

Fiction

So you're going to have a new body!*

Lynne Sharon Schwartz

Take good care of yourself beforehand to be sure of a healthy, bouncing new body. Ask your doctor all about it. He can help.

Your doctor says: 'Six weeks and you'll be feeling like a new person. No one will ever know.'

Your doctor says: 'Don't worry about the scar. We'll make it real low where no one can see. We call it a bikini cut.'

He says: 'Any symptoms you have afterwards, we'll fix with hormones. We follow nature's way. There is some danger of these hormones causing cancer in the lining of the uterus. But since you won't have a uterus you won't have anything to worry about.'

He says: 'There is this myth some women believe, connecting their reproductive organs with their femininity. But you're much too intelligent and sophisticated for that.'

Intelligently, you regard a painting hanging on the wall above his diplomas; it is modern in aspect, showing an assortment of common tools, a hammer, screwdrivers, wrenches, and several others you cannot name, not being conversant in the mechanical arts. A sort of all-purpose handyman's kit. You think a sophisticated thought: *chacun à son goût*.

You are not even sure you need a new body, but your doctor says there is something inside your old one like a grapefruit, and though it is not really dangerous, it should go. It could block his view of the rest of you. You cannot see it or feel it. Trust your doctor. You have never been a runner, but six weeks before your surgery you start to run in the lonely park early each morning. Not quite awake, half-dreaming, you imagine you are running from a mugger with a knife. Fast, fast. You are going to give them the healthiest body they have ever cut. You run a quarter of a mile the first day, half a mile the second. By the end of two weeks you are running a mile in 9 minutes. Pretty soon you can run three miles in 23 minutes. From the neck down you are looking splendid. Perhaps when you present your body they will say, Oh no, this body is too splendid to cut.

* Reprinted with permission from *Mother Jones*, June 1986.

You will have one very important decision to make before the big day. Be sure to consult with your doctor. He can help.

He says: 'The decision is entirely up to you. However, I like to take the ovaries out whenever I can, as long as I'm in there. That way there is no danger of ovarian cancer, which strikes one in a hundred women in your age group. There is really nothing you need ovaries for. You have had three children and don't intend to have any more. Ovarian cancer is incurable and a terrible death. I've seen women your age ... However, the decision is entirely up to you.'

You think: No, for with the same logic he could cut off my head to avert a brain tumor.

Just before he ushers you out of his office he shows you a color snapshot of some woman's benign fibroid tumors, larger than yours, he says, but otherwise comparable, lying in a big metal bowl wider than it is deep, the sort of bowl you often use to prepare chopped meat for meat loaf. You nod appreciatively and go into the bathroom and throw up.

Your hospital stay. One evening in the company of your husband you check in at the hospital and are shown to your room, which is not bad, only the walls are a bit bare and it is a bit expensive — several hundred dollars a night. Perhaps the service will be worth it. Its large window overlooks a high school, the very high school, coincidentally, that your teenage daughter attends. She has promised to visit often. Your husband stays until a staff member asks that he leave, and he leaves you with a copy of *People* magazine featuring an article called 'Good Sex with Dr. Ruth.' This is a joke and is meant well. Accept it in that spirit. He is trying to say what he would otherwise find difficult to express, that your new body will be lovable and capable of love.

Your reading of *People* magazine is interrupted by your doctor, who invites you for a chat in the visitors' lounge, empty now. He says: 'You don't have to make your decision about the ovaries till the last minute. However, ovarian cancer strikes one in a hundred women in your age group.' Hard to detect until too late, a terrible death, etc., etc.

As he goes on, a pregnant woman in a white hospital gown enters the visitors' lounge, shuffles to the window and stares out at the night sky. She has a beautiful olive-skinned face with high cheekbones, green eyes, and full lips. Her hair is thick and dark. Her arms and legs are very bony; her feet, in paper slippers, are as bony and arched as a dancer's. Take another look at her face: the cheekbones seem abnormally prominent, the eyes abnormally prominent, the hollows beneath them abnormally deep. She seems somewhat old to be pregnant, around 45. When she leaves, shuffling on her beautiful dancer's feet, your doctor says: 'That woman has ovarian cancer.'

