

Birth Pangs

by C. P. Boyko

FROM THE BEGINNING, Burris felt that there was something wrong with Oxley. His birth had been violent, and had caused him bruising, swelling, and a fractured clavicle, but there was much that it could not account for. His eyes were different sizes, and his ears weirdly misshapen. His feet both pointed to one side. Sometimes individual knuckles in his fingers moved independently of the others. His skin was at first too pink, then yellow; then, after a few weeks, it turned a purplish blue. His scalp was both flaky and oily, and his hands were cracked and peeling. In the first half-year of his life, he broke out in a series of rashes, each different from the last. He coughed a lot, cried when he was not coughing, and slept poorly. His stools, from the very first, were shockingly strange.

His mother saw no cause for concern in any of this. Rachel was simply enthralled by Oxley's existence, and found proof, even in his screaming, of his uncompromising vitality. Also, because she was with him all the time, she was better able to chart the subtle variations in his fussiness, and to recognize in his calmer moments something not unlike contentment; sometimes, usually after pooping or puking, he even smiled. Every day he learned something new: how to lift his head; how to stick out his tongue; how to track a moving object with his eyes; how to clap his hands; how to sniff things before putting them in his mouth; how to spot her in a mirror, though her voice was behind him. Together they conversed in tones and inflections. She could watch him eat, or sleep, or make faces like a troubled executive, for hours. Time, which during her pregnancy had seemed like all the sunshine falling on a baking plain, now contracted to the cozy, fascinating flame of a single candle. Her son, warm and vital in her arms, was beautiful, clever, and dynamic, and she could not believe that he was unwell.

To Burris's annoyance, all the doctors that he spoke to agreed with

Rachel. Oxley's symptoms, they said, were common in newborns, and would clear up in due time. He was only colicky, they said. Try not to worry so much, they said.

This blithe advice brought back to Burris all the feelings of impotent rage that he had experienced at the hospital, when his wife, after two days in labor, had been whisked away to an operating theater that he had been prohibited to enter. Left standing in the corridor, clutching the consent form that had waived his right to object if Rachel or their baby died, unable to imagine what was happening and powerless to do anything about it, Burris had resorted to prayer—a wordless prayer in the form of a bargain: if only Rachel lived, the baby could die.

It was the thought of a moment, and soon forgotten; but some small, unconscious part of him still gnawed on remorse.

“Have you been feeding him too much?” he would ask Rachel. —“I don't think so.”

“Don't let him lie on his tummy; it's not safe.” —“No,” she would agree.

“You are overstimulating him. No wonder he can't sleep.” —“Yes,” she said. But in fact, the only thing Rachel really worried about was Burris's smoking in the house.

At last, when Oxley was eleven months old, Burris found a pediatrician who was willing to countenance the possibility that the boy was not perfectly healthy. Doctor Rubenand was dismissive of Oxley's head-banging, teeth-grinding, copious drooling, and fear of strangers, but became pensive at the mention of his awkward crawling.

“Can you tell me, was there birth trauma?” —“What do you mean?” — The doctor looked at Rachel. “Was there any difficulty during the birth?”

“Well, his shoulder got stuck coming out,” said Burris. He was reluctant to discuss the matter in front of Rachel, who still cursed in her sleep and jumped at the sound of supermarket cash registers, which beeped like fetal heart monitors. Oxley's birth had certainly been the most painful and debasing experience of her life, and Burris wanted, for her sake, to draw a line under it—to move forward and never think of it again. But he realized

for the first time that it must also have been the most terrible experience of his son's life.

"It was my fault, I guess," murmured Rachel. "I kept pushing when they'd told me not to." —"Nonsense, darling," said Burris. "His position was wrong." To Rubenand he said, "Anyway, they tried the vacuum, and they tried twisting him out."

Rachel did not say that Doctor Paschava had cut her perineum, or that he had had, at one time, both hands and most of a forearm inside her. Nor did she say that Paschava had intentionally fractured Oxley's clavicle to try to make his shoulders narrower. —"Finally," Burris said, "they had to push him back in, and do a C-section." For some reason this too had failed, and the doctors had at last resorted to reaching in through the cesarean incision to manipulate him out her pelvis. Rachel did not say that most of this had been done without anesthetic, the anesthetist being sick at home. Nor did she say that eventually someone, misreading her chart, had given her nitrous oxide, the one kind of pain relief she was allergic to, and that she had vomited into the mask and nearly suffocated. And she did not say that she had been able to see everything the doctors were doing reflected in the chrome operating light overhead.

"In any event," said Burris, "he must not have been getting enough oxygen for some of this time, because when they finally got him out he was blue, and they took him straight to intensive care."

Doctor Rubenand opened his mouth audibly, and put down his pen. "That," he said, "is what I meant by 'birth trauma.'"

Rachel held Oxley more tightly, as if they were crossing a busy street.

Doctor Rubenand prescribed some tests, which Rachel forgot or feigned to forget to take Oxley to. Burris was bemused and irate. "You are toying with our son's health!" —But Rachel did not see it that way. The tests were only diagnostic, and she did not believe that anything was wrong with Oxley anyway. When Burris threatened to rearrange his schedule and take Oxley to the appointments himself, Rachel yielded. "Oh, there's no point in our both going."

None of the tests were conclusive, but Burris was nevertheless con-

vinced that he now had the complete picture. Through negligence, disorderliness, conceit, callousness, and unprofessionalism, Doctor Leahy, Doctor Paschava, and the staff at the hospital had subjected his wife and his son to birth trauma. Gradually he arrived at the decision that, to teach them a lesson, and to prevent such a thing from happening again, it was his duty to sue.

The lawyers he interviewed were grandiose and discouraging. Hospitals, they said, had formidable legal departments; dozens of people would need to be deposed, thousands of pages of records and policy subpoenaed; the lawsuit could drag on for years, with no guarantee of victory. They all demanded sizeable retainer fees and a free hand; and Burris could not bring himself to commit.

At last he appealed to a cousin's brother-in-law, a man by the name of Lucrenzo Tabbat, who was reputed within the family to be a splendid litigator. He had carved out a successful practice representing himself against large corporations, who usually found it simpler and less costly to offer him a quiet settlement. He did not consider these nuisance suits, for he was a man who was genuinely and personally affronted by shoddy products, misleading solecisms, and implicit promises unfulfilled. Burris told him their story, and Lucrenzo's interest was piqued. After all, doctors had deep pockets, and there was no question that the Kornoreks had a good case; if this wrong had been done to him, he would have chewed on it for years. The size of the undertaking was no deterrent, either, for vanity made him industrious. He asked for no retainer, but worked the only way that he knew how: by adopting Burris and Rachel's cause as his own.

Rachel did not cooperate with the lawyer, because she did not like him. He was scrawny, and wheedling, and had a face like a dried fig—and, as her friend Chelsea pointed out, he was a man: "Until women support women against the system of patriarchy that oppresses them, nothing will change, and justice, when not an outright travesty, will remain a mirage." Rachel agreed; she did not approve of the lawsuit because she could not see how money changing hands between a few men would improve the lot of women or of babies. It would be far more effective, surely, to educate the pregnant

woman directly, and empower her to take control of her own body and birthing. As for Lucrenzo, she felt towards him what she felt lately towards most men: an amused impatience, as if all their frantic exploits were only a kind of dirty frolicking in the garden, or building of model airplanes on the kitchen table—high-spirited but irrelevant and obstructive busywork. She secretly, and only half consciously, felt that no man, however vigorous, could have withstood the ordeal that she and every other mother had undergone.

And though she felt the same kind of tolerant exasperation towards Chelsea, Alexis, and her other childless friends, she began again to attend their feminist rallies and their consciousness-raising sessions. The other women no longer treated her as a wayward pupil, but solicited her opinions and deferred to her experience. It was not just the presence of Oxley at these meetings that accorded her this authority, but something new in her face and bearing. She looked older than they remembered.

