

is out of his misery," he said to me. Mrs. Carter sat heavily on the couch; she looked up at me but said nothing. Mr. Carter went back to ministering to her.

The visiting nurse was on the phone to the funeral home.

She pointed to a room with a closed door. Inside, Hobart lay on his back, his head slightly to one side, his mouth open, his eyes open. His fringe of hair had grown long and wispy since I last saw him. I pulled the sheet away from his body which was lean and emaciated. The unremitting fever had consumed the body, burned it down to this stringy remnant. There was the loud sound of sobbing in the next room and the sounds of children laughing and playing outside. Hobart's face was incredibly sad, the eyebrows raised quizzically.

I put on gloves. I percussed down his chest to find the liver and settled on an interspace between two ribs. I pushed the biopsy needle in, felt it pop through skin and then slide into the liver. I advanced the hollow inner blade, then pushed the outer sheath over the inner blade. I pulled the whole thing out and held the needle tip over the bottle of formalin. A tiny wormlike core of tissue slid out of the needle into the bottle.

I got three or four more pieces of liver. Stab. Stab. Stab.

Then spleen. Stab. Stab. Stab. Heart. Stab. Lung. Stab. Into formalin.

A small victory here: this virus had killed Hobart. But it was not going anywhere from here but to formalin or to the crematorium.

THE WEEKEND WAS DRAWING to a close. All thoughts of the Little Black Dress had faded. I hammered out a paper describing the paradigm. The two maps accompanied the manuscript. I submitted it to the *Journal of Infectious Diseases*. The editor for the AIDS section, Dr. Merle Sande of the University of California, San Francisco, an internationally known AIDS expert, called me when he got the manuscript. He loved it! He thought it was important. But would I, instead of including just facts and figures, please add in a few anecdotes, individual case studies? I was delighted to.

The paper was a beginning, a rough start on a larger story, the story of how a generation of young men, raised to self-hatred, had risen above the definitions that their society and upbringings had used to define them. It was the story of the hard and sometimes lonely journeys they

took far from home into a world more complicated than they imagined and far more dangerous than anyone could have known. There was something courageous about this voyage, the breakaway, the attempt to create places where they could live with pride.

No matter how long I practice medicine, no matter what happens with this retrovirus, I will not be able to forget these young men, the little towns they came from, and the cruel, cruel irony of what awaited them in the big city.

## 29

THE WEEK BEFORE THANKSGIVING, support group was much smaller than usual. Amazingly, old Ethan Nidiffer, despite his emphysema and his infirmity, had not missed a single session; he had even attended more often than Fred Goodson. Sitting next to him was Jacko, the KS on his eye hanging down like a shade. Vickie McCray sat next to Jacko. Fred Goodson was in his usual role as facilitator for the group. Other persons with HIV showed up sporadically; many lived much too far away to make it down.

At the last meeting, Luther Hines had shown up, stunning everyone in the room by his appearance. (Vickie, when she called and told me about it, said Luther had looked like a "*Friday the Thirteenth* character.") Sheer willpower kept him upright. There was no muscle on his bone. He had sulked and tugged at his Hickman catheter. He had coughed without bothering to cover his mouth, a wet cough directed into the center of the group. And when he was asked to speak, he had launched into a tirade about me, about his parents, about persons with AIDS in general. No one had wanted to stop him. It seemed a miracle that a skeleton could harbor the energy to talk and also muster so much hate. Finally, even he tired of it, and he marched out in disgust. Raleigh, who had seemed determined to titter his way through every support group meeting, was, for the first time since anyone could remember, shocked into silence.

Bobby said now, "I hope Luther don't show up. I swear I can't bear the sight of him. And I was sitting next to him. Talk about bad breath, *pheweee . . .*"

"Bad breath is better than no breath," said Ethan Nidiffer, puffing for breath even as he said it.

"In his case no breath might be a plus," said Raleigh.

"But where's little Petie Granger?" Bobby asked. "Haven't seen him for a while."

When Petie Granger came to support group, he usually sat between Raleigh and Bobby. He had been ribbed so much about his "back in Baltimore" utterance that he no longer used it.

"He called me four weeks ago," Jacko said. "I think he only calls when his folks go out. He said he was getting weaker. He said he thought he had so few T cells that he was giving them names."

Bobby Keller said, "We ought to all go pop in on him at home, pay him a visit."

"Right, Bobby. That'll be well received, his parents will *love* that," said Fred. "They don't even like him coming here. They don't care for it when my sister calls from TAP."

"Well I miss his 'positive thinking,'" said Bobby Keller, imitating Petie's unique hand and head movement and getting a laugh from Raleigh.

"You mean his whining, don't you?" said Ethan.

"Now you don't mean that, Ethan, as much as little Petie loved you, had the hots for you."

"He's not my type, Bobby. And neither are you." He looked at Raleigh now. "Or you. Especially you."

"Well, I wish I was somebody's type," Bobby said. "I tell you all, I am looking for a man. He has to have five things." Here Bobby held up five fingers. "One, he has to be younger than me; two, he has to have his own car—"

"—That rules me out," said Raleigh.

"—Three, he has to have his own place and not be living with his mother; four, he has to have money."

He stopped now and said nothing. Vickie couldn't take it anymore: "You said five. What's the fifth thing?"

Bobby was still holding up his little finger, "The fifth thing I'm not telling on account of a lady being present. But I'll tell you what, the fifth thing better be a whole lot bigger than this finger."

Even Ethan doubled in laughter and had to reach for his inhaler to get his breath again.

Vickie interjected, "If you all are quite done, I think I'd like to say something about the quilt. I am making a panel for Clyde. And I know Fred and Bettie Lee are making one for Otis. And I feel like we should make a panel for Cameron Tolliver. We should set up a night where we meet and make a quilt panel for him seeing as he has no one that will make one for him."

This was agreed on as a good idea. A night was fixed when they would all meet at Vickie's trailer and begin the job. Vickie had received all the instructions on how to make the quilt panel.

