and membrane-color: tan to beige to white, depending on the flood or trickle of daylight from the green, brown, or white outdoors), more than able to hold everything the patient's ruined house contained. The counter-transference had begun, too.

Over dinner, the baby doctor, sensing something off, asked her about her day, and his wife said, after a pause, that a new analysis had begun. The baby doctor wanted to know who and why, because his wife liked to discuss her cases. He was discreet and never asked for names or professions and had learned never to divulge even a detail. None of his colleagues thought to ask about his wife's practice, so there was no temptation. They knew what she did – it was an ancient, cultlike approach to disease, at a time when disease had been squared by blood work and imaging. The body was no longer the black box it had been when this cult had been created, *ex nihilo*, as superstition's last gasp. There was no evidence – and its high priests sought none – that it worked at all, but his colleagues liked Sam Adam and his son, Nate Adam, so they said nothing.

Sam had, of late, gotten very interested for reasons of his own. He knew (and Nate knew, because he'd spotted the films spread out on his father's desk) that he had a stage-4 lesion, and he was full of a new kind of thinking, and even dreaming. He felt no fear, but was repulsed by what was happening to Brother Bones, his body. Sam had been raised Catholic and as a boy had read eagerly the lives of the saints. Francis of the birds and beasts had been a favorite. In his crisis, he might approach both cults, and see what they could offer by way of placing this new stroke of fortune in a

larger – and less repulsive – context. The context he knew was the insidious attack of self on self.

So he was interested in the new patient and urged his wife to lay out the facts, such as she was able to gather. He was drinking more, and already trying to hide it. He fetched a bottle of white wine while she ate her own and his dessert. His curiosity excited her. It always had, and he had politely offered replicas when he couldn't generate the thing itself. He'd gotten skilled at dividing his mind: part would listen to Sandy, with his eyes open and steady, part would be reviewing charts of the sickest children he was treating. She lit all ten bulbs of their modernistic chandelier, whose intense, almost surgical light glittered on their glass table top and darkened his lenses, as if exposed to noonday light. This made it easier to think two things at once, or at least get the gist of what she was saying, while estimating the effects of drug agonists and pain meds on anti-immune triggers.

Listening that night, his own body figured in, attacked on all sides by her words, her patient's resistance (he often sided with the patients), the fourteen little bodies in his care, and the twelve in remission. He imagined himself stretched out on his wife's couch and how he would fight an intrusion not unlike the alien cells multiplying in his blood and bones, eating his substance. "What's wrong with you?" she asked, when he spilled wine over his chin, his hand trembling. "Just tired," he said. "A long day."

He encouraged her to talk to him as if he were her analyst – he'd said this in jest – but saying it this time, she said that, yes, that might help because the new patient came from a world like his. At least she'd tell him more if he'd promise that it'd all stay in their dining room.



## A and B

Ms. Smith had been named head nurse five years ago, after twice being promoted and declining the honor. She ran the unit and had been doing so since an older nurse, someone capable whom no one liked, had committed suicide by throwing herself (a first) out of the twelfth floor (the floor they shared with the operating theater) by breaking the double-paned, insulated, and guaranteed-unbreakable glass with a mallet taken from the orthopedic sur-

gery. There was no note, no immediate family. The former head had been an army captain, deployed and redeployed to Vietnam. She liked war, threw in the field hospitals treating burns and blasts, severed limbs, and crushed skulls. Returned stateside, all she cared about were work and her dogs. She had four shepherds, award-winning champions. The nurses and doctors were asked to volunteer to take one. They were strangely docile animals, and all (the adoptees and the two consigned to a farm) died within the year. There was a plaque near the elevator with the nurse's name and four dog heads. It'd been Ms. Smith's idea. She was newish on the unit, had trained as an ER nurse with that ingrained stamina and quickness, akin to in-country nursing; so, at twenty-eight, Smith was named head but turned it down, then and once more, but in five years, when one after another interim head asked to be moved to another unit, Smith said yes. Most of the nursing staff was fifty and older, tyrannized by the former head, but the five years of transition and greater ease, almost amounting to democracy, made it simple for a "dove" like Smith to occupy the office, using the lightest touch and fewest words to govern. The unit was the best run in the hospital, headed by the only civilian.

It was Dr. Adam who informed the analyst of her patient's rank and position, when he heard the name (a lapse) over the dinner of spilled wine because the ensuing spat had ended with the wife filling and refilling her wine glass and saying more than intended. This created a problem for Dr. Bentham-Adam, for she was only to know what the patient divulged in the sessions. Where was she to put these new facts? She started a list of things discovered beyond the pale, and kept the list near her chair. Her patient had been married to a heart surgeon, no children, and she had authored and co-authored papers on brain-cell regeneration. She had a doctorate in nursing and lived in a one-of-a-kind house on a horse farm belonging to the surgeon. Dr. Bentham-Adam begged her husband not to go snooping or, if he did, to keep it to himself, and he tried; but over time a host of new facts, colorful and strange, would emerge over a two-bottle dinner. Their union had never been so cooperative, or so rich in exchange, not all of which was about the silent and secretive analysand.

A

Nurse Smith (or Dr. Smith, as she was known on the unit) assigned herself to the new patients (the unnamed and the Panama

attaché). Their rooms were adjacent, and they were under the care of the head of neurology. The male had had a surgery elsewhere, and his post-op care had been so sloppy that they risked moving him by army jet and ambulance right from the neuro ICU. Smith reported alertness or, at least, open and blinking eyes with pinpoint irises. But when the chief visited (twice daily), the eyes were closed, and vital signs, he said, indicated deep coma. But when she went in right after him and opened the blinds, the eyes were open. The head and jaws were bandaged; feeding tubes and an extra supply of oxygen blocked the nostrils. Smith put her hand under the tent to touch the cheek, checking for chill, where she'd normally touch the wrist or foot. As she was pulling back, her wrist was grasped by his hand, which had snaked itself under the tent. She saw the eyes close and open again. He was laughing. She pulled up a chair, and sat beside him. He shook his head, but she knew he couldn't talk with a respirator blocking his throat. How are you? she said, and he nodded, then closed his eyes.

When she left the room, pulling the blinds so he could rest his eyes in peace, the team was on its way in, chief and residents, followed by the hospital director.

The verdict, which she heard at the next staff meeting (top clearance), was that the patient would never awaken. When she asked about probable cause, the team turned to glare at her, but the hospital director said that no one knew. They had found him in his office. He was still sitting at his desk, but his head was bleeding. They hadn't found him right away, because few had access and it was a Sunday night. No one knew he was there until the car came on Monday morning to the compound.

The team spoke, filling in what they knew, and from that day forward Smith was included in the rounds, but not privy to the chart and films, where the event was recorded – not in real time but as if he'd been struck by a single lightning bolt. And the symptoms were closer to electrocution than to anything they'd seen in a stroke patient.

Dr. Adam had no friends at the army hospital, where there were no babies, but he scanned the papers for any scrap of news in the capital, or in targeted world zones, where a VIP of this magnitude might have been posted and then replaced. It was his wife who'd told him about the stroke patient, and he found himself imagining

what it would be like to be cared for by his wife's patient, whom he'd glimpsed one morning, early, as she left the basement office in a velvety black coat. She had red hair, a surprise, because his wife had painted her as drab – pretty, but colorless. He didn't like nurses, especially those with advanced degrees and managerial ambitions, but he was curious about this one, as the analysis unfolded.

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C and A

Dr. Nate, as he was known in his father's unit, was urged not to tell his mother what he knew about his father's health. They had had many pacts and secrets between them, but never one of this magnitude. They'd argued; the son had cursed and the father had wept, but Dr. Nate agreed to honor his father's wish for a limited, if unspecified time. When he asked his father why, he heard that the older man needed the time, that's all; it was first and foremost a personal thing. Husband and wife, he said, were closer than ever. "Then she knows," the young doctor said, and his father let it go.

Dr. Nate consulted with the chief oncologist treating Dr. Sam. The chief was a family friend, and he sought advice from colleagues at Sloan-Kettering. Dr. Sam insisted on minimal intervention, once he had the picture. Dr. Sam chose to stay out of the loop, letting his son stand in for him in medical power of attorney. There was no extreme pain as of yet, but eating had become difficult, easier if he were relaxed into near-stupor by a cocktail or two, and wine. To think (or hope) that his wife wouldn't notice was a sign of cognitive decline, but Dr. Nate hadn't seen other signs, and no one on the unit knew or, if they did, said anything.

Nate was avoiding his mother and hadn't been present at a family dinner in months. The analyst asked her husband why. She hadn't even gotten a phone call to ask about her broken bone and bruises. She got an answer so odd (he was dating a new woman and had fallen in love) and out of character – he hadn't "dated" in years and appeared to be a celibate, still bonded at the heart of his birth family, who put his work first. Even his apartment, within walking distance of the hospital, was just a place to sleep and store his clothes. He ate most meals in the cafeteria and at a local bar,

where he ordered the same steak and baked potato, and drank a beer or iced tea.