Perhaps too she was less wayward than she had been. Certainly there was much in what the feminists said that, with the jargon removed, she could agree with. And though she might doubt the universality of this or that blanket denunciation, she needed only to picture Doctor Leahy or Doctor Paschava to admit that it applied to some men at least. When the others talked about “the system,” or “patriarchy,” or “the oppressors,” she brought to mind the hospital, or substituted for these abstractions the abstraction of the medical establishment, and in this way could participate in the conversation and share in the indignation.

She enjoyed the storytelling portions of these meetings best. Although a few of the women used personal anecdotes to glorify themselves, to monopolize the floor, or to preface a political harangue, most of them were modestly and ingenuously candid as they described their power struggles at work, the double standards they encountered at school, the outmoded attitudes of their family, and the harassment they braved every day simply walking down the street. Rachel was both appalled and galvanized to discover that no relationship between a man and a woman, or indeed between a boy and a girl, was without its inequalities and exploitations. From the awkward, unwanted first kiss to the traditional postures of sex, and from the propri-

etary language of wedding vows to the patrilineal inheritance of property and name, the very fabric of society was woven from the symbolic or actual domination of the male over the female.

She grasped this truth at arm's length, not realizing that it applied also to her own life, until one night, awed by the soft-spoken courage of a young woman who had been raped, she felt compelled to share a story of her own. She intended to talk about Oxley's birth, but found it necessary first to talk about the pregnancy, and could not do that without telling about Burriss and how they had met. She and Burriss had told this story many times; but tonight it did not sound funny or charming. She stumbled, repeated herself, and apologized. The more lightly she tried to treat the facts, the more heavily they weighed: An older man, in a position of trust and power, had used that position and that power to inveigle her into a romantic and then a physical relationship. "It's not as bad as it sounds," she said. "I was actually quite smitten by him." But she recognized, even as she uttered them, that her protestations were the more incriminating, because they more starkly revealed his influence over her. Her tale was unique only in how literally Burriss had hypnotized her. In the end, she did not need to say, and no one needed to point out to her, that she too had been raped.

She did not confront Burriss with her discovery; indeed, by the time she returned home that night, she no longer quite believed it. But a seed had been sown.

RACHEL SUFFERED TOOTHACHE for a year because, as she explained to her roommates, she was afraid of dentists. “I don’t like pain,” she confided; and she was allergic to painkillers. The last time she had visited a dentist, years ago in high school, she had vomited into the anesthesia mask. Her mind did not remember the terror of asphyxiation, or the claustrophobia of being drugged and hemmed in by bristling instruments of torture—but her body remembered. Now, only when the pain of toothache became less bearable than the anticipated pain of treatment did she finally, with a convulsive effort, make an appointment with a new dentist chosen at random from the phone book. She was too mortified by her last ordeal to ever return to the old one—whose receptionist still sent yearly checkup reminders to her mother’s address.

Doctor Burris Kornorek was dapper, formal, confident, handsome, and foreign. He was tall but he stooped slightly, as though from courtesy. He had the velvety voice and enunciation of a radio broadcaster. He moved with an attentive deliberation that his patients found reassuring. He was an excellent dentist, in fact, and he knew it. Unfortunately for Rachel, his clinic in no way betrayed this excellence. His waiting room was demoralizing, his examination rooms were bleak and cluttered with equipment, and his assistants, who were both in love with him, were curt and unwelcoming to young women. After having her mouth disparagingly inspected by one of these, Rachel asked to use the washroom, and fled.

An hour later, she was lying in bed, clutching her jaw, and mentally composing an apology, when the telephone rang. Chelsea brought her the handset and whispered, “I think you’ve won something.”

“Is this Miss Rachel Gibbons speaking? This is Doctor Burris Kornorek calling. I understand that you had to leave our office today rather suddenly, and I simply wanted to make sure that you are quite all right.”

Moved by his concern and shamed by her fear, Rachel offered to pay for the missed appointment and to book a new one.

“I can fit you in tomorrow afternoon, but what guarantee do I have that you won’t abscond again?”

Rachel made a full confession. At the mention of her allergy, Burris felt a jolt of excitement.

“To dislike pain is very natural,” he reassured her, “and very healthy. Suffering serves no useful purpose, and moreover is avoidable. There are, thankfully, alternatives to medication.” —“Okay,” said Rachel. —“For instance: though it is strangely disesteemed in this country, studies have shown, and my own clinical experience confirms, that in about eighty percent of people, hypnosis can be quite effective.” —“Okay.” —“You would like to try?” —“Sure. I mean, if you think it will work.” —“Excellent. Then I will see you tomorrow at four o’clock.”

Only after she had hung up did she begin to worry that she was one of the unsusceptible twenty percent, and that this would only be discovered too late. Her anxiety persisted until four o’clock the next day, when Doctor Kornorek greeted her in the empty waiting room, and with a warm guiding hand ushered her in to his private office.

“Here we will begin,” he said, sighing contentedly. “Here we will be more comfortable.” His equanimity was contagious. Even as he outlined the upcoming procedure, Rachel felt that they were discussing someone else; she felt more like his collaborator than his patient.

“Very well. First we will try a simple relaxation exercise.” —“Sure.”

He told her to close her eyes, to breathe deeply, and to relax. He counted slowly, and with many soothing asides, down from ten. He told her to hold out an arm, to lower it, and then to open her eyes. His smile showed that he was satisfied, and she felt a flicker of complacency.

“We will have no difficulty,” he said. —“I’m hypnotizable?” she asked. —“In fact, you are hypnotized.”

This surprised her, but she did not betray her surprise. She had imagined that hypnosis would feel somehow different—like being asleep, or wrapped in a fog, or submerged in a warm bath. Nevertheless, she had no reason to doubt him; he was the expert. While he spoke, she probed gingerly in her mind, trying to determine how exactly her new consciousness differed from her everyday state.

“In the examination room, we will take you even deeper, and then we can begin. You will be aware of everything happening, but will experience no discomfort, pain, or distress. You will remain altogether comfortable and relaxed throughout. If by some chance at any time you *do* feel a little twinge of pain, just raise your left hand, and we will pause again to settle you. There will be no hurry. So. Are you ready?”

“I’m ready,” she said—and was relieved to notice that her voice was rather husky . . .

She followed Doctor Kornorek to the examination room, sat in the reclining chair, and closed her eyes. Again he counted down from ten; she strained to concentrate on his voice, to let it enter and subdue her. She heard his assistant enter the room and begin moving tools around on a plastic table. Doctor Kornorek put a gloved finger in her mouth. She could smell his aftershave. He prodded her bad tooth and a spark of electricity shot through her jaw, causing her to curl her toes. But she did not make a sound, and she did not raise her left hand.

“Here is the culprit. We will start by tidying him up a bit.”

Now her mind was racing. Had it worked? *Was* she indeed hypnotized? She no longer felt relaxed; should she speak up? However, he had said that she would feel everything, but not be distressed by it. She felt distressed now, didn’t she? Perhaps—probably—it was her own fault. Before she opened her eyes and embarrassed them both by admitting that she was not hypnotized at all, she should try first to calm herself, and to return to the state of detached and trusting calm that she had experienced in his office. Silently she counted down from ten, and then, when he began scraping her tooth with a pick, again from twenty.

No discomfort, she repeated to herself; he had promised *no discomfort*. So

whatever this feeling was, it could not be discomfort.

She should have said something earlier. By not objecting or raising her hand when he had first touched her tooth, she had disclaimed any pain, and had in effect signed the contract agreeing that she was hypnotized, as Doctor Kornorek supposed. She could not renege now without making them both look foolish.