Only Ethan Nidiffer grumbled about it. "I tell you," he said, "I don't want my name on no quilt."

"Well, you have to be dead first, so don't worry about it," Raleigh said.

Fred intervened: "Coming back to something else we talked about. It would be a nice thing for us to do what Bobby said: not visit Petie, but we could call him. In fact, why not let us devote this meeting to those who can't be here. Let's call the members who are not here and just wish them well. Thanksgiving is coming after all."

There was some discussion and it was agreed that this was a good idea. Fred brought in a speaker-phone from the minister's office. He insisted if they were going to call, they should call *all* the members—even Luther. When Luther Hines picked up his phone and Fred explained that they were calling to wish him well, Luther said, "Wish me what?"

"Well, *harrumph*, just to wish you well, and Happy Thanksgiving and all that."

"WHAT THE HELL DO I HAVE TO BE THANKFUL FOR?" Luther yelled and slammed the phone.

"He ain't getting none of my turkey," Bobby Keller said.

Old Ethan was livid: "I ought to go up there and put him out of his misery with my shotgun."

The last phone call was to Petie Granger. It was a while before the phone was picked up.

"Hello?" a woman's voice answered

"Can we speak to Petie Granger?" Vickie asked. It had been agreed that she would do the talking since the family was suspicious of men who called.

"Who is this?"

"Vickie McCray from the TAP support group."

". . . Petie died two days ago . . . the funeral was this morning. . . ."

Vickie was unable to say anything. The woman on the other end quietly disconnected the phone.

There was a shocked silence in the room. Raleigh began to cry. Bobby put his arms around him. Everyone stood up, hugged each other—even Ethan participated in the hugging—and then one by one they shuffled out.

THE MORNING AFTER Thanksgiving, before I went to work, as I sat down for a rare home-cooked breakfast, Rajani suggested we go to counseling. And I had a shocker for her: I told her I thought we should leave Tennessee on a sabbatical instead.

We were both taken aback. I knew the marriage was in trouble. But I felt as if it was primarily because we were living in a war zone. I imagined this period in my life as a strange and horrible time, the way it must have been in England during World War II: Each time you saw a friend you wondered if he would return. There was a sweet nostalgia that crept into all your actions at such times. You looked at every building and wondered whether it would be around the next day, whether your neighbor would be there to greet you.

I said I wanted to think about counseling. I wondered where I would find time. Time—or lack of it—seemed to be the essence of our problem. How would a counselor find me a way to free up time, while taking up more of my time?

"You can make time. If you can find time for Allen, for tennis, for your patients, you can find time for this. If you want to do it," she said. She was shaken that I could consider leaving our town.

THEN, AT LUNCHTIME, a patient sitting two booths down in the smoking section of the VA cafeteria exploded. There was a flash, a bang and a scream—all at the same instant. I whirled around to see green nasal prongs trailing down from his ears, a mini-oxygen tank strapped to his wheelchair. He stared ahead with a petrified expression as if he had been struck by lightning. His hair and eyebrows were singed and still smoldered.

At dinner that night, the phone rang and I heard that Will Johnson in Kentucky had died. I went into mourning. I had to wait a week until Will Junior stopped in Johnson City before I heard the end of his father's story.

Will Junior told me he had asked his father a few days before his death, "Dad, are you scared?"

"Afraid of dying? No, I'm just angry. I'm afraid of the process. I'm afraid of what I have to go through to get there. I have these bad visions of choking to death or gagging."

Two days before he died he called Sarah Presnell. He said, "I'm in despair. I don't want to feel any more pain. Can we turn up the morphine? But before we do, I want twenty-four hours without morphine so that my head is clear and so that I can see the family."

In his twenty-four hours of lucidity, he said his goodbyes to his wife, children and grandchildren. The morphine was turned back on and he slipped into coma.

"The instant Dad died, we felt we had achieved a victory of sorts. It was like a touchdown, was the way I felt. Mom was weeping, but I think she felt the same way. What a life! And the suffering was over. We patted him, as if to say, 'Way to go, Dad. You fought long and hard. What a life, Dad! What a life!' I had a sense that I was sending Dad on to a better place. And it was a victory for him and a defeat for the devil. There were tears, a lot more tears to see how hard Mom was taking it, but there was joy in his death, in the end to his suffering."

Will Junior said he kissed his Dad's feet and his forehead. He remembered marching out of the room backward, not wanting to turn his back on his father's body. The body was taken at once to the crematorium.

"You know, as soon as the body left the house, and I was sure that Mom was OK, I drove into town to get Kiwi polish for my shoes. I

wanted to make sure my shoes were spit-shined for the wake and funeral."

"Why?" I asked. He looked at me sheepishly. "I guess I can't explain it. It was my way of honoring Dad; it was very important to me. All I can say is that Dad would have looked down and understood exactly."

"How exactly do you spit-shine a shoe?"

"You take the cloth and wrap it tightly around your finger. Then you take a little polish and a drop of water, apply it to a section of the shoe the size of a quarter, and you rub and you rub until a shine emerges. You do this section by section. You need strong fingers, lots of elbow grease, and lots of patience. But when you are done, those shoes are so shiny you can look in them and shave!"

Will Johnson and Bess had planned their funerals, just as many years before they had planned their wedding. They picked the hymns and the verses from the Bible. They decided that the children should not participate and there was to be no eulogy. Will told his son that he did not want the funeral to focus on him. Instead he wanted people to see the glory of God.

The church was packed. The Brother Rats had their own little section, which Will Senior had reserved for them. His father had picked as the opening hymn, "Onward Christian Soldiers."

The text was from Paul's letter to the Romans. It had to do with faith, with unwavering belief in Christ. Will knew that so many of his business associates and his Brother Rats would be there and he wanted to reach them with the message. The preacher took the congregation through the text and he ended with this comment:

"It was here and nowhere else that Will Johnson put his confidence and hope, his trust. And he asked me to tell you today what answer God had for him. He knew that he would have many friends here today who did not know this truth. That is why he chose this text and asked me to speak to you frankly about it. This truth stands validated for Will now. But what of you? It was *sure* for Will, it *must* be for you and me, too."