“You’re hiding something,” the analyst said to her husband, “but I’m not going to pump you. I’ll ask him myself, when and if he thinks to call his mother.” But she was hurt, as she’d been so many times before by son and father, always in league with each other, shutting her out. When she said this, she did see her husband’s eyes fill, but he had allergies and was clearly not himself.

Dr. Nate, urged by Dr. Sam, did call his mother, and found her so pettish that he signed off, calling back on his next break. “I’m sorry, Mother. I have a lot on my mind.”

“Your father said you met someone,” she said, and hearing her own dry tone, added, “that’s nice. I’m glad to hear it, but I won’t ask you now, because I can tell you’re busy. Your father would like to see you,” she added, “*out* of the hospital, I mean, and you seem unable to come home for some reason, so why don’t we meet somewhere nice for dinner. I know you don’t bother to dine, but we can find someplace simple and fast. How about the Howard Room next Sunday?”

After a pause, Dr. Nate said he was on call that weekend, but he’d try to switch with someone. He’d let his mother know.

Then she said, “Something’s wrong. I can tell, Nathan. Please tell me.”

After another pause, Nate said, “Ask Dad. He knows.”

She had a thousand questions, but a patient was due in ten minutes, so she simply said, “Just tell me that everything is okay, that you’re okay. That’s enough for now.”

After a third pause, Nate said, “Okay. I have to go now, and you do, too. See you Sunday. I’ll look forward to it.”

The next patient was Dr. Smith, so Dr. Bentham-Adam drank a glass of water with an aspirin, and walked downstairs, holding on to the bannister with both hands. She was flushed and out of breath when she opened the door to her waiting room. It was Dr. Smith’s second week in analysis.

Madelyn had just turned forty, but looked younger than she had in her twenties. That’s what people said, but how could that be true? Madelyn had never told anyone that she couldn’t see herself in the mirror. She saw something but couldn’t focus long enough

to know what she looked like at forty. At twenty, she had resembled other girls her age and hadn't finished becoming her mother or her father. At first more like her father: big, heavy-lidded eyes and a lopsided smile with big teeth; then more like her mother, with a squarish face and embarrassed smile. She didn't want to see either of them, so performed a visual block broken only when she caught herself reflected by accident. Then she saw the face, followed by a look of astonishment. That was enough to enforce the block, so that it was ever ready.

It seemed that Dr. Bentham-Adam wanted to invade every aspect of Madelyn's physical existence. She asked her how she felt lying down; she commented on the ball of Kleenex always in the right hand; she wondered why the patient preferred black to colors. These questions arose in the heavy silence. Madelyn knew the doctor was trying to make it easy, but the physical was the wrong place to start, so she said that in the most neutral tone she could command. To her own ears, it sounded grating and accusatory, and the analyst heard it that way, and added a dozen more questions about what Madelyn's appearance might mean to her – now, at age twenty, and in childhood. What did her parents say to her about her looks? "Looks," Madelyn said, "weren't important." And with that, she thought of the animal names given her: snake, rat, rabbit, deer, elephant, orangutan, mosquito; and the plants: ragweed, thistle, skunk cabbage, dandelion, crabgrass, tumbleweed; and things: milk toast, rattle, hotball, crackerjack, broken record; or the conditions: haunting, stalking, hiding, sulking, bellyaching, droning, aping, and moping.

These names tumbled out. Madelyn was surprised to recall them all, or at least most of them. Dr. Bentham-Adam was silent. "And what else?" she said. "What I mean is how did this make you feel?" but the hour was up.

B

The daughter was on the phone, frantic. The phone had buzzed during Dr. Smith's hour, and Dr. Bentham-Adam picked it up before the doors were closed behind the patient, who turned around because she'd forgotten her purse, but the doctor was already talking and waved her out – the wrong gesture, and *exactly* the wrong gesture, so the analyst cut the line and got up from her chair to catch her patient at the outside door. "I'll see you tomor-

row at nine,” she said. “I’m sorry about the phone.” “No need to apologize,” the patient said. “My time was up.” The analyst was surprised to hear a clear, professional tone, and to see a composed face. Walking back to her office, she thought none of the names – animals, plants, or things – described the peculiar expression: alert, watchful, somewhat drained. Perhaps more a fish than a serpent.

She saw her phone flashing, and heard it beeping, but didn’t pick up right away. Sat down instead and rolled up her knitting. She texted her daughter, who’d left a message, before the phone buzzed again. The next patient was walking along the path. The windows were open, and Dr. Bentham-Adam took a sip of her coke, wondering if she and Lizabetta were still at war. Something in the family equation had shifted: as father and brother sealed themselves off, or jumped into a boat leaving the shore, the mother wished (she could capture her wishes before they were fully formed, much less spelled out) Lizabetta would go with them. Why was she left with the girl when she wanted to be with the boys? Where were the boys going without her? She closed her eyes to envision the freedom these boys felt as they sailed away from the family. It was time to call in the next patient, and Dr. Bentham-Adam shoved the knitting (a baby blanket for the child on the way, a girl) in the wastebasket, and threw the yarn balls on top, launching herself from the deep leather chair, and hearing its familiar suck and screech.

A

Madelyn rested her head on the steering wheel of the only new car she’d ever owned, a car professionals owned, smart and tastefully designed. It embarrassed her to think she’d spent money on this disguise. But everything she owned, including the little house on the heart surgeon’s farm, was a disguise. You couldn’t read any of Madelyn’s secrets from the things she bought, wore, drove, or lived in, but if you looked into her refrigerator or cabinets, signs of poverty and its constraints flashed out, so very few people got into that kitchen to pull open a door or look into a shelf. Her real life had shrunk into these places where deprivation and punishment had a free hand.

The cool leather of the wheel pressed its pattern into her forehead, and she pushed down harder to feel its resistance. The

analyst was now in: she'd gotten in through the invasion which sprang open the lid on the tank full of names. Family names, Madelyn was thinking, as tears sprang behind locked eyelids, not insults, but the names, she knew – when aired – were insults. Inside the tank, they were warm tide pools and sandy streams, full of the sky's changing color, so tender. Saying them aloud dried up the flowing water, leaving only the stranded sea creatures, spiny, rough, hairy, with scratching legs and eyeless heads and grasping claws.

She had fifteen minutes to get to the hospital, park, and change, so no time to put anything back in place, so she turned the key.

Madelyn's marriage to the heart surgeon had begun the day she became head nurse. The surgeon had been there as long as Madelyn, but only unit managers met from nursing, medicine, surgery, pathology, and social work. The first meeting was for introductions, as staff was forever coming and going. The city itself was a warren of hospitals, with two teaching clinics. Dr. Richards, slim but rosy and puffy of face, was new and sat with the doctors, where Madelyn also sat, unknowing. Richard Alonso Richards heard the litany of his degrees and clerkships, residencies, awards, and service, while playing with his phone. He stood to speak, a few words, handing the phone to Madelyn, as he scooped up his suit jacket and overcoat. His voice was crisp and engaging, like a trained singer's or DJ's, and Madelyn looked up to see a young bearded face and prematurely white hair. The hands holding the coat were large and stubby-fingered for a surgeon, and the nails looked manicured. When he sat down again, after speaking four, well-shaped sentences containing a witticism caught by only a few, but laughed at, in time, by all, he squeezed Madelyn's arm while retrieving his phone. At meeting's end, he asked if he could buy her a coffee in the doctors' dining room. Madelyn stood to be introduced and to hear the litany of her accomplishments, including the fact that she was a concert pianist. In her two sentences, she corrected that impression. "Chamber pianist," she said, "not concert." Madelyn told the new surgeon that she had to run back to the unit, and with that, he grasped the ID hanging on a chain around her neck to find the name, Smith, and the unit, Neurology. "That won't help in a big zoo like this, so give me your email address."

Madelyn watched as the new doctor went up to shake the director's hand. All eyes were on him, as the handsomest man in the room.

After ten years together, she felt she still didn't know him very well, although he claimed she knew more than anyone, and all there was. In a month, Madelyn was moved out of her apartment into his house, small and perfect, with everything in its place. He told her they didn't need anything more than what he had, so to just bring her clothes and piano. He wanted lessons. He wanted her to become a solo artist, to drop the chamber work, to stop reading – she'd read enough – to travel with him, and to become a cardiac nurse. It wouldn't take much, given her background. He wanted her to adopt his son, and drop her friends for his. He wanted her to wear the sexy, expensive dresses and skirts and scarves and lingerie he bought her, and to throw out the stiff-looking “uniforms” and rags in her closet. He wanted every minute of their weekend to be spent together. He wanted Madelyn to make him happy. Didn't he deserve to be happy? He'd never been happy for long with any woman, but this time he was going to get it right.