She decided that she would wait till she could bear the pain no longer, then she would raise her left hand—only that. After all, he would not have given her that instruction unless he thought it might be needed. She could raise her hand and still be hypnotized.

She realized then with dread that of course she was hypnotized. Never could she have submitted to this torture—having the rotten enamel scraped from the surface of her toothache with a metal pick!—without being hypnotized. All this fevered introspection and uncertainty was part of being hypnotized, perhaps an indispensable part: her mind was indeed, after all, colluding with the dentist to restrain her body. Painlessness had never been the goal; he was only concerned that she lie still. And she was cooperating. She would not, could not, lift her hand, any more than she would ever scream or kick or claw his face. She was trapped, entangled in the skein of her own impotent thoughts. She felt the presence, somewhere near but out of sight, of a vast, eternal, suffocating horror . . .

“And spit,” said Burris cheerily. If only, he thought, the editors at the Northeastern Journal of Dentistry could witness this triumphant vindication of his method! For the moment, he did not even feel any bitterness, only satisfaction. He might never be recognized by the Association, might never win a single disciple; but let fate only bring him a regular supply of such perfect subjects, and he would be happy. He paused briefly to admire her supple stillness, her prompt responsiveness, and the strong, steady heartbeat evident in her carotid artery. Indulging in a whim of dominance, he lightly pricked the tooth’s nerve, and marveled again at the young woman’s total submission.

Later, Rachel told Chelsea and Alexis that she could not recommend hypnosis. But as the days passed and her toothache faded, her recollection

of the event mellowed. Nevertheless, she feigned illness when the day of her follow-up appointment arrived, and wriggled out of scheduling another. She avoided the dentist's solicitous phone calls, which became less frequent after a month. But then, in the middle of exam week, he appeared at the door of her apartment when both her roommates were out. Bemused, she invited him in for tea.

Burriss had been unable to stop thinking about her. Fate had not brought him any new patients, and he had been unable to interest any of his old patients in hypnosis—not even after increasing the cost of anesthetic. His hygienist, Melinda, was happy to let him practice on her; but her teeth were immaculate, and provided no scope for his power over her. He day-dreamed of Miss Gibbons, and mooned over her X-rays, which revealed to his hungry eyes countless opportunities for preventive intervention. As the weeks passed, his movements became less assured, and his stoop became a slouch. Formerly he had relished meeting his patients in the street or in the grocery store, deriving a secret, pleasurable superiority from his intimate knowledge of their oral cavities; now he scarcely cared to acknowledge them outside his clinic, seeing in each of them only an unsuitable subject for hypnosis.

She was as lovely as he remembered. Her crinkled eyes, her uncertain smile, even the way she stood—legs crossed at the ankles, supporting an elbow with one hand and clutching her lapels with the other—all attested eloquently to her suggestibility. For five minutes he stifled his yearning with small talk; at last he inquired after the tooth.

“It doesn't hurt at all anymore,” she said. —“I am quite happy to hear it. Of course, very few complications ever arise from a filling. Those few that do, unfortunately, can be extremely subtle. You might not yourself know anything was wrong until it was too late.” —Rachel apologized for missing the appointment and offered to reschedule. “I'll be much freer next week, once my exams are over.” —Burriss pontificated upon examinations for a while, deploring their restrictiveness, conceding their usefulness, and beseeching Rachel to not be unduly intimidated by them. “Even professors make mistakes. Some exam questions can be very poorly worded . . .” Even-

tually he allowed himself to drift back to the matter of Rachel's oral health. "Probably there is no need for you to come all the way to my clinic. After all, I am here now. If you have a few minutes to spare . . ."

"Yes, of course," said Rachel, taking an involuntary step back.

"Excellent," he said, and produced a pair of gloves.

"But," she stammered, "I should probably put these tea things away first, don't you think?"

Capitalizing on her unease, he suggested that although this would be only a simple examination, perhaps she would be more comfortable after a relaxation exercise.

"Sure. Okay. All the same, I think I'll tidy up a bit first . . ."

"Please sit down." —She did.

She closed her eyes; he counted down from ten.

There was nothing new to see and nothing to be done in her mouth, but he spent several minutes poking about inside it with luxurious thoroughness, like a child appraising a new hideout. He uttered soothing and congratulatory sounds—and Rachel was soothed. There would be no pain; and pinioned as she was by his fingers in her mouth, there was nothing for her to do or to say. Her toes uncurled, and her breathing slowed. Even her exams seemed far away.

The inspection complete, Burris sat back and watched her breathe for a minute. Then, unwilling to break the spell, he began to give her posthypnotic suggestions: that she would awake feeling relaxed and contented; that her teeth and gums would grow healthier daily; that she would excel at her exams; that she would find success and fulfillment wherever she searched . . . His suggestions became more expansive, melancholy, and valedictory, but still he could not bring himself to sever the connection. At length it occurred to him that this need not be the end. Guilty exhilaration made him fidget as he planted the final instruction.

"Two weeks from today, you will go shopping, at noon, at Holman's Foods. When you awake, you will not remember my saying this; but in two weeks' time you will feel, and follow, an overwhelming urge to shop for groceries at Holman's Foods. And now, as I count to ten, you will become

more and more wakeful . . .”

After Doctor Kornorek left, Rachel did feel relaxed and contented, but also puzzled, for she remembered quite clearly what he had told her to forget. This seemed to prove conclusively that she had not, in fact, been hypnotized. Nevertheless, after two weeks of speculating and deliberating, a mixture of embarrassment, consideration, and curiosity carried her to the rendezvous on time. After all, she rationalized, she needed milk and bread, and Holman’s was not far away.

They each feigned surprise when they met in the dairy aisle; and each concealed their surprise when, in the checkout line, Burriss asked Rachel out to dinner, and Rachel accepted.

FOR YEARS, Rachel had been the feminine holdout among her feminist friends. She had enjoyed their proselytizing, and withstood it the more effectively because she enjoyed it. They used her as their sounding board, honing on her their diatribes against the injustice of patriarchy, the manacles of marriage, and the myth of beauty. Rachel had perhaps been inoculated against such iconoclasm by her mother, a flustered, doting single parent who blamed all her ineffectualness on men. But Rachel, deprived of them, grew to adore men—especially manly men, men with thick wrists and square jaws, men with swagger and composure. She adored women too—especially womanly women; and she felt that the genderless world that her friends were fighting for would be an impoverished one. If she was, deep down, a feminist, she was equally a masculist. She could not even wholeheartedly deplore sexist inequality, because it seemed to offer her friends something to undermine and overturn. For her own part, when a man in a three-piece suit and a gold watch stopped to watch her pass in the street, she felt like a spy, an infiltrator, a sorceress. All this drama, all this conflict, all this story would be lost to human experience if not for the sexes, and sex.

So she was disappointed that her roommates were not more disapproving of Burriss. They seemed to forgive him his male chauvinism, as if it were only to be expected from someone of his age and heritage. At last Rachel de-

cided that they simply liked him and saw how much she liked him. When she told them that she was pregnant, they were as delighted as schoolgirls, and never once alluded to the prison of motherhood.

She had always dreamed of a large, lavish wedding, but Burris convinced her that this would be an unwarrantable extravagance. So they were married by a functionary in a drab office; Burris took only the morning off from work. She defended him later in the restaurant to which her mother and friends took her to celebrate, but grew tearful as they grew nostalgic and maudlin over their drinks. Rachel was not allowed alcohol—or cigarettes, or coffee, or antihistamines, or peanuts, or fish. Nor was she permitted exercise, mental strain, or melancholy.

“Burris’s doctor is very good,” she sobbed, guiltily.