Only the immediate family went to the cemetery to bury the ashes. They read Psalm 23 at the grave site. Each family member took turns scooping ash out of the urn and placing it in the ground.

Will Junior told me when he dipped his hand into the urn, he could feel his father's bones in his hands. And after he scooped up the ashes

and put them in the grave, there remained dust on his fingers. He brought his fingers to his mouth, kissed them.

"I wanted in this last act to be a part of my father, to have my father within me. Though I think my wife looked at me strangely, it seemed the most natural thing in the world for me to do."

"Did people know that he had died of AIDS?"

"There was no direct mention of it. But more than a few people knew. Some Brother Rats had come by to see Dad a few weeks before that; they knew and they told him they were with him.

"And the night of the funeral, my cousins from Washington, D.C., who had driven down to be there, were sitting in the cocktail lounge of the Holiday Inn. They heard some local say to another, 'Isn't it a shame that Will Johnson died of AIDS? And you know what? His wife has it too.'"

AFTER HER HUSBAND'S DEATH, Mrs. Johnson continued to lead a vital life. She would invite a grandchild over for a day and bring all her attention to the child from morning to evening. She continued to play the piano in church until she was too weak to go on. After the Sunday church service, she would do as she had always done, invite people—newcomers in particular—to lunch at her home, where she would have had a pot roast in the oven. But when she was asked by her son or daughter how she was doing, she would answer, "I am brokenhearted. Just brokenhearted." And then, in just a few months, she wasted away. She began to have severe diarrhea. She seemed mad with the world, something no one had seen in her before.

Each day was a painful wait for the end to come. AZT, which had been made available to her early through a clinical trial, seemed to have lost its effectiveness on her, and she now quietly stopped taking it.

A few weeks before her death, she called her son and daughter into her room. She said to them, "I want you to know that I am quite ready to meet the Lord face to face. I want you to know that everything is all right. I am now consigning your care to His hands, and He will look after you and guide you." She then asked her son and daughter to take her to the cemetery. She wanted to see the plaque in the ground with her husband's name on it that had recently been completed. She was so weak that Will Junior and his sister had to support her every step.

"It was the most awful walk for my sister and me. We knew that very soon—maybe even in a week—we would be making this walk again, but instead of supporting our mother between us we would be carrying her ashes."

She was in a coma for many days. Every hour she would groan, and Will Junior and his sister would take turns holding her, kissing her.

When it appeared that the end was very near, everyone put hands on her just like they had done for their father. She was resting against Will Junior's chest letting out little "hooos. . .," each one louder than the next. They became more forceful, as if she was giving birth, as if she was trying to get out of her body. Just as for Will Senior's death, they urged her on her voyage, coaxed her free from a body that, though familiar, was diseased and wasted.

But when she died, the weeping was more intense, the sense of victory less acute than when her husband had died. Will Johnson was the fighter—the metaphor of battle and victory that he espoused had come to a head at the time of his death. He had won the fight. For Bess Johnson, her infection, her illness and even her death were quieter, more tender and tragic.

Will Junior, tears flowing uncontrollably, kissed his mother's forehead and her feet and backed out of the room, making a square corner into the kitchen. He had work to do on his shoes.

Whereas Will Johnson's funeral had been forceful and the message potent, Bess Johnson's funeral was much more poignant. There was no eulogy. She had wanted the hymn "Holy, Holy, Holy" sung. The congregation had then recited the Apostles' Creed, ending with, "I believe . . . in the forgiveness of sins, the resurrection of the body, and the life everlasting."

She had asked that the sermon be from John 11, verses 25–27: ". . . I am the resurrection and the life: he that believeth in me, though he were dead, yet shall he live. And whosoever liveth and believeth in me shall never die."

After the reading of Psalm 23, the service ended with the hymn, "All Hail the Power."

Will Junior and his sister, orphaned by this terrible virus, made the trip to the cemetery once more. They took turns scooping the ashes into the ground. Once again Will Junior kissed the ash off his fingers.

VICKIE MCCRAY HAD started going to church, a different church than the one her cousins attended.

For a while she liked the preacher. She had confided to him about her infection, and he had taken the news well and was full of sympathy. Then, a few weeks later, he called her and asked her if she was willing to stand up at church and tell the congregation that she had AIDS.

He said to her, "Let us carry your burden for you. It will also allow us to introduce this topic to the church."

Vickie had answered him, "And why would you want to use me as a specimen?" Danielle begged her not to even dream of it because so many of her classmates went to the same church. Vickie told the preacher, "What I would like to do is keep coming to your church and get to know the people and tell them when I'm ready."

The preacher persisted: "I feel like my congregation would support you. I know my congregation. I know what they will do."

"Oh no you don't. 'Cause you just done lost one member of your congregation."

Meanwhile Vickie was more and more active with TAP—Tri-City AIDS Project. She was crisscrossing the county, going up to see Bobby Keller every other day, taking care of Jacko. Jacko was deteriorating, losing more toes, having the KS lesions growing both without and within, squeezing out his life.

She said to me, "I'm beginning to believe that I was given this disease for a reason. I was just this everyday, typical housewife, taking care of the children, cooking meals for everyone, and waiting for my husband to come home after each evening's work. I didn't get the chance to go out much. I didn't go to bars. I didn't meet very many new people. My life just revolved around my family. We never had vacations, though we did go camping quite a lot. We went to big places where we could fish and swim, and we had a good time. But as I look back on my life and compare it to the way it was then and now, I say, 'Wow!'"

It was indeed a TV movie sort of transformation. Vickie's hair had grown back fully. With Clyde's insurance money, she had bought a four-year-old Camaro and was applying for a housing loan to move away from Tester Hollow to a subdivision of Kingsport. She was creating a new self.