B

Lizabetta was in danger of losing the baby girl she wanted more than anything on earth, and her mother didn't have the decency to pick up the phone and put off her next patient. And “if this is the case” – the message was cut with a sob, and Dr. Bentham-Adam pulled the phone away from her ear, when she heard the rest – “if this is the case, I have no mother, and don't bother to call back, because I'm turning my phone off!”

After the next patient launched herself off the couch (a dull woman whose problems were so ancient, so brittle, so nearly outgrown and fully analyzed that they were ready to crumble like an old scab, but her patient, an English professor, refused to end the analysis before she felt ready, and used the time to analyze her colleagues and the characters in the novels she was teaching), the analyst prepared to leave her own message, but her daughter picked up.

“What do you have to say for yourself, Mother?” were the first words out of her mouth, and the analyst laughed, because they were the very words on the tip of her own tongue. A familiar retort

to the brazen and obnoxious teen Lizza still was. Before long, though, they were both crying and missing each other. The daughter had eaten something off at supper, and by morning – the pain was so bad – it felt like a miscarriage.

“You don’t know how that feels,” the analyst said. And out came the history of her own miscarriage, a year before the birth of the twins, something she’d told her son, but not her daughter.

“Does Natey know?” were the first words out of Lizza’s mouth. “He does, doesn’t he? Why would you tell him and not me! I know why,” the girl went on, and it took the hour Dr. Bentham-Adam needed to eat lunch to heal the breach, a wound forever opening. There were reasons, and good ones, but it was hard to mount them on the spot, this many years later.

“Why do we have to hurt each other like this?” mother said to daughter as a signoff.

“I don’t know. That’s your area, Mother. If you don’t know, who does?”

Dr. Bentham-Adam was having a fantasy that had been a problem since childhood, and that she thought had been laid to rest in her own analysis: she removed Lizza’s familiar head and popped on the heads of her patients, her friends, her mother’s friends, movie actresses, and newscasters. It was both soothing and scary. The head that stayed on Lizabetta’s strong shoulders was the nurse’s, but in the next minute, Lizza had thrown it off and was headless.

A

When Dr. Smith arrived at the unit, she saw the “blue” cart and attendings through the open door of the new patient’s room. The heart had been restarted, stopped again, and restarted. The cart was rolled out, but the team remained in the small room, flooded with light. The patient was stripped to the waist. He was a well-developed man, but his chest was raw skin in patches where the hair had been pulled out. When the team left, crowding through the door, the nurse closed the shades and turned off all but the task light. An orderly was slinging a gown over the man’s insensate shoulders, but Dr. Smith stopped him, suggesting he bathe and anoint the chest, so sore it looked; and the orderly left, too, to gather basin and solutions. The patient’s eyes were closed, and his face calm, although the thin hair was slicked to the skull. She

suggested the orderly shampoo the hair, and bathe the patient – not just the chest; then she closed the door and saw the chief neuro at the nurse’s station. He beckoned her to the elevator bay, where there were two chairs and a window onto the vast parking lot. “I have only a minute,” he said.

“What happened?”

“Hard to say. He’s alive. If we can keep the heart beating, he has a chance. Didn’t you say he spoke you?”

She shook her head. “He opened his eyes.”

“Talk to him. Read him something. Play the radio. Keep the TV off.” With that, the neuro was punching the elevator button and reading the screen on his phone.

C

Dr. Nate cleared his Sunday and put on a pair of clean chinos, sniffing the armpits of a polo shirt, but the shirt was a mass of wrinkles from days in the hamper. He had no other clean polos, so he chose a black jersey with blue stripes, new, and hung with a price tag, which he ripped with his teeth. When he glanced in the mirror, he saw the sty and remembered going to bed with something itching on his face, but was too tired to do more than splash it with cold water. Why was it that something like this popped up whenever he saw his mother, who still babied him when she wasn’t scolding or writing lists: things he needed to fix, to buy, to do, to plan, to book, to read, to be aware of, to remember, to try to stop. He grinned at his reflection. It was the first light moment since spying the scans on his dad’s messy desk. He had had dreams about what he saw and what it meant. In the latest, he had the cancer and his father was already dead, or at least gone from the scene. That haunted him for a day, filling in the cracks between patients seen on the ward, and then in the office. He drank two beers that night and almost bought a pack of cigarettes to go with them. The barkeep had to tell him they didn’t sell cigarettes and he couldn’t smoke there, didn’t he know that? The man couldn’t believe the things the doc didn’t know – the simplest things, the things any dodo would know. The bartender did make sure that no one picked on the doc, who sat in the same stool at the bar for hours, reading journals or watching baseball, and was an easy mark.

Nate was ready, or as ready as he would be. He shoved his arms

into a seersucker jacket, then, seeing the stain on the pocket, changed to a zip jacket.

His mother was at the table, but no Dad. She pointed a finger toward the restroom, and they proceeded to speed-read each other's faces in that second before Nate kissed his mother's flushed cheek.

"What's wrong with your eye?" said his father, just approaching the table as Nate removed his sunglasses.

"I don't know."

"Don't rub it," his mother said, and Dr. Sam had his scrip pad out.

"No," Dr. Nate said. "I'll take care of it tomorrow," and thankfully the waiter was there with his pad. All three ordered drinks, the same gin and tonic, Dr. Sandy going first.

The drinks hadn't arrived before Dr. Sam spilled the beans himself. "I need both of you to know something, and I wanted to tell you together, so we can discuss it as a family. I don't want Lizza to know until later. It can wait."

"What can wait?" the analyst said.

"Let Dad talk, Mother."

And why did Nate feel he could strangle his mother for this interruption, and the string that followed? His father could barely get a word out.

"Let Dad talk. Give him a chance, would you please!" he said.

"Don't talk to your mother that way," Dr. Sam said. "Calm down, both of you."

And out it came, but in frustrating dribbles.

"I've got some bad news."

"I'm not well."

"It's more serious than that."

"It's not my heart."

When the cat was out of the bag – not the whole animal, just the head – the drinks arrived.

"I don't think I can eat anything," the analyst said, and her son told the waiter they'd order later, to give them some time.

When he returned to say that the kitchen was closing for lunch, they were holding hands, and the waiter said to take their time – a bar menu would be available. Would they like refills? And yes,

they would, although the first drinks were there, warm with melted ice.

•

B

Doomsday must feel like this, Dr. Bentham-Adam said to her husband, who had one hand on the doorknob and the garage clicker in the other.

Dr. Sam dropped the clicker on the kitchen table with his bag and coat, opening his arms for his wife to enter them and be embraced for a long string of minutes. They listened to the tick of the wall clock. She'd had a million questions, most of which he'd answered until they both fell asleep close to dawn. "I'm not letting you die," she said. "Do you mind letting me sleep?" he said.

When his arms relaxed and dropped, she said, "Do you think Nate's okay?"

"Why don't you call him?" he said. "You two can buck each other up."

"That's never worked before," she said, "and you know it."

They stood there.

"Well, maybe I'll try."

"Good," he said, and left to start the car. Strangely, he felt relieved, as if his case were in expert hands, and maybe it was.

Dr. Bentham-Adam did not feel relieved, but she did feel included and meant to do her part, which was to tell Lizza when the three-month gestation was over, a week from now. This wouldn't be easy, and it could make things harder for the whole family. Then the analyst remembered that her daughter was part of the family. It was hard to imagine they were four equals, and not two adults and twin babies. In some ways, Nate and Lizza were still babies: immature and needy, each in a different way, and why they weren't closer a mystery.

The minute she sat in her office chair, hearing it squeal and groan, she started to cry, thinking about how fat she was and how the flesh was falling off her dear Sam, best friend and father of her children, but there was no time to cry. The 6:30 patient, a man in his forties, unattached and unhappy, an associate in her institute and here for his training analysis, was walking along the path with

feet that barely skimmed the sidewalk. It sounded as if he were skating in. She had no respect for Charles, and hoped to work this out before it was seen or felt. He wasn't stupid, no matter how he presented.

A

The nurse always arrived early, sometimes so early she stayed in her car, not wanting the analyst's first patient to hear the outside door opening and closing – such a distraction that was, even to her, only a fraction into the process. What she'd read was that regression was a welcome event, necessary even, and she felt herself – if not regressing, because even at five and six she'd been an “adult” child – then unraveling, as the analyst encouraged linking different eras together, the ones that snapped together by theme or symptom – except in everyday life, when they didn't. Madelyn was enough of a brooder as it was, but a tunnel brooder, focusing on one thing in its own time. Now the times were compacting in a way that caused her to feel out of it, at a time when she had to be “in it.” Madelyn liked to talk to herself, and this voice, she knew, was the scolding, judging voice of the superego. But with parents who were also out of it, where did that voice come from?