Doctor Leahy was, in fact, the best obstetrician in the city. Burris had interviewed several best obstetricians before him, but had disliked all of them for various reasons. One was harried and dismissive. One seemed to have nothing else to do but answer his questions. One was a proponent of “natural” childbirth—which sounded to Burris as absurd as a dentist advocating better dental health through neglect. One was a woman. A few seemed perplexed by Rachel’s absence, as if unaware that the husband’s role was to shield the wife, and the unborn baby, from as much stress as possible. Doctor Leahy understood this. About Burris’s own age, with a thrusting manner and a firm handshake, Doctor Leahy treated Burris more like a co-worker than a client; he even called him “Doctor.” His most reassuring credential was his willingness to disparage his colleagues. He scorned doulas, dimly lit birthing rooms, and warm baths, and championed the full array of medical interventions, including pain-easing epidurals, tear-preventing episiotomies, and life-saving cesarean sections. Though he called himself a conservative, he spoke like a crusader, and Burris recognized in him a kindred spirit—a fellow individualist.

Leahy was candid about Rachel’s morning sickness. “We could draw a quart of blood and do a battery of tests, each more costly than the next; and we might, in the best case scenario, find that she is in fact deficient in, say, calcium; then we could give her a supplement, and maybe it would help.

Then again, it might not. Or we might find nothing. Because in nine cases out of ten, in my experience, there is no cause to be found. Pregnant women expect to feel sick—so they feel sick.”

He gave Burris a prescription for a bottle of expensive vitamins. These only made Rachel feel worse, which seemed to corroborate Leahy’s implication that the nausea was not physical but mental. Burris’s tactful paraphrase of this was that she was worrying too much.

Her mother, on the other hand, maintained that morning sickness was natural and healthy: the body instinctively purged whatever would be bad for the baby. She belittled the doctor’s diet, too, and urged Rachel to obey her cravings. “Your stomach knows better than your brain what you need.”

But Rachel had no cravings; she hardly had an appetite. Everything she ate made her feel bloated and precarious. Torn by contradictory advice, she felt alternately that she was poisoning and starving the baby. In self-defense she blamed the victim, and developed an image of the fetus as a fickle, whimpering parasite. So she ate with defiance, and vomited defiantly. No one had warned her that pregnancy was an illness.

She suffered too the boredom and isolation of illness. Chelsea and Alexis rarely visited; her mother thought it best to give the newlyweds their privacy. Alone in Burris’s house all day, Rachel was required to do nothing but to ripen and to grow fat. She tried from time to time to read his periodicals and old textbooks, but found that she could no longer grasp the purpose of abstract learning. She still daydreamed of careers that she might pursue after the baby was born, but as a wife and mother, she felt that school was now behind her. She leached the hours from the day with herbal tea, naps, cleaning, trashy magazines, and the small, recurrent tasks of grooming. She brushed her teeth and brushed her hair, changed and washed her clothes, polished and removed polish from her toenails, and weighed herself before the mirror. She portioned out these rituals like a castaway conserving food. On especially bleak days, she saved her second bath till evening, just to have something to look forward to.

When Burris came home, he cooked elaborate, spicy meals for her, which she struggled to ingest. After washing up the dishes, he joined her on

the sofa, where they listened to music and he told her about his day. Wallowing in the sound of his voice, she would remove his wristwatch, comb the hair on his arms into rows with her fingernails, and feel for an hour or two almost normal.

She complained of heartburn, and he brought home antacids, which, she said untruthfully, helped a little. At night she experienced heart palpitations, and he brought home a portable cardiac monitor, which she cradled like a hot-water bottle for a day. The heart trace, submitted to a laboratory, proved “inconclusive.”

Then she had a problem that he could not mediate—a pain in her uterus that was accompanied by bleeding. Burris, as scared and queasy as she was, drove her first to the emergency room, then, on second thought, to Doctor Leahy’s clinic. He went with her into the examination room, but looked out the window while two muttering nurses put her in stirrups and palpated and scanned her. Burris, who found menstruation disquieting, was horrified by his first sight of a gynecological table. Rachel wrested her hand free of his grasp and stroked his arm, soothed by the act of soothing him. She did not care what happened, and even welcomed the pain as a prelude to some end.

After awhile they were left alone; Burris, embarrassed for her, lowered her skirt. Eventually one of the nurses returned to tell them, as if they should have guessed it, that everything was all right. The scans were all normal; anyway, there was nothing to be done. “You might still miscarry, but you probably won’t.” Rachel began to sit up. “Oh no you don’t! The doctor still needs to examine you.” Half an hour later, Leahy came in and positioned himself between her legs. His greeting seemed addressed to her vagina; in any case, he did not look at her face before putting two gloved, lubricated fingers inside her.

“Oh, sure,” he said. “This’ll be fine. Good size, good spacing, and good position. I wouldn’t worry.” He pulled the gloves from his hands with a wet snap. “It’s a bit early, but let’s schedule that ultrasound for next week. We’ll do the amniocentesis while we’re at it. Talk to Grace on your way out. Good to see you again, Doctor.”

Leaving the clinic, neither of them knew why they felt stiff and ashamed. Outside on the pavement, a few anti-abortion protesters held placards. One of these showed a photograph of an aborted fetus. Bloody, alien, and the size of a dime, it inspired in Burris and Rachel neither pity nor tenderness, but only repugnance. Was that the thing growing inside her? Were they responsible for that?

During the ultrasound and amniocentesis, Burris stayed in the waiting room.

The ultrasound technician was warm and gentle. “There’s the spine, and there’s the big healthy head. See?” But Rachel could discern nothing human in the snowstorm of pixels. “Do you want to know the sex?” —“I don’t know.” Would Burris want to know? They’d never discussed it. She wished he were here. “No,” she said at last. —“Good for you. You’ll love them whatever they are.”

When Burris asked her whether it was a boy or a girl, she realized her mistake. “A boy,” she blurted, and was hurt by his look of relief. Yet her disappointment in him proved that she too had been guilty of hoping—but for a girl. As time went by, the bluff acquired actuality, till it no longer seemed a bluff, but the intuited truth. She was carrying Burris’s baby boy.

That night, she asked him about the amniocentesis. “What do they do with the amniotic fluid?” —He didn’t know, but said, “Only some tests to make sure the baby is fine and healthy.” —“And what if the baby isn’t healthy?” —“Don’t be silly. The baby will be fine.” —Then why bother, she wondered, with the tests?

Burris wondered the same thing, and worried. What would they do if the baby proved abnormal, defective, or deformed? Could they love it? Should they be expected to? Would they be encouraged to keep it—or to terminate it? When weeks passed without Doctor Leahy or anyone from the prenatal diagnostic center calling, Burris assumed that the tests had been negative, and expelled the worry from his mind.

One day, she felt a strange new discomfort—an irregular throbbing in her abdomen. Because it came and went and was not very painful, she said nothing about it to Burris. Then one night a sharp pang awoke her, and she

knew that it was the baby kicking. She was startled and embarrassed, like someone discovering that she was being watched. Tentatively, she placed her hands on her belly. When another kick came, she felt a jolt of affection and awe as she realized that the two of them actually shared the same body. The kicking was a protest against the same discomfort that she'd imagined she had been suffering alone.

From that day on, she moved more daintily and with more pride, like a curator through a museum. She ate more, and withstood the nausea with greater stoicism—taking her cue from the baby's stillness, or venting her frustration vicariously through his kicks. She spoke to him silently, complaining or sympathizing as to an adult peer. She had found a secret ally, and from that alliance she derived, for a while, a secret strength.

One night, too tired to cook, Burris took her out for dinner. Rachel spent an hour selecting her clothes, titivating her hair, and applying make-up. Earlier that week at the pharmacy, a horrible woman had asked her how far along she was. Tonight she was determined not to look or act pregnant.