"I feel like a bear that's been in hibernation, you know what I mean? I have become a person I didn't know existed inside of me. I know I can make friends. I know I'm respected after people get to know me. And my heart is so full of love to give to them who need it. I'm so active in every organization I join. I'm now on the board of TAP! Can you believe it? An old country hick like me? I'm living my life to the fullest and thanking God for each day that I'm here. Life is so precious, Abraham, and there's so many people that don't realize it. So if anything, this disease has made me take a long look at how things were before I got it and afterward. I'm more of a complete person than I ever was." Here she pounded her right fist into her cupped left hand. "I set goals for myself that I'm determined to fulfill. I am somebody. I'm happier now than I've been in a long time. I enjoy life more now."

I couldn't believe what Vickie was telling me. There was something a little desperate here, a measure of denial. But the new life she had created was one she was justifiably proud of. So was I. I just had a hard time getting the future—her future—out of my mind.

Vickie read my thoughts. "But I'm also realistic. I know that what I have is like a time bomb waiting to blow up in me and cause this terrible AIDS to begin. But I can't let it rule my life, get into my train of thought all the time and take away the best fight that my body possesses, and that is 'positive thinking.' I'm going to fight this disease with lots of laughter on account of, you know, it will boost my immune system."

I nodded. I believed laughter did a lot more than most things I prescribed.

She went on: "I've had a lot of sad times and probably a lot more to get through. But it helps having very special friends to talk to. I appreciate Carol at your office and I appreciate you. But my friends in support group are even more special to me because they know what I'm going through. They've been through it themselves. But I tell you what, Doc, there's much more to life than sitting around waiting to die. There's so many people with this disease that I've seen just give up on life, give in to this disease, and let it take over their lives.

"After I lost Clyde in that most horrible way, how much more horrible could anything else in my life be? I'm not scared of death one bit. And when it comes, I'll deal with it. I've made arrangements for my

kids—I have a cousin what is well off and wants them both. Meanwhile, Doc, guess what: I have just enrolled in nursing school!”

I gave Vickie a big hug. I was so proud of her. I had watched her transition from housewife to household head to widow and now to nursing student. I told Vickie that I would come from the end of the earth for her graduation.

“Why? Won’t you be here?”

“I might not, Vickie. I might not.”

She shook her head as if she did not want to think about it.

I asked Vickie the question that had always nagged me: How was it that she managed to retain so much love for Clyde? In her journals, her poems, which she shared with me, and in the pictures on the wall, she had memorialized him. Yet this was the man who had cheated on her constantly with both women and men. He had had an affair with her own sister. This was a man who gave her a disease that might take away her life, make her children orphans.

Vickie’s face took on that same teary-eyed, somewhat shamed expression as when she had exposed her scalp to me in clinic three years before.

“I don’t know. I can’t explain it. You know, when I caught him with my sister, what I had done is drive out to the store and then before I got there, I turned around and coasted home, cutting the engine off so they couldn’t hear. And sure enough, her car was right there. I just bust in there and let them both have it. I remember I took my ring and threw it at him. It was the worst moment of my life.

“And then no more than two weeks later we’re back together and he’s sleeping with me. And I was thinking, ‘How does this man have the nerve to sleep with me again when he knows I can just slice it off with my knife and hand it back to him and say that’s what you get for sleeping around?’

“See, Abraham, I don’t understand how he was able to attract those women, how I even forgave him. Why, he hardly spoke a word—he was backward, to tell you the truth. And I don’t know why I still love him, but I do.

“It’s almost like I’m still looking for him. I’ll be driving and I’ll see a dark-haired man with a mustache and my head will spin, as if it might be him. It’s the strangest thing, Abraham.”

## 30

**L**IE AWAKE AT NIGHT, the household fast asleep around me. I am now plotting the unimaginable, the sacrilegious. No: not the Little Black Dress. Worse than that: I am thinking of how I will leave my Mountain Home, leave Tennessee. Steve Berk has suggested I take a leave of absence rather than quit. I have been looking for a research or scholarly project to pursue outside Johnson City. I have told my patients and they have accepted it quietly. But I worry that they think I have betrayed them.

It was a crazy day: Roly-poly, jolly Bobby Keller died.

And Luther Hines is in the hospital refusing to die.

And Jacko is at home, near death. Vickie reports that one by one his toes are falling off. I have a notion that one toe—perhaps the last one—is attached to a guy wire that holds up his viscera. When the last toe falls, everything within will collapse. The lungs and heart will crash through the diaphragm onto the liver, breaking it free from its ligaments, carrying the spleen in its fall, and the whole lot go crashing to the pelvic floor.

Fred the bear and Vickie McCray—I think of them as the brave generals who lead the battle charge and will never admit defeat—are doing well. They report the casualties to me.

The “infection” dream is so frequent that many mornings I wake up and, even when I have shaved and showered, I am still having to convince myself that I am uninfected. Perhaps my insomnia of the last six months is an attempt to avoid the infection dream.

Idly, in the silence of the night, unable to sleep, I percuss my body, map out my organs, take an internal poll: liver, spleen, heart, lung—how do you feel? Do we leave or not, guys? I think of Hobart Carter and how I went to his house to biopsy his organs. I had percussed his Christ-like corpse just as I am percussing myself now to find my liver. Did his liver in death sound different from mine in life?

I was taught how to percuss the body so long ago: it was the first day of June 1972. That night, like tonight, lying flat on my back, the sheets pulled away and the lights off, I percussed my liver. I started just above my right lung, high, at the level of my nipple, pressing the middle finger of my left hand against my skin. I cocked my right wrist and let the fingertips fall like piano hammers: *thoom, thoom*.

"Resonance!" I said to myself, picturing the air vibrating in a million air sacs, a million tiny tambours.

I moved down an inch: *thoom, thoom*. Farther down and farther still, and then suddenly, *thunk! thunk!*—dullness. I had reached my liver, airless and solid.

I returned to my nipple: *thoom, thoom, thoom, thoom*, and then *thunk!* I lightened my stroke: there was no longer any sound but there was still a vibration in my stationary finger—the pleximeter finger—which told me where the air sacs ended and where, high under my rib cage, under the domed diaphragm, my liver began.