When on the couch, with the fresh tissue under her head, she asked the analyst, who answered in her usual way, “What do *you* think?” Dr. Bentham-Adam looked disheveled, the lap of her dress crisscrossed with wrinkles and her hair grayer than usual, but Madelyn had never really looked at her hair, because the analyst was half a foot taller, and the patient felt shy, although Dr. Bentham-Adam had once asked, Why do you look at me so hard?

How does a person, she wanted to say, know what her look is like – unless she studies it in a mirror, and even if Madelyn could see into the mirror, no one saw how they really looked. That was too scary, too real. What they saw was something instantly arranged and acceptable. “I didn't know I was looking so hard. Sorry,” she said.

“Could you say what you're looking for?”

That question, like so many asked in that room, opened a well of thought, dark and bottomless. “Are people looking for something when they look?” Madelyn said. “I'm just looking to see.”

The analyst laughed. “We're full of riddles,” she said. “What does it feel like when you're looking so hard at me?”

The minute she heard the word *feel*, Madelyn clenched – she sensed her bones contracting, and fury surging in her veins. That was surely a feeling, so she said, “I hate it when you ask me such pointed questions.”

The analyst was silent.

“And when you harp on feeling. Everything here is feeling. In real life, nothing is feeling.”

“You must be feeling something to say those things, Dr. Smith.”

“Why are you calling me by that name?” Madelyn said, exactly as a child would.

“Isn’t Smith your name?”

The patient was silent. The couch was still, as the patient lay motionless, but the analyst’s chair squealed on its aluminum frame. The air was icy, and they both felt it, but the analyst knew it was an artifact.

“You don’t like me, do you?”

“I think what you’re saying is you don’t like me. But,” the analyst continued, “we have something to work with here, so try to stay with it.”

Fury was rising again. The patient could almost hear it, like rushing water.

“What are you thinking?” the analyst said, pushing, as she always did.

“I look at you because I have to know what I’m facing, and since you hide behind me, I only have a minute.” And with that, Madelyn sat up, but didn’t turn her head; she faced the beige wall with its orangey prints, a matching pair of Indian gods, or spirits, with multiple arms, glittering dresses, and jewels.

“Why are you sitting up?”

But the hour was a minute from its achievement, and today was an achievement, if not a breakthrough. When Madelyn rose, swaying, she steadied herself before taking the three steps to the door. She felt like slamming into it, just to hear her skull crack and let out some of the steam, but also to be stuck there, trapped. The analyst would have to open the door and push her through. She smiled to think of it, then let herself out, happy the analyst couldn’t see her face.

Dr. Adam was on his way in, passing Dr. Smith on the sidewalk.

B

“Don’t say anything,” were the first words out of her mouth, as the door opened, as it never did – or almost never – by a hand not her own. She’d thought it might be the nurse, and startled; but the sight of Sam, entering his house by a door he never used, made her flush with anger, and she used a hand to hold back whatever he was trying to tell her.

She turned to her desk to jot down an association too important to lose. As she was waiting, she felt his arms encircle her back, and his head rest against hers. “Shh,” she said, “just one moment,” but she’d lost the thread in the strangeness of a marital embrace in a room he so seldom entered, and never from the outside door.

Her husband had decided to try an experimental treatment, starting later today, and wanted to describe it to her. She pointed to the patient’s chair and took her own. “Tell me.”

A

Dr. Richards had wanted his wife-to-be to take his name, and why wouldn’t she? It had more character than Smith. That was a joke, he explained. “There’s a part of you I’ll never understand, and it’s there that you’ve made that decision. It’s there,” he continued, “that you’re stubborn as a mule.”

She asked why it made such a difference to him, why he wanted to spread his name around (the ex had it, and meant to keep it, to align herself with her only child, or so Dr. Richards had told Dr. Smith), but that felt like a rebuke, so the heart doctor changed the subject, after glaring at Madelyn in the way he liked to do to see if his eyes could do the work his angry words hadn’t, and yes, Madelyn found the glare and its demand hard to resist.

When she recounted this moment to a friend who was puzzled by the speed with which Madelyn was making a life decision when normally she liked to take her time, if not to dither, “Imagine,” the friend said, “insisting.” Madelyn realized, seeing the look on Monica’s face, that her fiancé was possessive, and not just forceful and decisive, and that was just as he should be: that was his strength as a partner to Madelyn. She loved him for it, but Monica, who also saw the quality inherent in the demand, thought differently. That’s why she shook her head, not smiling to meet Madelyn’s smile.

But her name remained Smith, and Madelyn knew that in that

name was the memory of a father, mother, and brother. It was one of many divisions between the spouses. Breaks and gulfs opened up when Madelyn resisted her husband's will until they were leading separate lives under the same roof. And yet Madelyn would still be married to Richard if he hadn't met a resident on a psych ward and had an affair that Madelyn, after a few years, discovered on his cell phone. "Would you see who that is?" he'd said, lying on the bed with his clothes on. He'd just gotten home from a middle-of-the-night emergency, and the phone was in his jacket pocket, where Madelyn found it, returning to the bedroom with a glass of juice and two aspirins. A text message flashed across the screen. It was a name she'd heard, but the message was such a shock that it took a long minute to decipher it.

This was the subject taken up at the next session on the couch. The stiff exchange about "looking" had left Madelyn feeling stranded, not knowing where to go next and what was left to discuss. "I'd like to talk about my marriage," she said, "even though I'll be jumping over a lot of time to get to it." As soon as she said this, the time between college and marriage opened like a wild terrain, exerting its own force, pushing the marriage to the margin, where it seemed like a note on a vita, or a box checked off.

She found herself laughing on the couch, and spoke before the analyst asked why. "For a minute, I almost forgot his name."

B

Dr. Bentham-Adam had the name because Sam knew the heart surgeon, although he never operated on children, but was shocked to hear that this "bear" was connected to his wife's new patient. Her husband had given the analyst a thumbnail sketch that had them both marveling at the mystery of attraction. (The name and specialty were on the list of things that hadn't yet been divulged by the patient.) That Dr. Richards slept with his residents was deplored but not censured, and there was a family somewhere and a short marriage to the head nurse.

The analyst waited, and the patient said, "I still don't know what happened. It's only been a year – not even." She was living in a tenant house on the husband's land and, with a shared driveway, saw him every day, and even saw the resident. Once, when the resident had car trouble, she'd driven the girl home from the hospital. They were cordial, but the nurse refused the drink the

resident offered when they saw the husband's car missing. She hadn't entered the main house since the day she picked up her husband's cell.

The analyst waited, but the patient said no more. "Why did you stop yourself?"

"That's all I can say for now. I want to tell you about something else." The patient was learning to tolerate – and even trust – illogical leaps of subject. That was the prime rule of an analysis.

The top-secret patient, as she referred to him, had opened his eyes as she was leaving at the end of yesterday's shift. She was in street clothes, coat, and bag, and stopped by, spraying her hands with antiseptic.

The room was dark except for the red, blue, and green dots and darts of the newly installed screens. Someone thought it safe to display his vital signs after Smith had urged it be done for the patient's own safety. He was not here, she said, as a government agent but as a stroke patient. A master screen showed the hospital's historic dome and neo-Gothic façade, a curiosity in the sea of hundred-story towers and glass skywalks.

She leaned over the bed, and the eyes popped open, this time focused and even sharp. "Are you awake?" she said, and he nodded.

She'd spent half an hour with him before the night nurse stepped in for a blood sample, snapping on the overhead light, and excusing herself, when she saw Dr. Smith in her coat.

The neuro had said to talk, so she did. It was easier to find words for this stranger than, day after day, for the analyst. Are you comfortable? What can you see? What season are we in? Where are you?

These were the questions used – along with the brain scans – to establish level and location of brain injury. He knew where he was: in a hospital, and he saw, by her coat, that it was winter. He said, without being asked, that his name was James Keller. The nurse smiled because this was the last thing she was supposed to ask, or to hear. When she said her name, he reached out a hand to shake hers. He had oxygen, but no tent; his arm had an IV port. There were tubes in his nose and down his throat, and his voice was raspy. "Do you see my glasses?" he asked, and she hunted for them, first in the bedside drawer, crammed with bottles and tubes, tape, clamps, and rolls of gauze. She looked through the bag of clothes

in the closet to find, in his jacket pocket (here was the link between her stories to the analyst), a glasses case, but no glasses. “Look in the inside pocket,” and there they were; and holding them up to the light of the screen, she saw they were strong. The patient’s head was still bandaged, but the ears were exposed, and she slipped the flexible earpieces behind them, adjusting the frame so that when he opened his eyes he was gazing through glass speckled with the bright tracers from the screen. It was almost festive. And that’s when the night nurse came in.

“Say more,” the analyst said, when her patient stopped, “if you want to.”

Madelyn had developed two lines of thought to the same point: discovery – the secret patient could see, and so could Madelyn, the writing on the wall. She had told Mr. Keller why he was in the hospital, named the hospital, the floor, and room. He asked the city, explaining that he’d been overseas, and moving often. They must have flown him home. Where’s home? she asked.