The restaurant was owned by distant relatives of his, who prepared for them the same meal he would have made at home. Rachel simulated an appetite so convincingly that Burris was aroused: he had always liked to see a lover stuff herself before intercourse. He was attracted too by her little swollen tummy, which her dress only accentuated. He told her, "I'm so glad finally to see you eating for two!" But this seemed to be the wrong thing to say; for the rest of the dinner she was sullen. Later, in the parking lot, when he tried to signal his desire by caressing her belly, she slapped his hands away.

At his next appointment with Doctor Leahy, he asked in a roundabout way whether pregnant women could still enjoy themselves . . . —"You mean sexually?" said Leahy. —"Well, yes, for instance." —"Tremendously. Oh, yes. Some of them become quite nymphomaniacal. And the best part is: you don't have to worry about birth control!"

But whenever Burris made advances, Rachel scoffed. She did not feel sexy, and did not believe that he could find her so. For as she grew larger, she received less and less attention from men, and more and more from

older women, who praised her and put their hands on her, like veterinarians admiring a heifer.

Burris allowed himself to be discouraged, secretly agreeing that there was something perverse about lusting for a pregnant woman. But he felt irritated, too, to have been confronted with this fact—and, in effect, criticized—by his wife.

Five weeks before the due date, Rachel called Burris at the clinic, interrupting a crown installation. “I think I’m in labor.” —His mind went white, filled at once with every color of thought. “Are you sure?” —“I don’t know, but I’ve had eight contractions.” She did not say that each of them in succession had been the most painful and frightening event of her life to that point. —“What about your waters? Have your waters broken?” —“I’m not sure. I think maybe they came out while I was peeing.”

At the hospital, while a clerk took Rachel’s information with maddening methodicalness, Burris phoned Doctor Leahy’s clinic. The receptionist did not even transfer the call. “Oh, those are Braxton-Hickses.” —“I beg your pardon?” —“The contractions. Unless they’re coming regularly and getting closer together, they’re just false alarms. Sure, a lot of women get them.” —Three hours later, after a cursory examination, a midwife told them the same thing. —“But they’re agony,” Rachel protested. —The midwife smiled, too fatigued to snort in derision. “Just wait till the real thing.”

During the ride home, Rachel squirmed in her seat, shaking her head and mouthing disbelief. “I won’t be able to,” she muttered. “I just won’t be able to . . .”

Burris, humiliated and resentful, said nothing to console her. How could she know so little about her own body?

The next week, Rachel entered Leahy’s clinic prepared to demand some help. In addition to the heartburn, nausea, and contractions, none of which had gone away, her breasts were sore; her scalp was tight and sensitive, and her hair was falling out; her back always ached, though most when she tried to sleep; perhaps due to exhaustion, she had lost fine motor control in her fingers; she was often dizzy and afraid to use stairs. But Leahy appraised her at a glance in the waiting room, zeroing in on her primary com-

plaint. “You’re getting humongous, aren’t you?” He clapped her shoulder, and said that if the baby had not arrived by week forty plus one day, he would perform a membrane sweep. Rachel thanked him, but had to ask one of the other women what a membrane sweep was. —“They massage your cervix to kick-start your body. It’s the first step of inducing labor.” —“Oh,” said Rachel. “Thank God.”

On the morning of the due date, Burris watched her quizzically, and left for work reluctantly. The next day, she packed an overnight bag and he drove her to Leahy’s clinic. But the procedure—which seemed no different, only more painful, than a regular examination—was quickly finished, and to their surprise they were told to go home again. Frazzled by suspense, they wanted only to do something, to have something finally happen. —“But what do we do now?,” Burris asked, and Rachel gave him a grateful look. —“Now,” said Leahy, “we wait and see.” Eventually Burris extracted the information that if labor had not started in a week, Leahy would admit Rachel to the hospital for an induction. —Burris opened his pocket calendar. “So, next Tuesday?” —“Sure,” said Leahy, “thereabouts.”

On Tuesday morning, Burris called Leahy’s clinic. —“Right,” said Leahy. “Tomorrow afternoon at three o’clock. Sound good?” —Burris consented helplessly. At two o’clock the next day, when they were about to leave, the receptionist called. “So, it turns out that tomorrow morning will actually work better for Doctor Leahy. Is that all right?” —“What time?” asked Burris. —“Eight o’clock?”

They arrived at the hospital the next morning at seven; by nine Rachel had been officially admitted to the maternity ward. Burris told several people about their appointment with Doctor Leahy, and was finally informed that the doctor would not be in till the afternoon. “Not that there will be much for him to see by then!” —“But, you know, he has scheduled us for an induction.” —“Yes, the midwife will be by at 11:30. But then the drugs usually take several hours to have any effect. Don’t worry! We know where to find Doctor Leahy if we need him.”

Because the prenatal ward was full, Rachel was given a bed in the large communal postnatal ward. The other beds were occupied by wan, di-

sheveled women, some of whom cradled or breastfed newborns. Several had visitors, who spoke in murmurs. The room was not cheery. The bisque- and daffodil-colored walls were peeling; the garish overhead lights buzzed; a television news program that no one was watching contended with piped music that no one was listening to. But Rachel and Burris did not admit their disappointment, afraid to give dismay a foothold so early. They settled down, sighing and smiling bravely, as though to a meager picnic.

While waiting for the midwife, Burris moved the car from the short-term to the long-term parking lot.

At 10:30 a nurse came to take a blood sample. Burris said, “We took care of all that when we were last here.” —The nurse shrugged. “I guess these are different tests.” —Burris asked what tests they were. The nurse named some of them; they sounded familiar. “Those are the same tests.” —“Well, I guess we’re doing them again, just to be safe!” —Rachel put her hand on Burris’s arm.

At 12:30, while Burris went in search of food, the midwife arrived with the pessary. She was affable and gentle, but the way she teased Rachel about the tightness of her cervix made her feel guilty, as if she were wasting the staff’s time. She wondered too how many more people whose names she did not know would put their hands in her vagina by the end of the day.

The midwife then attached an elastic belt to Rachel’s abdomen, and connected it by cables to a printer, which began to slowly produce a paper record of the baby’s heartbeat. The midwife watched it for a couple of minutes, then turned it off. “All systems go,” she smiled. “Now, we shouldn’t expect much change for twelve hours or so.” —“Right,” said Rachel, dissembling her surprise. —“So make yourself comfortable. Read a book, go for a walk, get a bite to eat. I’ll be back to check on you regularly, but do press that call button if you feel the contractions starting.”

Burris returned with juice and sandwiches. Rachel felt uncomfortable eating in bed, and suggested they go for a walk. —“What about the midwife?” —“Oh, she came and went. She said it was all right. Nothing’s supposed to happen for twelve hours yet.” —Burris looked at her suspiciously. —“I think that’s normal,” she said. —He gestured at the monitoring belt.

“What about that thing?” —“It’s not turned on. I guess I could take it off for a while . . .” —Burriss looked doubtful. —They stayed where they were. When Rachel needed to use the bathroom, she plugged herself back in to the dormant machine on her return.

Time passed. Burriss and Rachel watched the doctors, nurses, orderlies, and midwives dash to and fro, talking mostly to one another and giving most of their attention to their patients’ charts. One young resident, like a border guard scrutinizing a passport, looked from Rachel’s chart to Rachel and back again, then walked out shaking his head. She did not see the midwife who had inserted her pessary again.

Burriss bought a newspaper, and together they attempted the crossword, lingering over the most difficult clues, in no hurry to finish. Rachel, tethered to the monitor, sat or crouched in various positions on and beside the bed; every position was uncomfortable, but lying on her back was intolerable. Burriss, believing pain a sign of progress, urged her to remain supine as much as possible.