The next morning, lying flat on your back in a Demerol haze, when he says, 'Well?' you say, 'Take them, they're yours.'

You have anticipated this moment of waking and have promised to let yourself scream if the pain is bad enough. Happily, you discover screaming will not be necessary; quiet moaning will do. If this is the worst, you think, I can take it. In a roomful

of screamers and moaners like yourself, baritones and sopranos together, you feel pleased even though you have only a minor choral part. Relieved. The worst is this, and it will be over soon.

A day or two and you will be simply amazed at how much better you feel! Amazed, too, at how many strangers, men and women both, are curious to see your new bikini cut, so curious that you even feel some interest yourself. You peer down, then up into the face of the young man peering along with you, and say, 'I know it sounds weird but those actually look like staples in there.'

'They are,' he says.

You imagine a stapler of the kind you use at home for papers. Your doctor is holding it while you lie sleeping. Another man crimps the two layers of skin together, folds one over the other just above where your pubic hair used to be, and your doctor squeezes the stapler, moving along horizontally, again and again. Men and women are different in this, if you can generalize from personal experience: at home, you place the stapler flat on the desk, slide the papers between its jaws and press down gently. Your husband holds the stapler in one hand, slides the corner of the papers in with the other, and squeezes the jaws of the stapler together. What strong hands they have! You think of throwing up, but this is more of an intellectual than a physical reaction since your entire upper abdomen is numb; moreover, you have had almost nothing to eat for three days. Your new body, when it returns to active life, will be quite thin.

No one can pretend that a postsurgical hospital stay is pleasant, but a cheerful outlook should take you far. The trouble is, you cry a good deal of the time. In one sense these tears seem uncontrollable, gushing at irregular intervals during the day and night. In another sense they are quite controllable: if your doctor or strange men on the staff drop in to look at your bikini cut or chat about your body functions, you are able to stop crying at will and act cheerful. But when women doctors or nurses drop in you keep right on with your crying, even though this causes them to say, 'What are you crying about?' You also do not cry in front of visitors, male or female, especially your teenage daughter, since you noticed that when she visited you immediately after the surgery her face turned white and she left the room quickly, walking backwards and staring. She has visited often, as she promised. She makes sure to let you know she has terrible menstrual cramps this week, in fact asks you to write a note so she can be excused from gym. Your sons do not visit – they are too young, 12 and 9 – but you talk to them on the phone, cheerfully. They tell you about the junk food they have been eating in your absence and about sports events at school. They sound wistful and eager to have you returned to them.

At last the day you've been waiting for arrives: taking your new body home! You may be surprised to learn this, but in many ways your new body is just like your old one. For instance, it walks. Slowly. And if you clasp your hands and support your stomach from below, you feel less as though it will rip away from the strain inside. At home in the mirror, except for the bikini cut and the fact that your stomach is

round and puffy, this body even looks remarkably like your old one, but thinner. Your ankles are thinner than you have ever seen them. That is because with your reproductive system gone you no longer tend to retain fluids. An unexpected plus, slim ankles! How good to be home and climb into your own bed. How good to see your children and how good they are, scurrying around to bring you tea and chocolates and magazines. Why is it that the sight of the children, which should bring you pleasure, also brings you grief? It might be that their physical presence reminds you of the place they came from, which no longer exists, at least in you. This leads you to wonder idly what becomes of the many reproductive organs, both healthy and unhealthy, removed daily: buried, burned, or trashed? Do right-to-lifers mourn them?