And at that, the time was up. The night nurse flushed in, just as the lights came on.

B

This might work, was the analyst’s thought, her hope, or the countertransference. Dr. Bentham-Adam had an hour before her next patient and decided to research the drug to be pumped into her husband’s body, only to find that it was so new nothing was online. It was a poison used in wartime for purposes unspecified – that much she knew. When she arrived at the hospital that afternoon, he wasn’t in the infusion room, stretched out on a leatherette recliner, and he wasn’t in his office, where she’d checked first. His admission was so recent that his name was nowhere in the system. Not panicking, “I’m not panicking,” she told her son, after calling him three times. “I just want to know where he is,” but Nate didn’t know either. “I’ll call you back,” he said. “Why don’t you get a cup of coffee? I’ll meet you in the cafeteria.”

Nate had a long face, but that was his work face, and Dad, he said, was admitted for a full-day infusion and two to follow. It was routine, not an emergency, but they were getting him settled, so he and his mother might as well eat something and just sit there, while Dad was being prepped and hooked up.

That was fine, Dr. Bentham-Adam said, but a minute later,

carrying a tray of Jell-O and yogurt to their table, Nate's beeper went off, and he was gone. Dr. Bentham-Adam tried both Jell-O (still a favorite of her son's, although she didn't remember making it) and the frozen yogurt, then set them aside, then mindlessly ate both. She could have sat there "till hell froze over," she told her husband and son an hour later (it was starting to get dark), as much as either of them cared. "You have a phone," she said to the patient. "Why didn't you use it?"

Sam looked snake-thin under the white covers. He was lucky, Nate was saying, to get a single room. He was punctured, but the nurses were still fixing "the cocktail," he said. They would wait. "They gave him a sedative," Nate told his mother, when they saw Dr. Sam nod off.

This was not her hospital, so she couldn't ask, but Nate might see why his father had to be admitted and just what this trial involved. "Wait a minute," Nate said, sending a text. "What did you say?"

"Never mind," Dr. Bentham-Adam said. "You'll do what you need to do," and with that the oncologist entered, with the nurse behind him rolling the IV pole, loaded like a tree with jugs of golden fluid.

The analyst was not a drinker, but the cocktail, invoked by Nate, called up the beachside bar with sun-spangling bottles and glasses of gemlike hues and exotic names at a port on a vacation cruise taken last year, Dr. Sam's first and only, a celebration of his sixtieth birthday. He'd won an award for lifetime service on the children's ward, now a wing all to itself. They used the money for the seven-day sea voyage. Sam wanted Nate to join them, but how could they invite one child without the other, the analyst had said; she wanted to have, for once, her husband to herself, with no distractions, no competition. The pediatrician was a different man on the sea. He read Melville and developed a friendship with captain and purser, spending part of each morning in the wheel room. He swam in the pool and sunbathed on the deck. He went to all the shows, and bought his wife a cocktail ring of moonstones arranged around a black pearl. They danced to different bands, drank tea in the afternoon (it was a British ship), and disembarked at each port the ship visited. Sam discovered a love for wine, served at each meal except breakfast, and an evening cocktail of emerald green,

with a French name she'd forgotten. She drank the wines he selected for dinner, a half glass here and there, but preferred champagne or a mixed drink, where you couldn't smell or taste the alcohol. She could nurse one of these for the evening, carrying it with her in a clear plastic glass to catch the sunset, or play a last game of shuffleboard. The seas were calm until the last couple of days.

It should have been a life changer, but when they returned, Dr. Sam spent all his waking hours at the hospital, in his office, or in his home office – or on the phone with parents of sick kids. No wine with dinner, no cocktails, no dancing or watching the sunset, but she did have the ring, if there were ever an occasion to wear it. Sometimes she wore it to bed.

And then the drip was in, but the patient's eyes were closed. He was snoring, and Dr. Nate led his mother out. "Do you know anything about this? What do you know?"

She mentioned a use in war, but for what? After a sigh, Nate said, "It's his best chance, but it'll be rough."

"How rough?" but the oncologist flashed out the door, and they tried to catch him at the elevator. He gave them an appointment for a time when Nate would have to go alone, so the analyst tried to change it, but the oncologist shook his head as the elevator doors closed.

"I want you to write down what he says, and call me right after," she said in a tone unfamiliar to the firstborn twin, a Mama's boy until Dad finished his second residency and was home two or three nights out of seven. Both children wanted to be Daddy's because for so long all they'd had was Mom, and Daddy would play with them right down on the rug, where they were, or on the bed, in the bathtub, the laundry room, the backyard swings. He bathed them and put them to bed. The one thing he wouldn't do was take them to work, and they so wanted to go when they saw the white coat and bag of tools, always locked. He'd told Sandy not to tell them he worked with kids, but somehow they found out, and then there were a million things to explain, bad dreams, bedwetting, short-lived phobias. Neighborhood kids knew more, and made things worse. Both wanted to go to med school, like Mom and Dad, until (in high school) he did take them in, and that was that. All the fun and fear went out, and his job was used as an object lesson in their

good fortune – sweetly by him, sternly by her. She was in her residency then, and they were on their own three nights a week and became friends and confidants until college, when he got into Penn, their mother’s alma mater, and she didn’t.

It was time – two weeks later, when the cocktail seemed to be working, although the treatment was rougher than even the oncologist had foreseen, so Dr. Sam hadn’t been sent home; the dosage was halved, the second infusion delayed – to tell the other twin, and better to do it in person, so mother and son debated who was best for the job. What started out with compassion ended in competition; ancient history was invoked and contested, rejected, revised, and deplored, and Dr. Sandy, with a weekend free, would make the trip to Tidewater Virginia. In the end, Nate was able to go with her, and to drive, taking her car.

D

The senior pediatrician, professor of medicine, and greater metropolitan “top doc,” married and father of two, first in his family to go to college, and communicant and trustee of St. Edmund’s Roman Catholic, second of five children, former varsity skier, and amateur mandolin player. Dr. Sam was writing his obituary for the alumni magazine, but also for the local daily, and starting to accustom himself to a shorter span than he’d imagined only one year ago, upon turning sixty, but long enough to have done most of what needed to be done, and all he’d ever wanted, including a seven-day ocean sail. He was sorry to leave Nate fatherless and therefore friendless, and would miss seeing the new baby when it arrived, etc., plus all of life’s probably overrated rewards and satisfactions. Life was good, and he’d had a great one. What he didn’t like were the spasms of fear and panic. What did he have to be afraid of? He pictured dying as a tunnel with a bright hole at the other end, but darkness and contraction along the way. He’d always been afraid of tunnels, although no one knew this. When anticipated on a rare trip outside of the city, Sam (with Sandy at the wheel) turned toward the side window and shut his eyes tight. Dying was the unknown, the passage from disease, weakness, and failing function, slowly or quickly, to cessation. Obliteration and decay didn’t concern a Sam without the capacity to think and feel. It was the trip to nullity. How could that be easy?

The nurses were urging him to rise and be wheeled with his

pole to the sunroom, or travel down to the lobby, where there was a waterfall and windows onto the parking lot. If he didn't move and put weight on his legs, atrophy would set in; and it had, he knew, because even shifting his legs under the thin cover caused the joints to crack, while an agonizing malaise, like nausea, moved upward. He was catheterized, a tube running down his legs to the jug strapped under his bed. But he wanted to do it alone, so waited until the nurse and orderly were called to some other duty. Then he used flaccid arms and shoulders to hoist himself, falling backwards with vertigo, before sitting upright, with the room spinning. He waited, then, pulling the chair over with a foot, tried to shift himself, but the chair skated off, leaving the patient – grabbing hold of the tray table – to dangle off the bed. Luckily, someone was passing, and a nurse ran in. With the help of four hands, he was seated and rolling. They secured the chair in a dazzling patch of sun, with Sam facing the window. He was breathless, in a cold sweat, but thrilled to be out, to be up, seeing something other than the perforated ceiling and recessed lightbulbs.

It was all new, although he'd spent countless hours in this building. He'd never been still for more time than it took to wolf down a sandwich or scan a file. He even read standing over the urinal, ambidextrous, conserving every minute. The poison had made him so ill he was sedated most of the time, as he was at that moment; but in the hiatus between one infusion and the next, illness abated, and he woke from delirium to exhaustion, where thoughts jerked and rolled, as if on a broken belt, across his mind's eye. But at least he had some thoughts; he was collecting them, but they were tissue-thin, easily scattered, so he watched the cars passing through the turnstile into the neat rows, and above, the border of trees, and, above that, the fierce blue sky. And here was Joe Reim, Dr. Reim, pulling up a chair. "Feeling better?" he asked, and Sam felt the oncologist's eyes scanning his face. He nodded, unsure what his voice sounded like, because he hadn't used it. "You're doing fine."