I traversed my liver, following its dull note into the belly until the *thunk! thunk!* was replaced by a sharp and high-pitched *tup! tup!*—"tympany!" It was the air that had been trapped in the loops of my bowel. No longer confined to little sacs, it was free to vibrate like the air in a conga drum—*tup! tup!*

As a young medical student, I percussed everything in the joy of discovery. I percussed table tops, to find the stony dull circle where the leg joined the underside. I percussed plaster walls, looking for studs. I percussed tins of rice flour and the sides of filing cabinets. But in the dark, just as tonight, it was my own body that I percussed. As I drifted to sleep I saw myself as if transparent, my viscera, both hollow and solid, shining through my skin.

But tonight, unlike those medical student days, sleep hovers far away and I continue sounding my body. I think of my hero, Charles Leithead, who taught me percussion. He was professor of medicine at the

Princess Tsahai Hospital in Addis Ababa, Ethiopia. I was a third-year medical student. It was only a few years before Haile Selassie was deposed and the country came unglued.

Professor Leithead, who favored dark, pin-striped suits and Edinburgh ties, was bald except for a fringe of gray-white hair that hung long over his collar. Half-moon, tortoise-shell glasses were perched on the very tip of his nose.

At the time that I came under his preceptorship, I harbored secret fantasies of specializing in heroic neurosurgery, high-risk perinatology, surgery of the open-heart-and-transplant kind—as did my two fellow students, Tom and Arsalon. We were convinced that it was only by specializing in these fields that we could achieve the Dr. Kildare-ish charisma that we all secretly sought. As it turned out, most of us who met Charles Leithead found a higher calling than surgery or perinatology: we became internists.

We met Leithead in the hospital every other afternoon for a bedside tutorial. Leithead was about six-two but had a way of slumping his shoulders and bending his knees when first introduced to the patient, as though trying to make himself more human. After introductions, he would sit by the bed and hunch forward, crossing his legs English style, and then—as if that had not been enough—would hook a foot behind the calf of the other leg so that he was now double-twisted, vinelike, a seated caduceus. The spectacles would come off and he would bend over as if studying the tile pattern on the floor. The professor's command of Amharic was good enough, we suspected, for him to understand most of what transpired, but we translated for him nevertheless. The corners of his mouth would twitch or his chin draw up as though he was going to cry as we gravely described the case before us.

One case I remember was that of Woizero Almaz. I described to the professor how her symptoms unfolded. Almaz, having squatted beside the market road to pee, noticed that her water was taking a dangerous course. Emerging from the perimeter of her skirts, the narrow ground-stream had crept toward a nearby coil of rusty, evil-looking barbed wire. Ever since her water had touched the wire, Almaz had suffered pain in her hips, night sweats, fever. I asked more questions, but Woizero Almaz looked only at the bald pate while answering. Her gaze remained rooted on the Great White One. When I finished my history, we all

looked at each other while our preceptor continued staring at the floor. Finally he spoke.

"Ask Woizero Almaz for me, would you, if . . ." And the questions, in a strange Yorkshire accent, would then emanate from this twisted vine, each piercing some protected enclave that the patient—her eyes bugging out—had not thought fit to share with us. Now, terrified at the clairvoyance of this foreigner with the white mane and the black serpent of a stethoscope coiled in his hand, she spewed out reams of history, well beyond the tales of barbed wire and bad humors and evil miasma that we had heard thus far. Other patients had been known to throw in cries for forgiveness.

Leithead rose to examine the patient, bringing his head close to inspect her skin and her bony landmarks, then stepping to the foot of the bed and squatting to "sight" down her body to see if both sides of the chest rose and fell equally, only then probing with his fingers. He percussed smoothly, rhythmically and rapidly: quick strokes—*thoom-oom-oom*—before moving on, each triplet melodic and crisp, mapping out the borders of the lung, the edges of viscera, a silhouette of the heart. Finally, almost as an afterthought, he put his stethoscope on her skin. All this was done with great economy of time and motion, as if this was not an examination but some sort of bloodless surgery. Now, having understood the case, he would demonstrate each of his findings to us, letting us see and feel and hear what he had experienced, leading us in Socratic fashion to a diagnosis. "Never forget," he would say, "inspection, *then* palpation, *then* percussion, finally auscultation." He would look at us curiously and ask: "Which is the least important instrument in our armamentarium?"

"The stethoscope, sir!" we would bark out.

"And why is that, pray?"

"Because, sir," we would chant, "by the time you have looked, felt and percussed, you should know what you will hear!"

I LEAVE THE HOUSE AT 5:30 a.m. I pick the *Press* off the front porch and scan the first page before placing the paper back on the doormat where Steven will discover it in an hour or so and take it up to his mother.

A fine mist is in the air creating halos around the street lamps and making every tree look ghostly, as if a shrouded figure stands behind it.

In a few weeks there will be frost to scrape off the windshield, gloves to be worn.

Under the streetlight, I see the silky tracks left by the snails on the pavement, a slimy carpet they roll in front of themselves. The snails seem unaware that warm weather is over. I study the paths of their wanderings, their drunken meandering out of the hedges, up the foot-path and then looping back. They crisscross each other and I bend low to see if I can tell which traveler has gone most recently. I wonder if there is an order to this confusion of interweaving lines. Is there a set of rules that snails the world over follow, a code that if broken reveals an intricate pattern underneath this chaos?

I stop at the vending area next to the VA domiciliary canteen; I am starting so early that the Miracle Center's coffee and doughnuts will not be out. For a quarter, I get coffee and the bonus of my horoscope printed on the paper cup.

I see the shadowy figure that I know to be old Bill Mulrooney standing by the door to the mess hall. He wears a tasseled, broad-beamed hat. In the morning mist he can pass for Lee at Appomattox waiting to surrender to Grant. When I come closer, I notice he is sniffing in the cold.