The woman in the next bed awoke, and gazed at Rachel with groggy tenderness. “First time?” she asked. —Rachel nodded. —“Don’t worry about a thing. It’s much easier than they tell you. When the time comes, you’ll know what to do. Take me, for instance.” And in the same tranquil, reassuring tone, she told them a phantasmagoric tale of pain, blood, danger, and fear, whose moral seemed to be that whatever happened, it was all for the best. —“And your baby . . .?” —The woman made a dismissive gesture. “Eight pounds seven ounces. She’s with her daddy and grandma. They’re around here somewhere. *She’s* fine.” Then she became earnest, and offered advice. “Screaming helps; don’t feel bad about screaming. Also, you have a lot more blood in you than you might think. And whatever happens, don’t let anybody talk you out of an epidural. I don’t know what I would have done without mine.” She laughed reminiscently. “I really thought I was going out of my head for a while there.” —Rachel expressed her regret that she was allergic to painkillers. —“Oh. Well.” The woman’s eyes lost their focus. “Anyway, you’ll be okay.”

At six o’clock, a midwife turned on the fetal monitor for a few minutes,

made a sour face, and asked Burris if Rachel would be wanting an epidural before the anesthetist went home for the night. —“No. She is allergic.” —“Because I would get one now, if I were her. She might not be able to get it done when the contractions start in the middle of the night, when we’re short-staffed.” —“I understand that, but she has an allergy to pain-relieving drugs. It’s on her chart. See?” —The midwife seemed offended. “I was just asking. It’s her decision. It’s all the same to me.”

Leahy visited briefly, evidently on his way somewhere else. He did not examine Rachel, but congratulated her on her progress and promised to start her on a synthetic oxytocin IV drip first thing in the morning. “It’s too late today. Get some rest if you can, and have happy dreams of that cervix opening.” He shook Burris’s hand and was gone. Nevertheless, they both felt reassured.

At eight o’clock, the hormone began to take effect. Without warning, she was racked by a wave of pain that began in her lower back and reverberated up her torso before slowly draining away. It felt as if her spine were vomiting, as if her vital force were shaking itself free of her body. “Good, good,” said Burris, and set the timer on his wristwatch before pressing the call button. —“What’s the matter, sweetie?” asked the nurse. —“The contractions are starting.” —A midwife they had not seen before was called to examine her cervix. “Well, you’re effaced, but not dilated at all yet.” She explained, with a wink, “Still a long way to go. Now, can I get you something for the pain?”

At 8:45, the television was turned off, and Burris and the other visitors were informed that they must leave. He was astounded. “I was told I could stay with her the entire time.” —“Yes, in the delivery room, or on the prenatal ward, but not here. These women have just given birth; they need their rest and their privacy.” —He asked if there was nowhere in the hospital he could spend the night. —“There’s plenty of public areas, but you won’t find them very comfortable. You might as well go home and sleep. You won’t be allowed back in here till morning, even if anything does happen.” —Swallowing his anger, he spoke to the nurse at the desk, who promised to call him if Rachel was moved to a delivery room during the night. He thanked

her and went home—where he dozed fitfully on the couch, harassed by nightmares of traffic jams and full parking lots.

At ten o'clock, the piped music was extinguished and the overhead lights were fractionally dimmed. All around Rachel, machines hummed and beeped, babies gasped and cried, and new mothers sought relief from soreness in creaking beds, while hospital staff bustled back and forth in the hallway, and from farther away came the sounds of alarms, rattling carts, and the mewling and groaning of a woman in childbirth. Rachel could not sleep. In between contractions, she paced the perimeter of her bed or nibbled on the food that Burriss had left behind. "I wouldn't do that," said her neighbor in the next bed. "If they have to sedate you for an operation, you might throw up and choke on your own vomit." —Rachel reminded her that she was allergic to painkillers. —"Still."

When Burriss returned in the morning, nothing seemed to have changed, except that his wife looked more haggard. He massaged her feet and helped her remove the monitoring belt until it was needed again. He asked at the desk if Rachel could join him for breakfast in the cafeteria. The nurse was appalled. "Certainly not. She's scheduled for an IV insertion at ten o'clock." —He pointed out that this was an hour away. —The nurse made self-absolving gestures. "If you want to risk missing your wife's induction, and maybe having to wait till Monday morning, please be my guest." —He went alone to the cafeteria, and brought back sausages and eggs. Rachel, mindful of her neighbor's censure, said she wasn't hungry; and indeed, whenever the contractions came or she rolled absentmindedly onto her back, food was far from her mind.

At ten o'clock a young resident, who introduced herself as Doctor Fulhill, gave the curtain around Rachel's bed a symbolic tug, then examined her cervix. Her expression clouded over. "Where is this woman's pessary?" —No one knew. The resident examined her again, more roughly, then invited first a nurse, then a midwife to try. —"It's not there anymore," they agreed. —"Did *you* take it out?" —Rachel shook her head. —"You sure?" —She nodded. —They all searched the bedclothes and the floor, but the pessary was not to be found. Doctor Fulhill's irritation, which Rachel imagined di-

rected at her, made her feel like a child. Too late, the doctor tried to console her. “No matter. These things happen. I was only going to take it out anyway. We’ll get your IV started now, and things should get moving again.” — The nurse, imagining that the doctor’s irritation was directed at her, chided Rachel for removing the monitoring belt, and told her that once the IV was in place, she would need to stay put—“So we can keep a close watch on baby’s heartbeat.” —“What about going to the bathroom?,” Burris asked. —“Oh, we’ll put a catheter up her for that.”

Rachel lay still and silent on her back, listening to Burris’s voice say soothing things, while these things were done.

By noon the contractions were stronger and coming more frequently; she had to remind herself to breathe when they were at their height. She would have liked to moan or bellow, but was conscious of the other women and their families. She promised herself that she would holler her head off when she was moved to the delivery room. That time, however, still seemed ages away. Every hour now her monitor was turned on and the interval between her contractions measured (these measurements deviated somewhat from Burris’s, for Rachel did not always tell him, and could not always distinguish, when one contraction ended and another began). The midwives wanted to see peaks every two or three minutes; but Rachel’s contractions were still irregular, and sometimes ninety seconds, sometimes ten minutes apart. So, every hour, they increased the percentage of hormone in her IV drip.

At three o’clock, Leahy came by to wish them luck; he was leaving town for the weekend. They were both flabbergasted. Burris managed to stammer some words of protest. —“Don’t worry,” said Leahy. “I’m leaving you in the very capable hands of Doctor Paschava. I believe you met him at the clinic?” —They had not. —“Well, that’s the way of childbirth. You never know just when it’ll happen, and we can’t be everywhere at once. That’s why OBs, like birds of a feather, flock together.” Before leaving, he asked Rachel if she would like an epidural. “Sometimes it helps speed things up.”

Burris almost sobbed. Collecting himself, he took Doctor Leahy aside. “We discussed this the very first day we met: my wife is allergic to

painkillers.” —“Oh,” said Leahy, “I doubt that very much. Tell me, do you use opiates much in your practice, doctor? Then you know that they can cause itchiness and nausea, certainly, but never a full-blown immunological allergic reaction. After all, there are opioids produced endogenously in the brain.” —All Burris could do was splutter; he did not understand why Leahy had waited till now to tell him this. —“What precisely is it that she’s supposedly allergic to?” —Burris told Leahy what Rachel had told him: that she had once vomited after inhaling nitrous oxide. —“Also not an allergic response,” said Leahy. “And besides, N₂O has nothing to do with opiates.” He gave a conciliatory smile. “If it makes you feel better, I’ll put a note here on her chart that she’s not to be given air and gas. And we’ll start her out on a small bolus of morphine to see how she likes it. All right?” He showed Burris the amended chart: *Allergic to pain relief (nitrous oxide only)*. “All right?” —His mind in turmoil, Burris capitulated.

Holding his wife’s hand, he watched her closely while a nurse injected the morphine into her IV line. Her brow smoothed, and her eyes softened. Nothing else.