With this, Sam shook his head no. "Look," the doctor said, showing him stats that mapped the size and density of his mass, and, yes, the numbers had dropped by some fraction. "Okay," he said, hearing his voice crack. He laughed and grasped his doctor's hand. "Keep it up," the other said, and was gone, and Sam without

the energy to turn and watch him go, but he'd rather be facing in, toward the comings and goings on the Onc unit, so he waited, and when someone came to fetch him he asked to be rotated and to stay until they were ready for him again.

A

The patient and her analyst were fantasizing about the stroke victim, but only Madelyn knew his name. They were free to imagine because even the doctor had no contact with a very sick husband, and the talk of Dr. Smith and Patient X had exhausted her fund of fact. For Dr. Bentham-Adam, he was James Stewart in *Vertigo* because she'd never seen the patient, and that had been Dr. Smith's analogy. The analysand couldn't have been less like Kim Novak, whom the analyst felt that she herself resembled, in rich flesh and a luxury of hair, although hers was short and fluffy. Like Novak, the analyst was being pursued, an object of fancy – beautiful and glamorous one moment, practical and a bit vulgar another. For Madelyn, Mr. Keller, who was high in the military, although retired – that's where the *Vertigo* link came in – appeared in dreams, courtly, foreign, and passionate. Madelyn didn't report these dreams, waiting to see how they'd develop when left alone. They didn't develop. It was always the same scenario. He rose from the bed, and they danced in his room, a ballroom on a ship. She knew it was a ship, because she was moving in more than one way – by her own legs, and in a rocking motion. His face was tucked into her neck, and she awoke from the dream, with her own hand wrapped around her neck.

Madelyn was not given to fantasy or, at least, hadn't entertained waking dreams since childhood, but she was a night dreamer and loved to sleep.

One morning, after the last vision of the shipside, hospital-room dance, she awoke to a knock in the predawn. Her house had no access to the road, only a path to the main house and its driveway. At the doorstep was the heart surgeon, dressed for work. He was thinner, and looked old and tired, although cross, as always.

She unlocked the bolt she'd installed in what had been a guest-house after the farmer sold the property. In the year since Madelyn moved out, the doctor had never darkened her door, although the girlfriend had, for one thing or another. "It's you," a sleepy Madelyn said, as he entered. She'd allowed him in by stepping

back out of the cold. Once in, he proceeded to the living room, snapped on a lamp, and sat down. "I can only stay a minute."

He had a favor to ask, but first he said what he hoped she knew: that this was the first and last favor — that he respected her privacy. He was thinking, he said, of selling the property and moving into the city and, of course, if he sold, the tenant-house would go with it, unless she wanted to cut a driveway into the road, and if it were possible to uncouple the houses on the deed. "Think about it," he said.

She had questions, but didn't want to talk any longer than she had to. "Okay," she said.

"Is that all you have to say? If so," he added, in a tone, "I'm on my way."

"It isn't all I have to say. Could you give me time to think, before demanding a response?"

Surprised by the retort, the heart doctor sat down again, but got right up. "I'm late. We can talk later," he said, "if you want to. Sorry this is so sudden. It just seems like the right idea. We can't go on living like this, Madelyn. It makes no sense."

She was silent and didn't get up to see him out.

B

Why were they coming? Lizza asked her mother. "Why now? Tell me!" Before Dr. Sandy could answer, her daughter said, "And *he's* never been here. Not ever, and we've been living here going on five years. What's going on, Mother? Tell me." And before Dr. Sandy could answer, the daughter said, "This is just the kind of thing I hate."

And with that, the analyst spilled the beans. Not all of them, but most. Lizza hung up and called her brother. Then her father, then her uncle. No one answered, so she dialed her mother's cell phone. She was sobbing, and Dr. Sandy said, "We'll be there in two hours, baby girl. Calm down."

But upon hearing that his sister already had the news, Nate decided to go alone, taking his own car, and the analyst agreed: the hardest part was done, and Nate was better at dealing with his sister. Lizza treated her brother like a second father. Once she'd married and had the first baby, the fact that he'd gone to Penn seemed trivial, because she was, by then, so far ahead in ways that counted.

Nate made the trip, and the analyst, canceling her patients, drove down the next day, bringing the daughter back with her to camp in her father's hospital room. The baby came, too. The analyst called a babysitter, when daycare couldn't be arranged. By the weekend, the husband had driven up, and the whole family was housed with the analyst, who slept on her office couch, giving over both bedrooms to the Ameses.

Dr. Sam woke up one day, and there was Lizabetta, leaning over him, and it wasn't a dream.

A and B

Something about Dr. Bentham-Adam's consulting room was different; Madelyn saw a pile of what looked like bedclothes on her desk, and slippers under it. The waiting-room toilet had a real towel and a makeup case on the shelf, next to two prescription bottles. The analyst had overslept and no time to cover her traces, so was forced to explain the changes in an environment meant never to change, although she was enough in command to ask her patient what her own thoughts were.

"Someone's been sleeping in my bed," she said, and they both laughed.

Madelyn had news, though, and didn't want to explore her fantasies about the analyst's night on the couch or the sight of her things. She was going to have to move, and although a shock, it was also a release. She'd had a year to awake to the shock, day after day – to agonize, to ponder the change, and to rest and recover – and now would and could leave her home. She added that *home* was the wrong word.

And they spent the rest of the hour talking about the word *home*, and whether Madelyn would ever find one again. The analyst was left feeling desolate because her own home was Sam – not just *with* Sam, but Sam.

Madelyn had fastened upon the word *abide*, an old-fashioned word that no one ever used. It was laughably sappy to her ears, but the analyst told her to keep it in mind until all its associations were traced. The analyst was left thinking about abiding, until the baby (three years old) slid down the stairs on her bottom, bumping into the door. Her grandmother opened it, lifting up the bundle of baby girl to see if the prank produced tears, rage, or a triumphant smile at her escape through a forbidden door that should have

been locked. The big woman's peering eyes, so close to the child's, startled her, but then she laughed at Nana's silly face.

What was abiding? she wondered, when baby Gretta stomped back upstairs to the tune of her mother's clapping hands. It wasn't an analytic word: too lofty and passionless, with a tang of Victorian prudery. An analysis would – if it worked – blow away such detritus, but if she lost Sam, the springy net, so light and so resilient, of dwelling together in wide-open space would rip open.

The analyst sat in her patient's chair to view the wedge of backyard through the basement windows. Would she stay here, forever and ever alone? Where would she put Sam – down here, or in the living room? Could he fit into one of the Chinese vases, instead of those ugly urns, so drab and rough-skinned? He wasn't going, as requested, into the bay or sprinkled onto a campground in the Penn woods. He wasn't going into the green park, south of the hospital, as requested, where his friend and colleague's dust was scattered, there among the city orphans, buried a hundred years with a single granite stone and one name.

Dr. Bentham-Adam was feeling sadder and sadder, but suddenly noted the time – ten minutes before the next one – and went to the bathroom to cool her face and burning eyes, and remove the towel and toothbrush, with the makeup case under her arm. At least her husband, she thought, gazing at the outside door, wasn't like Madelyn Smith's. The mystery of why a woman would make such a poor choice was part of the work they were doing together, but the analyst had her own ideas, there for the patient to discover.

A

Madelyn was sucking on a hard candy (sugarless, to protect her teeth), clicking and revolving it in her mouth's cavity. She liked to envision her cavities as caves and tunnels, crevices, gullies, and tombs. She was delicate inside and out, the skin tender and prone to hives, rashes, cold sores, blisters, and bruises. She coated the outside with thick lotions, and took pains with drink and diet not to irritate the inner linings.

Why had she stayed on at Richard's farm, when Richard was living there with his girlfriend? Why did it take his decision to push her out? Was he really selling the property, or was it a ruse? There was no sign on the road, and she'd been given no time table.

The resident would know and be happy to say, but Madelyn wasn't asking the resident, who'd gotten Madelyn's email address and had sent a letter received just last night. There was no mention of the sale.

The resident thought it time for them to be friends. The letter was brisk, but the desperate note was there. Was she being ejected, too? Was the heart surgeon planning to move her to Madelyn's vacated house? His original plan had been to move his old father there, but the house remained empty for two years while the old man held out, then died in his own house, which Madelyn had never seen. Alonso Richards came to the farm for holidays and summer cookouts. There was no need for Madelyn to see the mausoleum the father preserved to honor his dead wife, gone for twenty years. The heart doctor's boyhood bedroom was untouched from the year he'd left for college. The old mother saved everything, even her own hair, rolling the cuttings into her bedside drawer. This was the kind of story Richard told his new wife early on, or until, putting the pieces together, she started asking nosy questions, questions, as he said, he wouldn't deign to ask an elderly couple or a family where everything was done correctly, people died of old age, and children (child, in his case) were treasured. He needed to say this only once, for Madelyn began that minute to retreat. Her husband was a brilliant surgeon, but unevolved, immature, and troubled. To avoid seeing this, she retreated, as she had with her own family. People, especially intimates, had to be handled with care; the more troubled they were, the harder they could strike out. This kind of wisdom the analysis was showing in a different light; and when Madelyn and her doctor were locked in that basement room together, they probed, like scientists, a beached whale or blood sample, the fossil, or a slice of tumor. Madelyn already knew it wasn't wisdom – or even a sin – to deny and avoid, to retreat and look away: it was a symptom of something worse. And why did that make her feel better? She answered the resident's letter with a polite sentence.