Bill's goal in life is to be first in the chow line. For years he has had no competition. Recently another old veteran, Edward Harless, a transfer from the Murfreesboro VA, has started to compete with him. On one or two mornings I have seen them race-walking and then finally running flat-out to the door while the rest of the VA sleeps.

Bill Mulrooney is a Bible nut. This morning he calls out to me: "Hey, Doc. You know the shortest verse in the Bible?"

"*Jesus wept, Bill. Jesus wept.*"

THE VENDING MACHINE ROOM this morning smells strongly of stale cigarettes. In two hours the smoke will be so thick that you cannot see the far wall. If they ever tear the building down, the smoke will be found to have penetrated the heart of each brick. A few insomniacs and a few of the early risers who need that first cup of coffee to get their bowels going are seated in the booths. By midmorning, there will be no place to sit, as a dozen men will be stretched out on the seat cushions, their legs jutting out of the booth, sometimes snoring loudly.

I look for and find Red sitting in his favorite corner booth. He sits attentively, his hands on the edge of the table, as if at any moment someone is going to put a test paper and a No. 2 pencil before him and tell him to begin.

My guess is that Red is only in his late thirties—very young by VA standards—with a baby face and yet with hair that has turned completely white. If you ever ask him why he is called Red, he will say, “Well, I tell you. Back when I was younger, I used to work for the CIA, I had red hair and they used to call me Red.”

“What kind of work did you do for the CIA?”

“I don’t rightly remember. See they took me and brain-wash-ed me is what they did. Brain-wash-ed me.” Here he will make a scrubbing motion with his hand.

“Why? How?”

“I don’t know why, Doc. They put this metal thing on my head and I believe they shocked me?”

“How do you remember that?”

“It’s about the only thing I still remember.” Then he will smile, come close and whisper conspiratorially: “But they don’t know I still remember that!”

Last summer he told me that *they* were sending him to the Murfreesboro VA.

“Who?”

“The CIA boys!”

“Why?”

“They say I’m mad.”

“You are?”

“No, Doc. I don’t think so.” Here he will look around, lean close and whisper, “Between you and me, they know I’m remembering too much.”

Two weeks before, I had seen Red in this room after a long absence. I had approached him with delight, pleased to see him in one piece, though looking a little older, the shoulders drooping a little more. He had looked at me blankly when I walked up. He stuck out his hand and said his name was Red. He had no memory of me. We had started all over again. He told me why he was called Red, told me about the CIA. The part he could still remember.

IN THE MIRACLE CENTER intensive care unit, the chief resident discusses the readings taken from a Swan-Ganz catheter that sits inside the heart of a Mr. Tobias. The students and interns are wrapped up in the medical issues of his heart attack, in the urgency of a situation that has lost all its urgency for me. The debate goes from a pacemaker to digitalis. While they debate, I picture Sir William Withering, the discoverer of digitalis, holding foxglove in his hand and wondering if it really cured dropsy, as his patients claimed, or merely created that illusion. Secretly, I believe it was the word, *foxglove*. Listen to it: *fox* and *glove*. What incongruous images: how impossible not to smile. I would like to think that it was the sight of those long tubular flowers spilling from his fingers, purplish and vibrant, that made him pursue his investigations.

We are nearing Luther Hines’s room. I know. I can smell it. There are so many distinct smells in medicine: the mousy, ammoniacal odor of liver failure, an odor always linked to yellow eyes and a swollen belly; the urinelike odor of renal failure; the fetid odor of a lung abscess; the acetone-like odor of diabetic coma; the rotten-apple odor of gas gangrene; the freshly-baked-bread odor of typhoid fever. But this new smell that is not yet in the textbooks tops them all. Now, the redolence is so strong my nose wrinkles. I ask the students and residents if they smell it? They look at me strangely; one student, an obliging fellow, says, “I think I do.”

It is the smell of unremittent fever in AIDS, fever that has gone on not for days or weeks, but for months. It is the scent of skin that has lost its luster and flakes at the touch, creating a dust storm in the ray of sunshine that straddles the bed. It is a scent of hair that has turned translucent, become sparse and no longer hides the scalp, of hair that is matted by sweat, and molded by a pillow.

Luther Hines, who had walked into my office looking like death so many months ago, a blocked Hickman catheter hanging from his collarbone, a face covered with smallpoxlike clusters of molluscum, and big curds of *Candida* in his mouth, has managed to elude death for so long. He had become my poster boy, a walking testament to how will and belief can make up for lack of muscle, how anger can overcome blindness. He had been blind for weeks now from cytomegalovirus infection but had still continued to sortie out of his apartment, get rides

to the mall, take cabs to our office, cuss out the people he bumped into.

When Carol and I first saw him stumble angrily out of my clinic, refusing admission, heading out to the parking lot, we had given him three days.

Instead he had lived on his own for months, making us all dance around him, punishing us all: hospice, social work, TAP, his parents. When he showed up in clinic it was without an appointment. Nothing was good enough for him: If you went to see him in the emergency room at midnight and you wanted to admit him, you were insulting him. If you did not go see him and had the resident see him, you were insulting him.

I had become immune to his performance, almost admiring of it. I could see beyond it and marvel at his unique kind of courage. So now his performance reached for greater heights: squeezing pus from his Hickman catheter onto his finger and wiping it on his shirt, digging in his mouth for a chunk of yeast to display the inadequacy of your treatment, popping a molluscum lesion between his fingernails. Luther did not believe that HIV was killing him. He believed that our inability to treat the symptoms that bothered him, our prescribing the wrong medications, was at the root of his problem. I almost believed him: Maybe if we could put together the right concoctions we could give him ten good years.

On his deathbed now, Luther looks worse even than he did when he was up and about. His mother and father are in the room, pressed into one corner by our entry. Luther's lips are cracked and his mouth is filled with white patches. He inhales air noisily and erratically into his windpipe, dispensing with the niceties of nostrils, lips or cheeks because of his air hunger. Wisely, many weeks ago, he vetoed a ventilator—it surprised me. I thought out of spite he would say "do everything." But even he had no stomach for that; he had been on a ventilator for a long spell in California.