You sleep in your own bed with your husband, who wants to hold you close, but this does not feel very comfortable. You move his arms and hands to permissible places, the way you did with boys as a teenager, except of course the places are different now. Breasts are permissible, thighs are permissible, but not the expanse between. A clever fellow, over the next few nights he learns, even in his sleep, what is permissible.

Although you are more tired than you ever thought possible, you force yourself to walk from room to room three times a day, perhaps to show this new body who is in control. During one such forced walk ... Don't laugh now! A wave of heat swirls up and encircles you, making you sway dizzily, and the odd thing, no one has mentioned this — it pulsates. Pulses of heat. Once long ago and with great concentration you counted the pulses of an orgasm, something you are not sure you will ever experience again, and now you count this. Thirty pulses. You cannot compare since you have forgotten the orgasm number; anyhow, the two events have nothing in common except that they pulse and that they are totally overpowering. But this can't be happening; you are far too young for this little joke. Over the next few days it is happening, though, and whenever it happens you feel foolish, you feel something very much like shame. Call your doctor. He can help.

A woman's voice says he is extremely busy and could you call back later, honey. Or would you like an appointment, honey? Are you sure she can't help you, honey? You say yes, she can help enormously by not calling you honey. Don't give me any of your lip, you menopausal bitch, she mutters. No, no, she most certainly does not mutter that; it must have been the tone of her gasp. Very well, please hold on while she fetches your folder. While holding, you are treated to a little telephone concert: Frank Sinatra singing 'My Way'. Repeatedly, you hear Frank Sinatra explain that no matter what has happened or will happen, he is gratified to feel that he did it his way. Your doctor's voice is abrupt and booming in contrast. When you state your problem he replies, 'Oh, sweats.' You are not sure you have heard correctly. Could he have said, 'Oh, sweets,' in an affectionate commiseration? Hardly. Always strictly business. You were misled by remembering, subliminally, 'honey'. *Sweats* it was and, in the plural, a very hideous word you do not wish to have associated with you or your new body. Sweat, a universal phenomenon, you have no quarrel with. Sweats, no.

Your doctor says he – or 'they' – will take care of everything. For again he uses the plural, the royal 'we'. When you visit for a six-week checkup 'they' will give you

the miraculous hormones, nature's way. In the meantime you begin to spend more time out of bed. You may find, during this convalescent period, that you enjoy reading, listening to music, even light activity such as jigsaw puzzles. Your 12-year-old son brings you a jigsaw puzzle of a Mary Cassatt painting — a woman dressed in pale blue holding a baby who is like a peach. It looks like a peach and would smell and taste like a peach too. At a glance you know you can never do this puzzle. It is not that you want another baby, for you do not, nor is it the knowledge that you could not have one even if you wanted it, since that is academic. Simply the whole cluster of associations — mothers and babies, conception, gestation, birth — is something you do not wish to be reminded of. The facts of life. You seem to be an artificial exception to the facts of life, a mutation existing outside the facts of life that apply to every other living creature. However, you can't reject the gift your son chose so carefully, obviously proud that he has intuited your tastes — Impressionist paintings, the work of women artists, peachy colors. You thank him warmly and undo the cellophane wrapping on the box as if you intended to work on the puzzle soon. You ask your husband to bring you a puzzle of an abstract painting. He brings a Jackson Pollock puzzle, which you set to work at, sitting on pillows on the living room floor. Your son comes home from school and lets his knapsack slide off his back. 'Why aren't you doing my puzzle?' 'Well, it looked a little hard. I thought I'd save it for later.' He looks at the picture on the Jackson Pollock box. 'Hard!' he exclaims.

Your first visit to the doctor. You get dressed in real clothes and appraise yourself in the mirror — what admirable ankles. With a shudder you realize you are echoing a thought now terrible in its implications: No one would ever know.