He felt like a fool and a failure. All this time, he could have spared her much pain.

Rachel said, “I feel a little better all of a sudden. I must be getting my second wind.” —“Excellent, darling. That’s excellent.”

In the late afternoon, a doctor, evidently not Paschava, because a woman, arrived to perform an artificial rupture of the membranes. —“An artificial what?” said Burris, standing in her way. —“An amniotomy. We want to break her waters. Often it helps the labor along.” She showed him a thin plastic utensil like a crochet hook. “We put a little tear in the amniotic sac with this guy, and the amniotic fluid comes out, which sends the signal to the uterus to really start squeezing.”

Burris said, “Shouldn’t she have an epidural first?”

Rachel was too exhausted to object. The morphine had worn off and her back was in constant pain, which even the contractions could scarcely augment. Her hands trembled, her eyelids fluttered, and tiny muscles in her face twitched. When she closed her eyes, grains of fatigue exploded in her

skull, and the fragmented hubbub of dreams crowded in upon her thoughts. She only intermittently remembered that she was giving birth; most of the time, she thought she was sick and dying. She wished that the doctors would hurry up and cure her or put her out of her misery. Perhaps the epidural would do one or the other.

“This shouldn’t hurt,” said the doctor, “but I can send the anesthetist over as soon as I’m done here.” —“All right,” said Burris. “Thank you.” —“Thank you,” echoed Rachel.

A midwife changed her catheter bag, then helped her lie down. Her arms were strapped to perpendicular armrests, the foot of the bed was lowered, and her legs were spread and lifted into stirrups. A bolt of pain, as though from a bastinado, shot up her spine from her sacrum; she gripped the armrests and clenched her face and neck to keep from screaming.

“May I . . .?” said Burris, gesturing at the curtain. —“Of course,” said the doctor, who had already begun the procedure. —He drew the curtain, and found himself on the other side of it, grinning fatuously at the neighbor’s infant. “What an adorable little nipper.” He went to the nursing station for more ice chips, which were all that Rachel had been permitted to eat since that morning.

When the doctor had finished, she gave Rachel’s arm an exhortative squeeze. “Now you’ve really got to get cracking, love. Without the amniotic fluid, the baby’s at an increased risk of infection. So I want to see you push that little one out in let’s say under twelve hours—or else we might have to resort to a C-section, which would be a shame after all the hard work you’ve done.” —This ostensible pep talk had on Rachel a decidedly astringent effect. She feared a C-section, but did not know how she could labor any faster. She succumbed to a moment of self-pity, tears streaming down her cheeks. Why could no one help her?

By nine o’clock, the end of visiting hours, the anesthetist still had not appeared. Burris refused to leave, demanding instead that Rachel be moved to a delivery room. A nurse referred him to a midwife, who referred him to a doctor, who examined Rachel, and referred him back to the midwife. The midwife shrugged. “She’s only five centimeters dilated, so it’s a bit early.

But the room is available now. I really don't care."

A gurney was fetched, but Rachel asked if she could walk. The midwife, who had other patients in more advanced stages of labor, suppressed her impatience. "Of course, dear. It might even be helpful. Let gravity do some of the work, you know." The monitor belt was removed, and Burris and the midwife helped her to her feet, out of the damp, stained bed that she had occupied, with only brief breaks, for thirty-six hours. She shuffled down three long corridors, the midwife supporting her, Burris rolling her IV pole, amniotic fluid trickling down her thighs, but the pressure on her spine so reduced that she felt almost revitalized.

The delivery room was not entirely private; it was shared by another woman, separated from Rachel by a collapsible screen. She emitted deep, lowing moans, as of perpetually renewed revulsion. Rachel at last felt free to let loose a grunt or two herself; but whenever she did, the groans on the other side of the screen faltered and paused.

Shortly before midnight the anesthetist burst in, looking as harried as a fugitive run to earth. He had just come from the operating room, where his patient had suddenly and unaccountably expired. Though her death had not been his fault, his colleagues' sullenness had left him feeling implicated, and he had taken refuge in a stance of defiant disgust. He looked at Rachel's chart and said, "Where's your scalp electrode?" —"I don't know." —He turned to Burris. "Why hasn't she had a scalp electrode inserted? Jesus." He walked out before Burris could reply. He returned fifteen minutes later, and explained that he could not administer the epidural without a fetal monitor in place, and that, since Rachel's amniotic sac had been ruptured, it might as well be the more reliable scalp monitor. Burris started to apologize, but the anesthetist made an interruptive gesture. "Forget it. I'll be back in an hour, if you care."

Burris, gritting his teeth, went to inform the midwife that, according to the anesthetist, his wife needed a fetal scalp monitor before she could be given an epidural. —"Oh, fiddlesticks. He's just being difficult." Nevertheless, she agreed to placate him, and inserted the electrode herself two hours later. After studying the printout, she congratulated Rachel on her progress.

—“How far dilated am I?” —“Nearly six centimeters!” Seeing Rachel’s disappointment, she added, “But your contractions are getting a lot closer.”

Finally, at four in the morning, the anesthetist reappeared, looking much refreshed. He had Rachel lie on her side, and opened the back of her gown. She felt a first needle, then a second that entered much more deeply, into the very core of her lower-back pain. He told her to stop fidgeting. “There,” he said at last, helping her roll supine again. “That must feel better.” —She did not know. The pain was still there, crescendoing with each contraction, but its texture and position had changed. It seemed to have split in two, most of it sinking a few inches, as if into the bed, while a sharply defined box of it remained behind, a free-floating throbbing ache that she could almost dissociate herself from. She could not have described this sensation, so said only that she felt a little nauseous, and itchy. —The anesthetist scowled. “Should I take it out?” —“No, please. Thank you. I do feel much better.” —He handed Burris the button for the pump, and left. The midwife, called in, explained that he could press it whenever his wife started hurting again. “And don’t worry about pressing it too often. The machine won’t let you overdose.”

He sat at her bedside, watching her face, and pressed the button every fifteen minutes, whether she seemed to need it or not. At five-thirty they drifted together into a brittle, priceless sleep—from which they were soon propeled by a nurse who came bounding in to check the fetal monitor. “Your electrode has come loose!” she cried. She rectified this ponderously, like one wading through another’s crimes, and chastised Rachel for tossing and turning too much. “Your urine bag is nearly full, too,” she said, and did not offer to empty it. This Burris did, with the midwife’s guidance.

At seven, Doctor Paschava entered with knitted brow. He studied Rachel’s chart and the fetal monitor with many signs of dissatisfaction. Finally he pronounced his verdict: “This is taking altogether too long, I’m afraid.” He ordered compression stockings for her legs to prevent embolism, restarted her IV drip at a higher concentration, and told Rachel that she must focus. “Our anesthetist has called in sick, so there can be no emergency cesarean sections. You must get this baby out by yourself, and you

must do it today. No more dozing on the job!” —But she was too tired to muster either guilt or resolve; all she could manage was angry despair. She wanted to die, wanted the baby to die, wanted Burris to die, wanted the doctors and nurses and midwives all to die, wanted the hospital and the entire city to crumble to ashes in a flaming earthquake. “Fuck this,” she sobbed softly.

Feeling useless, Burris asked her, with none of his old confidence, if she would like to do a relaxation exercise—something he had not suggested since they were dating. —Rachel laughed through tears. “Oh, honey, what good would that do?”