A wavy frost line has formed over his forehead. Like the remnants left by waves on a beach, the salt from his sweat has condensed on his brow. His skin is hot to the touch.

I call out loudly, "Luther!"

There is a barely perceptible raising of his eyebrows, a turn of his head, but the eyelids remain half-set. Underneath the lids, the eyeballs

are roving, as if scanning the ceiling, searching for someone. This is "coma vigil," the same as Otis Jackson displayed before he died. In the preantibiotic era, when nothing could be done for most fevers, physicians painstakingly described the features of the "typhoid state," a terminal event. Luther has not only the "coma vigil" of the typhoid state, but also "muttering delirium" and "flocillation"—picking at the bedclothes. Since there is little I can do for Luther, I too point out to the residents the features of the typhoid state. They are not greatly appreciative: Numbers from a Swan-Ganz cardiac catheter have more allure for them.

The medical students and residents are quiet, hovering around the bed, uncomfortable because death is staring at them. I am uncomfortable too, and I am angry all the time now. This is what I think when I lie awake at night: I want to start all over again. I don't ever want to leave AIDS work—what else will I do? The battle of white blood cell and antibody and T cell with virus or bacteria continues to fascinate me. I want to start in a new community with a new set of names and faces.

When I began in Johnson City, I was ambitious, fascinated by the virus and by my patients. I maintained no distance, denying to myself that this was a fatal illness. The future, when all my patients were dying, seemed remote and vague. I convinced myself that I could handle that. But I simply did not understand how devastating it would be to watch. All the stories that I have painfully collected have come to haunt me with their tragic endings, as if I am the author and must take full responsibility. In a new place I can begin again from a wiser and more careful vantage.

The students and residents are waiting on me. I have been lost in thought. What am I supposed to do here, at this bedside? I have, for which I will always be thankful, the ritual of the examination. I put my hand on Luther: his pulse is difficult to detect, a faint thread under my finger. His belly is scooped out and hollow. I can feel the liver, and on the left side the spleen; both are much enlarged. As I press down on his flanks, I feel his kidneys slip under my palm with each breath he takes, pushed down by the descent of his diaphragm.

I palpate Luther's neck, armpits and groin for lymph nodes. I flash my penlight into his pupils, nose, mouth. I pull out my stethoscope and listen over his neck, heart, chest, belly, and femoral arteries. I un-

sheathe my tendon hammer and tap his biceps, then his triceps. I move down to elicit the knee and ankle jerks. Then I flip the hammer over and use its pointed end to scratch softly at the soles of his feet, noting the brisk flexion of his toes and the extension of his big toe.

I have saved percussion for last.

I percuss his chest, and the sound of his right lung is disturbing. Only at the very top, near his collarbone, do I hear the *thoom* of resonance. Below that, from above his nipple to his belly, it is dull; the sound is indistinguishable from the *thunk* of the liver. The lung has been transformed from a spongy, light, pliant organ to a solidifying, consolidating mass. The sounds of my percussion on his body fill the room. *Thoom, thunk, thunk, thunk, tup, tup, tup*. I glance at his parents. They listen to the sound of their son as if mesmerized. Once more: *thoom, thunk, thunk, tup, tup*—even Luther seems to pause in his delirious muttering, his floccillation, to listen to the music of his body, to relax, to smile.

My tools—the hammer, the flashlight, the stethoscope—are scattered on his bed. As I pick them up one by one, I realize that all I had to offer Luther was the ritual of the examination, this dance of a Western shaman. Now the dance is over, and the beeps and blips of monitors register again, as does the bored voice of an operator on the overhead speaker summoning someone *stat*.

We exit the room and in the hallway our little group is subdued. We have six more patients in the intensive care unit to see. We move on resolutely, wheeling the silver chart rack in front of us. My heart is heavy. I am already thinking of nightfall, of the comfort of my bed, my body.

## 31

DECEMBER 31, 1989. New Year's Eve.

Betty, my technician, watches silently as I pack the books in my office and take down my diplomas from the walls. Everything is almost ready for the movers. The last hamster has been given away. The fluorescent lights hum quietly over my head as I walk down the hall one last time.

At home, room after room is stripped down and the stacks of boxes grow higher and higher. My two boys crawl all over the cartons, excited by the activity around.

During the last few clinics I have said goodbye to all my patients. It was difficult and painful. Felix, who will take care of them for me, has convinced the four University Physicians Group primary-care internists to share the HIV clinic load with him: HIV infection at ETSU has now officially become a primary-care disease.

On the glass pane of the front door of our house I have pasted a bumper sticker that reads: IS THIS HEAVEN? NO, IT'S IOWA. Iowa is where I am headed. My clinical commitment will be in the University of Iowa outpatient AIDS clinic. Along with ten other full-time infectious diseases faculty, a social worker, a nurse practitioner, and four fellows, I will be part of an established AIDS team. I will have no responsibility for in-hospital care. I see it as a cooling-off period—a year at the most—before I reenter the fray somewhere else. I have no am-

bition to do anything but AIDS care. It is my metier. It has found me and will not let me go.

To my tennis buddy, Earl, I leave my Datsun Z; I cannot afford to carry insurance on it. He says whenever I return, it is mine to use. Allen takes my Ford LTD station wagon and works on it for a whole day, replacing belts, flushing out the radiator, changing plugs and points, adjusting the timing, assuring himself that it will carry us safely to Iowa. The car has 110,000 miles on it already.

Both Allen and Earl are certain that I will be back. Allen takes me out into the country and walks me through the six acres that extend behind his barn. It is a perfect plot: trees on one side, a pond, a clearing for a house, a spiraled slope to cut into for a driveway, and an uninterrupted view of the mountains. "You know I'd never sell this in a million years; I won't even listen to offers people make. But if you ever want to buy it, it's here for you. Remember that when you get done in Iowa, Doc."