Out on the city streets you hail a taxi, since you cannot risk your new body's being jostled or having to stand up all the way. The receptionist in your doctor's waiting room is noticeably cool — no honeying today — as she asks you to take a seat and wait. When your name is finally called, a woman in a white coat leads you into a cubicle just off the waiting room and loudly asks your symptoms. Quite often in the past you have, while waiting, overheard the symptoms of many women and now no doubt many women hear yours. As usual, you are directed to an examining room and instructed to undress and don a white paper robe. On the way you count the examining rooms. Three. One woman — you — is pre-examination, one no doubt mid-examination, one is post.

When your doctor at last enters, he utters a cheery greeting and then the usual: 'Slide your lower body to the edge of the table. Feet in the stirrups please.' You close your eyes, practicing indifference. It cannot be worse than the worst you have already known. You study certain cracks in the ceiling that you know well and he does not even know exist. You continue to meditate on procedural matters, namely, that your doctor's initial impression in each of his three examining rooms is of a woman naked except for a white paper robe, sitting or leaning on an examining table in an attitude of waiting. He, needless to say, is fully dressed. You contemplate him going from one examining room to the next; the devil will not have to make work for his hands. After the examination you will be invited, clothed, to speak with him in his office, and while you dress for this encounter, he will visit another examining room.

It strikes you that this maximum efficiency setup might serve equally well for a brothel and perhaps already does. This is a brothel surrealized.

Your doctor says you may resume most normal activities, may even do some very mild exercise if you wish, but no baths and no 'intercourse'. *Intercourse*, you are well aware, stands for *sex*, although if you stop to consider, *sex* is the more inclusive term. Does he say *intercourse* because he is unable to say *sex* or thinks the word *sex* would be too provocative in that antiseptic little room, unleashing torrents of libido, or is it his indirect way of saying that you can do sexual things as long as you don't fuck? This is not something you can ask your doctor.

The last item of business is the prescription for the hormones. He explains how to take them — three weeks on and one week off, in imitation of nature's way. He gives you several small sample packets for starters. At home, standing at the bathroom sink, you extricate a pill from its tight child-proof cardboard and plastic niche, feverishly, like a junkie pouncing on her fix. Nature's way. Now no more 'sweats', no more tears. Your new body is complete. What is this little piece of paper in the sample packet? Not so little when you open it up, just impeccably folded. In diabolically tiny print it explains the pills' bad side effects, or *contraindications*, a word reminiscent of *intercourse*. Most of them you already know from reading books, but there is something new. The pills may have an adverse effect on your eyes. Fancy that. Nature's way? You settle down on the edge of the bathtub and go back to the beginning and read more attentively. First, a list of situations for which the pills are prescribed. Funny, you do not find *hysterectomy*. Reading on, you do find *female castration*. That must be ... yes indeed, that's you. You try to read on but the print is so terribly small; perhaps the pills are affecting your eyes already, for there is a shimmering film over the fine letters. Rather than simply rolling over into the tub, go back to bed, fully dressed, face in the pillows. No, first close the door in case the children come in. Many times over the past weeks you have lain awake pinched by questions, pulling and squeezing back as if the questions were clay, weighing the threat of the bony-footed woman pregnant with her own death — an actress summoned and stuffed for the occasion? Part of a terrorist scheme? — against your own undrugged sense of the fitness of things. Now you have grasped that the questions are moot. This is not like cutting your hair and you have never even had a tooth pulled. The only other physically irreversible things you have done are lose your virginity and bear children. Yes, shut the door tight. It would not do to have them hear you, hysteric, *castrata*.

But of course the sun continues to rise, your center is hardly the center of the universe. Over the next few weeks you get acquainted with your new body. A peculiar thing — though it does not look very different, it does things differently. It responds to temperature differently and it sleeps differently, finding different positions comfortable and different hours propitious. It eats differently, shits differently, and pisses differently. You suspect it will fuck differently but that you will not know for a while. Its pubic hair has not grown back in quite the same design or density, so that you look shorn or childlike or, feeling optimistic, like a chorus girl or a Renaissance painting. It doesn't menstruate, naturally. You can't truthfully say you miss menstruation, but how will you learn to keep track of time, the seasons of the month?