C and D

Sam Adam died on a Friday, the day after his daughter and her family returned home. Dr. Nate's beeper went off, and he excused himself from the bedside of a colleague's sick child, after ordering a tap and a more intensive scan. The door to his father's room was

locked, and that enraged him. The nurse hustled down from her station with a key.

The room was in shadow, and the patient lying just as he'd been when Nate visited that morning. His eyes, though, were open to a vacancy Nate had never seen, and his mouth hung open, the skin purplish. "I'm sorry, Dr. Adam," the nurse was saying, when the gurney rolled in to bear the body to the morgue. "Just leave it," Dr. Nate said, "I'll do it," but the nurse and orderly hesitated, until the pediatrician waved them out. "Just get out of here, okay? Do you mind?"

This was against hospital practice, but wasn't this also a special case involving two house officers, the nurse said to her superior, and the question was bumped up the chain; an hour later, the hospital director heard it.

Nate raised the blinds and drew up a chair. There wasn't a flower, a card, or a single personal item in a room with no fabric or padding, apart from the dust-free, sterile bedclothes. And his father was not in the least sterile! He'd had two children and could have had more, given the fertility of the Adam family, so Nate's mother must have used contraceptives, and wasn't that just like her. But would he have wanted a flock of siblings, as Dr. Sam had had, and cousins and second cousins, nephews and nieces, and their offspring, massed in a single county, and most on adjoining streets? Did his dad want a bigger family? Nate didn't remember asking, so how did he know? He knew, because he knew this man better than he knew himself, and had turned himself into his father as soon as he was alert enough to strive, adapt, and model without anyone knowing. Did his dad know? They were the same; they did the same work in the same place, and had gone to the same med school; Nate had a residency in the same New York hospital under the same chief and attending, but he was not the man his father was; and, with that thought, he dropped his head on the dead man's bed, and laid an arm across the bony heap that was left, but he didn't cry.

Even as he sat there, Dr. Sandy would be picking up her phone and Lizza hers. He couldn't control the news, nor did he want to. His father was mostly his, and always had been, maybe now more than ever. He had gotten into the habit of kissing his father as he left for the night, kissing him on the forehead and on the cheek,

and he was surprised to feel the grip of the old man's mitt. "Don't leave me," he said, as the tears came at last.

Sam Adam's death was slow. He was dreading it less, when the shock of something new gripped him around the kidneys, squeezing until he was breathless, and a surge of something like ecstasy gained on his limp body. He could do anything – he was that alive, and so full of force, muscles clenched from his feet to the nape of his neck, teeth locked together, and eyeballs burning. And then the pulsations ceased, and he was more relaxed than he'd ever been. He was lying on a bassinet, the rubbery feel under his back, kicking it and filling his belly with air, so that he could feel the belt tightening, as his mother returned with the powder and oil, so fragrant, and yet balling up like cotton in his nose and mouth, blocking the stream of tepid air, and now it was windy and cooler, thank God, and he'd relaxed again, as his mother lifted him and draped him over her shoulder. He was very tired, but not sleepy, heavy and infinitely light, floating and drowning. He lifted his head to catch a flash of lightning. He was gagging, all his bones rattling in his crib on the cold rubber sheet. Once again, was his thought, do it again, the echo, as a soft fur covered him, lapping over him, layer upon layer. Help me, he thought, but who could hear?

#### B and C

The analyst canceled her patients for the next week, and for the one that followed, giving them a colleague's number. Nate took only the half-day needed for cremation, paperwork, calls to family and to the funeral home. He spent the evenings at his mother's house, caring for his sister in her delicate state while his brother-in-law stayed home with the child. He treated, he prescribed, he advised and consulted; he worked, going through his father's papers and computer, lockbox and bank accounts, insurance, clothes, and shoes. At first, his mother wanted to keep everything in their joint bedroom, but when he found her facedown on the bed over a pile of pajamas and underwear, he installed her in his childhood bedroom, now a guestroom, and removed the father's belongings. His uncle came by to take some things; Nate himself took a couple of sweaters his dad had from college days, a tennis sweater and sweater vest; and Lizza's husband could use the raincoat. Everything else was boxed up for Goodwill. Nate's car was a junker. He

didn't like American cars, but would take his father's Buick unless his mother preferred it to her wagon.

None of this helped, so he thought of more things to do. He was never tired, and never stopped moving. Through her grief, his mother saw how drawn he looked, and that weight was falling off him, so she started making his dinners exactly as he'd liked them as a child, and sat with him late into the night, so that he ate. Lizza joined them when she woke up one night, a few days in, hearing voices. "What are you doing up?"

"Nothing," they said in unison.

"What are you eating? Why are you eating that?" she said, pointing to the orange pile of macaroni and cheese, the hotdogs and pickles on their plates. "Where did the paper plates come from?" she said, sitting down, having fetched her own, filling it at the stove. Their father had been a diet and exercise nut for the last decade. "I smell something. What is it?" she said, jumping up to open the oven onto two TV dinners. "When did you buy all this stuff?"

"Okay, I get it," she said, "but I wish you'd told me, so I could join the party, and I'm joining it, see!"

The next day was the funeral-home service. A second would be organized by the hospital.

A

Dr. Bentham-Adam had told her patients of a death in the family, so how did Madelyn know – or guess – how close that relative was? She read the signs on the analyst's face, yes, but she knew before, by the sound of the voice, too clipped, for the woman whose rich and fruity tones were cooling, soothing, a zest from the moment the nurse first heard them on a newly recorded message. The new voice was hollowed out and sounded like a bad actor. At each word, Madelyn calculated inwardly, wondering, as she disconnected, whether the analyst's own life were at risk.

When she walked into the office ahead of Dr. Bentham-Adam, and for the seconds it took to remove her pumps, her eye caught the analyst's. First out of her mouth – in her own altered voice – was a stock offer of sympathy, which the analyst acknowledged. The patient tried again, digging into her own sorrow. She had more to say, and from a deeper source.

“I think you’re talking about yourself. What are you saying?” the analyst offered.

“I am,” said the patient, “but that’s incidental. Sympathy – real sympathy – is always communal.”

“Not always,” the analyst said.

“Are you really talking to me?” the patient said.

The analyst was silent.

“Thank you,” the patient said. “That sounds cold, so I’ll say more. I’ve been thinking about you ever since you called. I almost called you a dozen times, but stopped myself.”

“Thank you,” said the analyst. “Now, if we return to you, that’ll help me, do you see?”

So Madelyn told the analyst that in the short week when she’d seen the obit in the paper, she’d moved. She was living in the city and had rented an apartment twice the size of the tenant house with a view of the bay.

“In one week!” the analyst said.

“It was a week and a half. Ten days.”

“Ten days, yes,” the analyst echoed.

B

“It’s been ten days,” Dr. Sandy said to her son. “I think I’m safe here by myself, so you can go home, although I appreciate your company, don’t think I don’t.”

Dr. Bentham-Adam was at the end of her workday, a half-day, because she was starting with half-days; the analytic patients came on alternate days.

“Are you sure?”

The analyst was sleeping, as advised, in the guest room. Lizza had gone home, and the house was still filled with flowers, plants, and a fridge full of fancy dishes and treats from neighbors and colleagues, families whose children Dr. Sam had treated. Some food trays were returned to the hospital, for staff kitchens.

“I have to get used to it, Nate, and so do you.”

“Call Lizza. She wants to talk to you.”

The analyst knew her daughter wanted to press her case: retire and move to Norfolk. She called and got the machine, but no sooner spoke than her son-in-law was there and asked her to wait.

“I know you’re concerned about me,” the analyst said, as the case was laid out for her ears. “I’ll think about it.”

“You won’t.”

“I will. I promise to think about it.”

“With you, that could take forever, Mother.”

“Is that what you think of me?” the analyst said, settling herself into the usual give and take.

“I need you here, Mother.”

“I’ll come as often as I can, when the baby’s born, like I did when you had Gretta. You know that.”

“You have a good reason to come and stay, Mother. Take it!”

“Don’t nag me, Lizza.”

“I’m not nagging, I’m saying.”

“Okay, and I’m saying I’ll think about it.”

“Well, think *now*. What would keep you there? Oh, yes, your patients. Forget about them for a minute.”

The analyst could hear screeching in the background, and suddenly the line went dead, and the phone rang a minute later.