Rajani is reluctant about this move; she senses, I think, that this is perhaps our last chance. She has agreed to come because she is trying to make herself believe that once I am removed from the maelstrom, I may become someone she can live with again. Rajani believes that safety can be found in the old conventions. But I have come to believe that human life is fast and fleeting, and that our moments of true safety are rare. I fear that this has made me a difficult companion.

By nine in the morning, the movers have loaded the van. We walk around the bare house in shock. Empty rooms. The old house takes back its character. Our presence has been temporary. The place will be whitewashed outside, painted within and the wooden floors polished. Soon it will fill with other voices; the house has seen so many of us come and go.

Our suitcases are on the rooftop carrier of the station wagon. My friend Jay Mehta and his wife, Meena, surprise us by coming by, bringing us a hot breakfast. I am so touched by all of today's acts of kindness. I feel them deeply. We sit on the window seats by the bay windows and eat puri and potatoes, using the plates and spoons Meena has brought. Meena is Rajani's closest friend and I catch her glancing at me with curiosity as if to say, "What is going on with you? Why are you putting Rajani through this? Why leave a perfectly secure job?" I can't explain.

Jay and Meena are longtime residents of Johnson City, the senior-most members of the Indian community. When Rajani and I first came, theirs was one of the first houses we were invited to. Now, the love they show us makes it doubly painful to leave. I push back tears. Before they depart, they bless us formally, wish us God speed. Meena and Rajani hug like sisters. They part reluctantly.

After the Mehtas drive away, I walk around the house with my two boys. They are excited by the prospect of a new geography, new toys, new rituals. They think it is a nice game as we go room to room and say, "Goodbye Steven and Jacob's bedroom, goodbye Daddy's study, goodbye porch, goodbye fireflies . . ." We get in the car and the goodbyes continue: goodbye oak tree, duck pond, and one final stop behind the hospital so Steven can say goodbye to the cranes. We wave at the domiciliary residents on the benches. When we leave the portals of the VA, we say, "Goodbye, Mountain Home."

Rajani's eyes glisten like rain-streaked windows. All around us the morning is so quiet. Only the sounds of the boys break the silence between us. I have only myself to blame for all these goodbyes.

We drive all day with many a pit stop. There is not much traffic on the road—who would move house on New Year's Eve? We sing in the car, drink Cokes, tell stories: Rajani and I work hard—too hard—so that the kids don't feel our sorrow. As the hours pass we leave Tennessee behind us, head north into Kentucky, on into Indiana.

By nightfall we are about to enter Illinois. The back seat is folded down and we have converted the rear cargo area of the station wagon into a cozy nest of sleeping bags and pillows; the two boys are curled around my wife. All three are fast asleep.

Now my familiar Tennessee starscape is behind me. Orion and a Triple-A road map guide my way. It all happened so suddenly. I left my own country, my beloved Tennessee. Perhaps my perennial migrations, almost hereditary, are a way to avoid loss. With deep roots come great comforts. Yet deep attachments are the hardest to lose. Maybe that is why drifters avoid them.

Somewhere in Illinois I feel the weight of five years lift away. It is nearly midnight, the threshold of a new year, a new decade: the '90s. I feel my belt now and assure myself one more time: there is no beeper there! No electronic summons that might sound its shrill alarm, jar my

soul, make my heart race. I feel a lightness in my midriff: I tell myself that the umbilical cords that fastened me to eighty-plus HIV-infected people in Johnson City have detached. I feel so guilty over this sense of liberation. I feel such pain when I think of their faces.

I have lived for five years in a culture of disease, a small island in a sea of fear. I have seen many things there. I have seen how life speeds up and heightens in climates of extreme pain and emotion. It is hard to live in these circumstances, despite the acts of tenderness that can lighten everything. But it is also hard to pull away from the extreme, from life lived far from mundane conversation. Never before AIDS and Johnson City have I felt so close to love and pain, so connected to other people. How can I pull Rajani across the gulf of our experience?

WE HAVE NOW crossed into Iowa. The sky is rich and huge. My eyes are numbed by mile after mile of dark prairie. A sign says the next exit has a rest stop; after that you hold it for fifty miles. I have shot past the exit before it registers that I need to pee and have just lost my chance.

It is midnight or nearly so. It seems fitting to stop and welcome the 1990s in. I pull over onto the side of the road, the wheels crunching on gravel before the car rolls to a stop. The engine is on, the parking lights on, and in the back the family sleeps; I debate whether to wake Rajani and wish her a happy New Year. I decide against it: she looks too peaceful to disturb.

The wind is biting cold, hinting perhaps at what the Midwest has in store for us. I walk out onto the stone border of a field; I move slowly. The black horizon is so huge, the world so limitless here.

I look up at the stars. I feel connected: legs to earth, shoulders to sky. I squint my eyes and see the lines that link stars to make constellations, feel their umbra extend down to me, connecting me with this parcel of land that I stand on. Everything is united: my children, the clouds, God, the moon, the mother of my children, the Ford station wagon that will overheat soon if I do not get back and keep going. Under this sky I am connected to all I left behind in Tennessee, all the friends and the patients who wished me luck.

I linger outside my car, my gaze directed skyward. My watch tells me it is now the first day of 1990. I suck on the ice-cold air. My guilt, my shame, about leaving is diminishing. At least for the moment.

I press my nose against the glass of the Ford's rear window and peek in. I see my two sons snuggled up against their mother, each with a leg thrown over her. I want to join them and hope that I have not somehow forsaken my place.

I climb back into the car. I pull off the shoulder and ease the long nose of the Ford back onto the highway. As the needle reaches 65 miles per hour, I think of the young man from New York who six years ago headed to Johnson City. I think of his distress, his suffering, as he sped home, struggling to breathe.

I think if his voyage were to happen today, he might find a community in Johnson City better equipped to deal with him, to accept him. I have faith in the town and its people.

I remember the acts of human kindness that illumine our world.

## Author's Note

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Abraham Verghese  
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