A wall calendar? But how will you know inside? Can it be that time will feel all the same, no coming to fruition and dropping the fruit, no filling and subsiding, moist and dry, moving towards and moving away from?

At nine weeks, although your new body can walk and move almost naturally, it persists in lying around the house whenever possible. And so you lie around the living room with your loved ones as your daughter, wearing an old sweater of yours, scans the local newspaper in search of part-time work. Music blares, Madonna singing 'Like a Virgin', describing how she felt touched as though for the very first time. Were you not disconcerted by the whole cluster of associations you might tell your daughter that the premise of the song is mistaken, the very first time is usually not so terrific. Perhaps some other evening. Your daughter reads aloud amusing job opportunities. A dental school wants research subjects who have never had a cavity. Aerobics instructor at a reform school. 'Hey, Mom, here's something you could do. A nutrition experiment, five dollars an hour. Women past childbearing age or surgically sterile.'

A complex message, but no response is really required since her laughter fills the space. Your older son, bent over the Mary Cassatt puzzle, chuckles. Your husband smirks faintly over his newspaper. He means no harm, you suppose. (Then why the fuck is he smirking?) Maybe those to whom the facts of life still apply can't help it, just as children can't help smirking at the facts of life themselves. Only your younger son, building a space station out of Lego parts, is not amused. Unknowing, he senses some primitive vibration in the air and looks up at you apprehensively, then gives you a loving punch in the knee. You decide that he is your favorite, that one day you may run away with him, abandoning the others.

The tenth week, and a most important day in the life of your new body. Your doctor says you are permitted to have 'intercourse'. If your husband is like most men, he can hardly wait. Proceed with caution, like walking on eggs, except that you, eggless, are the eggs on which he proceeds with caution. Touched for the very first time! Well, just do it and see if it works; passion will come later, replacing fear. That is the lesson of behavioral science as opposed to classical psychology. But what's this? Technical difficulties, like a virgin. This can't be happening, not to you with that hot little geyser, that little creamery you had up there. Come now, when there's a will ... Spit, not to mention a thousand drugstore remedies. Even tears will do. Before long things are wet enough, thank you very much. Remember for next time there's still that old spermicidal jelly, but you can throw away the diaphragm. That is not the sort of thing you can hand down to your daughter like a sweater.

Over the next month or two you may find your new body has strange responses to your husband's embraces. Don't be alarmed: it feels desire and it feels pleasure, only it feels them in a wholly unfamiliar way. In bed your new body is most different from your old, so different that you have the eerie sensation that another woman, a stranger, is making love to your husband while your mind, your same old mind, looks on in amazement. All your body's nerve endings have been replaced by this

strange woman's; she moves and caresses the way you used to, and the sounds of pleasure she makes are the same, only her apparatus of sensation is altogether alien. There are some things you cannot discuss with your husband because you are too closely twined; just as if, kissing, your tongues in each other's mouths, you were to attempt to speak. But you cannot rest easy in this strangeness; it must be explored, and so you light on an experiment.

You call an old friend, someone you almost married, except that you managed in time to distinguish your feelings for each other from love. It was sex, one of those rare affinities that would not withstand daily life. Now and then, at long intervals, a year or more, you have met for several hours with surprisingly little guilt. This is no time for fine moral distinctions. He has often pledged that you may ask him for any kind of help, so you call him and explain the kind of help you need. He grins, you can see this over the telephone, and says he would be more than happy to help you overcome the mystery of the sexual stranger in your new body. Like Nancy Drew's faithful Ned.