“Don’t worry. Gretta’s overtired.”

“Put her on,” said the analyst.

“Bob is putting her to bed, and I’ll say good-night, too. But please, please, please think about it. It’s the right thing to do.”

A

The stroke patient’s room was being cleaned. He was in the rehab unit across the parking lot. He’d asked the head nurse to visit him there. She waited a few days and went after work one Friday. His room was empty. He’d taken a ride, she was told, down to the cafeteria, and was to be fetched in half an hour. Did his visitor want to fetch him? (Madelyn was in street clothes with her ID in her pocket.)

The “spy,” as she’d dreamt and couldn’t now dispel, was in bathrobe and slippers reading the *Times*. His head was still bandaged, but he was free of needles and tubes, drinking something with ice. He had his watch on.

“May I join you?”

He struggled to rise from the wheelchair, causing it to skate backwards. She caught it, and locked him down.

“Don’t ask me any questions,” he said. “Let me just look at you.”

C

Dr. Nate, back to his routine after his father’s last days, made his appearance at the bar and found the bartender gone. In his place

was the waitress who served at the dozen tables, known to him by sight. He asked for a menu, then watched her swipe the sticky bar top of a watery circle or two, using a wet, then dry, bar towel, and give him a placemat with a sailing schooner and celebrated battle sites, one on the land just under their feet. They were new, the barmaid said, and there was a new owner. Nate noticed the place was brighter – had they washed the windows? Yes, she said, and painted – even the tin ceiling with the gas lamps. Did he like it? He said he did. “Have you been away?” she asked. “My dad died,” he said. “Sorry to hear it. What can I get you?”

Nate opened the menu. It was the old menu but had been wiped clean. He’d never really looked at it, ordering the same steak or burger with fries, and the single beer, the local one, whose name he saw on a billboard. His dad wasn’t a drinker, except when with his own family, and they favored highballs and whisky shots. “What do you recommend for a beer?” he asked. She pointed to the list of tapped beers, and he looked over the row of painted pumps. You could see them better now, although they’d always been there, she said. She liked a red ale from a local brewer. Would he like to try it?

The beer was spicy; it burnt the roof of his mouth, but maybe he was gulping. It was meant to be sipped, she said, moving off to work the other end of the bar. Nate was dead center, equidistant from both TVs. Tonight the sound from a soccer match and the news was muted. Sipping was better, but Nate was still going fast, and the glass was empty, so he ordered a second. “Do you want a pint this time?” she asked, wiping away his watery circle. “I know what a pint is,” he said, smiling, “but what does it look like?” She lifted a mug from the counter. “Okay,” he said. “Same thing. Pour me a pint.”

She took out a frosted mug and tapped. By then Nate had his journal out, and his yellow marker. “Are you a doctor?” the barmaid asked, and he heard a different tone, so he rolled up the journal and thrust it in his jacket pocket. “Go ahead, read,” she said. “I’m surprised you can read in this light. You must have good eyes,” she added, pointing to her glasses. “Even with these, I don’t, but I can see enough for this job.”

He was making small talk, or she was – and he was parrying it – as if it weren’t a foreign language. Someone had pointed out (a

date, friend of his sister's) that he had none. He mentioned it to his father, who could talk to anyone, and his dad said it didn't matter, he didn't need it, but maybe he did need it. "I like your glasses," he said. She took them off and passed them to him. "You're not an eye doctor, are you?" "Baby doctor," he said. "Nice. That's the best kind." He put the glasses on and laughed. "Strong," he said. "I've had them since fourth grade," she said. "Imagine. I was probably blind from birth. Is that possible, from what you know?"

The question opened up several avenues of speculation, and he felt his face harden, even with the half pint in him that seemed to have melted his face. "Were you carried to term?" "Yes, as far as I know." He looked at her face. "You have big eyes, and sometimes big eyes have a distorting curve. They're pretty," he said. His face burned. "Thank you. I like your eyes, too. What color are they? I can't see in this light."

Is this the kind of girl, the kind of talk, and the moment where I might pick up a hand (no ring on either) and kiss it? He was a kisser of hands, as was his dad, but just then he didn't dare. Maybe later, if he didn't fall off the barstool first. "Maybe I better order some food," he said. "I'm not much of a drinker. I bet you can tell." "Do you want a recommendation from the kitchen? What do you like to eat?" "I'm not picky," he said. "I eat what's in front of me. Sometimes I don't even notice." "Okay," she said. "Will you let me order for you this once? I know the things the cook does best. Is there anything you don't like?"

He didn't eat fish or shellfish, but he was open to her choice, and might even try something he hated. Wasn't this place famous for shrimp? "You'd like our shrimp," she said. "We have the whales tonight. Can I fix you up half a dozen? That's hardly anything. They'll soak up the ale." When she served him, and after the hot smoke of peppery spice made him sneeze, he collected himself, and asked her the difference between beer and ale. He knew what stout was, but could she explain? She could.

B

Sam was in the flow-blue vase, wedged into a bookshelf, across from her consulting chair. The fit was tight, but he was in there next to the blue-bound standard edition of Freud and wouldn't topple, even if the room were struck by hurricane winds. There was no lid, so she fitted in a cookie jar lid, wrapped in an embroi-

dered hankie, freshly ironed. The blues matched, and it seemed that it had always been there. She'd had two dreams. In the second, Sam was Aladdin. Laughing at this apparition, she woke herself up, because he started to sing. When she was fully awake, she thought of the tape they'd made of a song he'd sung, "Willow, Weep for Me," at Lizza's wedding. It was a favorite, and he had a beautiful voice – not beautiful, but good enough. Surprised, the bride came over to stand beside him, joining him in the chorus. Where was that tape? Lizza had it. Would she be able to find it? She was no housekeeper, and married to such a tidy man. Maybe he'd know where it was.

Thinking of Lizza, her mind leapt to Nate, who called every night but hadn't set foot in the house since the gathering after the memorial. No one from the family spoke, but they were spoken for, as tributes were paid to a man devoted to every part of his life. His brother the priest recited a prayer they'd said as children. Sweet, and not too Jesusy. Religion hadn't been a problem for her and Sam. Each of the kids went a separate way – Lizza identified as a Jew, Nate as a Catholic. Both families were upset by how lackadaisical the married doctors were about the religious life of their children. The priest was ten years older, the eldest Adam. He said the funeral Mass, but there was no casket, and the ashes were already deposited in the Ming, a wedding gift, something Sandy had always loved, that her grandmother had brought over from the old country (Poland, then Germany, and now Russia). It was Chinese – of that her mother was sure – but no time to pack papers of pedigree, if they'd ever had them.

Dr. Bentham-Adam had twenty minutes before her second patient; the first one had canceled. She eased out of her chair and went over to the bookshelf. The vase was really jammed in there. When she kissed its smooth flank, she saw that the blue books needed dusting, but she didn't want the cleaning lady touching anything, so she took a wad of tissues, and prying out a volume (not in order), she almost dislodged the vase. The volumes were in there so tight that yanking out one had rocked the case; so, after sweeping the tissues over the spines, she blew over the tops until she sneezed and had to sit down. "It's okay," she said out loud. "I'm okay," but she was trembling, and everything was so hard, and why had Sam left her at the moment when there was so much

more life to live? Wasn't that just like him to sneak away? She eyed the vase: well now he was stuck here; there was nowhere else for him to go. "You have to stay put now," she said out loud. But at that moment, she decided to move him upstairs. This was the wrong place. Now she knew.

A

Madelyn told no one her middle name, and only used it when necessary – on her passport and driver's license – but then she told the spy. It wasn't fair to say that he'd wormed it out of her, but maybe he had. He was interested in everything, but everything had a hole in it, and in that hole was the heart surgeon, whose name didn't surface, even when asked. ("So you've never been married, Dr. Smith?") The spy had moved once again, to a residential hotel. His hair was growing back; it was a brownish gray and fine. He had a rosy complexion and brown eyes – beautiful coloring that emerged as his health returned – and he had the use of his legs. There were many things he couldn't say, so their time was devoted to her. She felt a stiffness in her answers, as if each were part of a board that buckled when a piece was extracted. The answers stayed factual, colorless. She didn't sound like herself,

"Why are you so interested?" she said.

"You always say that. Why wouldn't I be interested in you?"

They had dined out twice and gone to the symphony. He invited her to his suite for an after-concert drink, but she declined. "I'm driving," she said. She wasn't even ready for the kiss in the parking lot, and when he called the next day, she let him leave a message, needing more time.

The analyst wanted to know why she needed more time, and Madelyn could feel the urgency building in the chair behind her head. The "work," as Dr. Bentham-Adam called it, was like trying to lead two lives. They both felt real. "I haven't told him about *you*," she said, and in that way, and at that moment, the analysis swallowed the life around it, the way it was supposed to. Madelyn felt it happen, like a mouth opening wide, and closing, and she wanted to describe it, but the hour was up.