You have to acknowledge the man has a genuine gift, as regards women. From the gods? Or could it be because he is a doctor and knows his physiology? No, your knowledge of doctors would not bear out that correlation, and besides, this one is only an eye doctor. In any case, in his arms, in a motel room, you do discover yourself, buried deep, deep in the crevices of hidden tissues. It takes some time and coaxing to bring you forth, you have simply been so traumatized by the knife that you have been hiding underground for months, paralyzed by any kind of penetration. But you are still there, in your new body, and gradually, you feel sure, you will emerge again and replace the impostor in the conjugal bed. You feel enormous gratitude and tell him so, and he says, grinning, 'No trouble at all. My pleasure.' Perhaps you will even ask him about the effects of the pills on your eyes, but not just now.

'Do I feel any different inside?' you ask. He says no, and describes in exquisite terms how you feel inside, which is very nice to listen to. This is not your husband's line or perhaps any husband's — you wouldn't know. After the exquisite description he says, 'But it is different, you know.' You don't know. How?

He explains that in the absence of the cervix, which is the opening of the uterus, the back wall of the vagina is sewn up so that in effect what you have there now is a dead end. As he explains, it seems obvious and inevitable but, strange to say, you have never figured this out before or even thought about it. (It is something your doctor neglected to mention.) Nor have you poked around on your own, having preferred to remain ignorant. So it is rather a shock, this realization that you have a dead end. You always imagined yourself, along with all women, as having an easy passage from inside to out, a constant trafficking between the heart of the world and the heart of yourself. This was what distinguished you from men. They were the walled ones, barricaded, the ones with such difficulty receiving and transmitting the current running between the heart of the world and the heart of themselves. It is so great a shock that you believe you cannot bear to live with it.

Watching you, he says, 'It makes no difference. You feel wonderful, the same as always. You really do. Here, feel with your hand, so you'll know.' With his help you feel around your new body. Different, not so different. Yet you know. Of course with

his help it becomes an amusing and piquant thing to be doing in a motel room, and then it becomes more love, wonderful love, but you cry all the way through it. A new sensation: like some Kama Sutra position you wouldn't have thought possible.

'At least you don't have to worry about ovarian cancer,' he says afterwards. 'It's very hard to detect in time and a terrible way —'.

'Please,' you say. 'Please stop.' You cannot bear hearing those words from this man.

'I'm sorry. I know it's hard. I can't imagine how I would feel if I had my balls cut off.'

With a leap you are out of bed and into your clothes while he looks on aghast. How fortunate that you did not marry him, for had you married him, after those words you would have had to leave him. As you leave him, naked and baffled, now, not bothering to inquire about the effects of the pills on your eyes yet thanking him because he has done precisely what you needed done. It will be a very long time before you see him again, though, before the blade of his words grows dull from repetition.

Months pass and you accept that this new body, its torso ever so slightly different in shape from the old one, is yours to keep. Not all women, remember, love their new bodies instinctively; some have to learn to love them. Through the thousands of little acts of personal care an intimacy develops. By the sixth month you will feel not quite as teary, not quite as tired — the anesthetic sloshing around in your cells must be evaporating. You resolve to ignore the minor nuisance symptoms — mild back-aches, a recurrent vaginal infection, lowered resistance to colds and viruses ... Now that the sample packets of hormone pills are used up you are spending about \$15 a month at the drugstore, something your doctor neglected to mention in advance. Would he have told you this, you wonder, if you were a very poor woman? How does he know you are not a very poor woman? Foolish question. Because you have purchased his services. The pills cause you to gain weight, jeopardizing the thin new body and the ankles, so you run faster every morning (yes, it runs! it runs!), racing nature's way. One very positive improvement is that now you can sleep on your stomach. Your husband can touch you anywhere without pain. When he makes love to you you feel the strange woman and her alien nervous system retreating and yourself emerging in her place. You will eventually overcome her.

And before you know it, it's time for your six-month checkup. You do not respond to your doctor's hearty greeting but you comply when he says, 'Slide your body to the edge of the table. Feet up in the stirrups please.' He does not know it, but this is the last time he will be seeing — no, *seeing* is wrong since he doesn't look, he looks at the wall behind your head — the last time he or any man will be examining your body. There is nothing he can tell you about how you feel, for the simple reason that he does not know. How can he? Suddenly this is so obvious, and, as you glance again at the painting of assorted tools, the fact of his being in an advisory capacity on any matter concerning your body is both an atrocity, which you blame yourself for having permitted, and an absurdity, such an ancient social absurdity that you laugh aloud, a crude, assertive, resuscitated laugh, making him look warily from the wall to your

face, which very possibly he has never looked at before. How can he know what you feel? He has never attempted to find out by the empirical method; his tone is not inquisitive but declarative. He knows only what men like himself have written in books, and just now he looks puzzled.

Why not tell your doctor? That might help. In his office after the examination you tell him – quite mildly, compared with what you feel – that he might have informed you more realistically of what this operation would entail. Quite mild and limited, but even so it takes a great summoning of strength. He is the one with the social position, the money, and the knife. You, despite your laugh, are the *castrata*. Your heart goes pit-a-pat as you speak and you have a lump in your throat. To your surprise he looks directly at your face with interest.

He says: 'Thank you for telling me that. But not everyone reacts the same way. We try to anticipate the bright side, but some people take it harder than others. Some people are special cases.'

A few months later you read a small item in the back pages of the newspaper: a lone marauder, on what is presented as a berserk midnight spree, has ransacked the office of a local gynecologist. She tore diplomas from the walls and broke equipment. She emptied sample packets of medication and packages of rubber fingers and gloves, which she strewed everywhere, creating a battlefield of massacred hands. She wrote abusive epithets on the walls; she dumped file folders on the floor and daubed them with menstrual blood. As you read these details you feel the uncanny sensation of déjà vu, and your heart beats with a bizarre fear. Calm down; you have an alibi, you were deep in your law-abiding sleep. Anyhow, you would have done quite differently — not under cover of darkness, first of all, but in broad daylight when the doctor was there. You would have forced him into a white paper robe and onto the examining table, saying, 'Slide your lower body to the edge of the table. Feet up in the stirrups please.' Not being built for such a position, he would have found it extremely uncomfortable. While he lay terrorized, facing the painting of common tools, you would simply have looked. Armed only with force of will, you would have looked for what would seem to him an endless time at his genitals until he himself, mesmerized by your gaze, began to look at them as some freakish growth, a barrier to himself, between the world and himself. After a while you would have let him climb down untouched, but he would never again have looked at or touched himself without remembering his terror and his inkling that his body was his cage and all his intercourse with the world was a wild and pitiable attempt to cut his way free.

A year after your operation you will be feeling much much better. You have your strength back, or about 80 percent of it, anyway. You are hardly tired at all; the anesthetic must be nearly evaporated. You can walk erect without conscious effort, and you have grown genuinely fond of your new body, accepting its hollowness with, if not equanimity, at least tolerance. One or two symptoms, or rather, habits, persist: for instance, when you get out of bed you still hold your hands clasped around your lower abdomen for support, as if it might rip away from the strain inside, even though there is no longer any strain. At times you lie awake blaming yourself for partici-

pating in an ancient social absurdity, but eventually you will cease to blame as you have ceased to participate.

Most odd, and most obscure, you retain the tenuous sense of waiting. With effort you can localize it to a sense of waiting for something to end. A holdover, a vague habit of memory or memory of habit. Right after he cut, you waited for that worst pain to end. Then for the tears, the tiredness, and all the rest. Maybe it is a memory of habit or a habit of memory, or maybe the blade in the flesh brought you to one of life's many edges and now you are waiting, like a woman who after much travel has come to the edge of a cliff and for no reason and under no compulsion, lingers there too long. You are waiting for something to end, you feel closer than ever before to the end, but of what, you do not push further to ask.