At nine, the midwife came to wish Rachel luck; after sixteen hours and four babies delivered, she was going off duty. “You’re almost there, dear. You’re doing great; you’re such a strong woman. It won’t be much longer now.” —Rachel wept, and the midwife embraced her. Overcome with gratitude and love, Rachel refused to let go. She felt something opening and releasing inside her. “It’s coming,” she whispered. “The baby’s finally coming.” —The midwife extricated herself. “Not while I’m here, sweetie!” On her way out she notified the day staff that Number Seventeen was transitioning. —In fact, Rachel had only defecated. A cheerful nurse gave her a sponge bath in full view of Burris and the new midwife, unwittingly stripping her of her last shreds of adulthood. Even the woman on the other side of the screen stopped groaning for a few minutes, as though aghast.

An hour later, however, the midwife announced—by this time, to everyone’s surprise—that Rachel was at last fully dilated. Rachel’s relief was short-lived. “Now what happens?” —“Now you can push, love.” —But she didn’t know which muscles to push; she’d thought she had been pushing all this time. She wailed, “I’m only starting labor *now*?”

She fell into a shaking, shivering delirium; she dreamed that the ice chips in her mouth were Burris’s fingers, that the box of pain in her back was an infant’s coffin, that the analgesia button was the trigger of a dentist’s drill that had been driven into her spine by her tormentors; she dreamed that she was giving birth to a brood of hairy, sluglike spermatozoa. She looked down at herself, and saw blood everywhere. She started to scream.

“This won’t do,” said Doctor Paschava. “You’ve got to save that energy for pushing.” —“Please shut up,” said the midwife. —She stopped screaming. —Immediately, the woman on the other side of the screen began screaming more loudly. The doctor sighed and the midwife rolled her eyes humorously for Rachel’s benefit, then they stepped around the screen to investigate. A minute later, the midwife rushed out, a strident electronic alarm began to peal, and the screen was pushed aside to make space for all the new staff and equipment entering the room; Burriss was jostled to the far side of Rachel’s bed. He asked Doctor Fulhill, the resident who had started Rachel’s IV the previous morning, what was happening. She shushed him, then shrugged and said, “Fetal heart rate just crashed.” The doctors and nurses were exclaiming in code; Paschava was asking for “ventouse”; a nurse was calling for anesthetic; someone kept saying, “We need to get her into an OT,” and someone else kept saying that it was no use, there were none available. The midwife returned to say that operating theater six had just cleared. Unaware of Rachel’s fingers clawing his arm, Burriss watched through a shifting forest of white coats as the fat, half-naked stranger was heaved onto a gurney and rolled, trailing carts of equipment, from the room.

Stricken, he gazed down at his wife without recognition. “Call the doctor,” she gasped. He leaned over to soothe her. “I need the fucking doctor!” she screamed. “It’s happening!” She was thrashing, and her gown had ridden up to her waist. For a horrific moment he thought she was splitting open; then he realized that the pale and bloody, hairy and wrinkled membrane bulging from her groin was in fact the baby’s head. He raced down the hallway after the gurney and its train, and grabbed the midwife’s elbow. “The head,” he said. “The head is coming out.” —She shook him off. “Well, for goodness’ sake, tell her to stop pushing! I’ll be there as soon as I can.” —He ran back, only a little more slowly, and hesitated only slightly on the threshold. The head had emerged no further, and seemed even to have retracted slightly. “You’re to stop pushing,” he said, “till they get back.” And, like a man entering a burning house, with arms extended and face averted, he stepped boldly forward, prepared to prevent her from pushing the baby out onto the floor.

“Okay, all right,” said Rachel; but she was not about to stop pushing now. The last dose of anesthesia had worn off, and she could feel quite clearly, as if outlined in phosphorescent pain, the position of the baby in the birth canal. Moreover, she knew just which abdominal muscles to flex. She believed that in straining these muscles now, she was probably ruining her physique forever. She didn’t care. The hospital staff had abandoned her; Burris was ready to positively interfere; she was in charge now. She would not let them kill her. She would push, if need be, till she burst.

“DARLING, BRING HIM to the toy, not the toy to him.” —“What difference does it make?” —“Well, you’ll spoil him.” —“I’ll spoil him just as much by carrying him around everywhere.”

For months, Burris had been attributing his wife’s moodiness, lethargy, and frigidity to birth trauma and to postpartum depression. He did not know to what to attribute the contrariness that she now began to exhibit. It seemed he could not make the most benign suggestion without her resisting it.

“I don’t think all this baby talk is good for him. He needs to learn the right words for things.” —“What’s the big rush?” —“You don’t want him lagging behind his peers.” —“Who cares? It’s not a competition.”

This behavior was exasperating enough at home, but in public she was even more outspoken. One day at the park, she went so far as to chide him for hovering over Oxley. “Let him alone; let him explore with the other children.” He was ashamed, and ashamed for his wife. When he tried later to explain this to her, Rachel denied that she had done anything wrong. “The other parents thought it was funny. Anyway, you’re always correcting *my* parenting.” —“It’s different for a husband to a wife.” —“Not anymore, it isn’t,” she muttered.

One evening, he asked her to turn off a violent television program. —“Don’t worry,” she said. “He’s not even watching.” —“But he may be listening.” —“So what? He can’t understand it.” —“He understands more than you give him credit for. He understands harsh noises, and scary music, and angry voices!” —Oxley began to cry, and Rachel went to soothe him. To Burris she serenely said, “So whose voice is angry?”

He began to worry that she was not merely being perverse, but sincerely believed that children could learn to express and comport and protect themselves, by themselves. If she was this negligent when he was present, what must she be like when he was at work all day?

In fact, Rachel's nonchalance did not come naturally; she deliberately adopted it as a counterbalance to Burris's fretfulness. She too was alarmed and sickened by what she saw on television. Indeed, since Oxley's birth, she found most programs as distressing as a drive down the highway, for she now watched them (and the highway) with her son's defenseless eyes, seeing for the first time with psychedelic vividness how crass, manipulative, and vicious they really were. But a parent, she felt, must never betray her disgust, worry, or unhappiness. Indeed, a parent's duty was to instill fearlessness and self-reliance—not through instruction, but by example. She worried that Burris's example was teaching Oxley that words were medals, that strangers were invisible, that playgrounds were malevolent, and that even make-believe was dangerous. And the lesson underlying all his anxious protectiveness was that the world was full of bad things from which Oxley, feeble and helpless, needed protecting. She protected him better, surely, by showing that no protection was needed.

They argued too about the domestic chores. Burris, who had been working one less day a week at his practice since Rachel took a job at the cooperative bookstore, felt that he had already made a sacrifice and was contributing more to the household than any other husband he knew. Rachel was less concerned by how little he did, than by how poorly he did it. She found it faster and easier to pack a day bag, get Oxley dressed for the park, or clean the bathtub herself than to have Burris do it, because she could not rely on him to do it conscientiously or correctly. —“But we each have our own areas of expertise,” he objected. “For example, I cook.” —“Yes, but you like to cook.” —“And you do not! So what's the problem?” —“How many of the things that I do do you think I enjoy?” —“But if you are better at them . . .?” —“You mean because I'm a woman?” —“Because you yourself admit it every time you criticize my attempts!” —“So do things better!”

“The fact is,” he said, “you have more time than I do.” —Rachel did

not bother to refute this. “If you don’t have enough time,” she said, “then work less hours.” —“You know I cannot.” —“Why not? We’d save money on daycare.” —“Nowhere near the money I’d lose from patients!” —“So your job is more important than mine because you make more money than I do.” —“No, my job is more important than yours because I have been doing mine for nineteen years; because I perform an essential service in the health industry; and because mine is a career, and yours is a part-time job, taken for pocket money we don’t need and for prestige among your man-hating friends.” —“Well, it’s nice to finally know what you really think of the most important work I’ve ever done in my life. Thank you.” —“The most important work of your life is raising your child. And all this shouting and strife cannot be good for him.” —“What’s a lot less good for him, I think, is having a selfish, outdated, chauvinist pig for a father.”

“All right, all right! So I will do things better. I will clean the bathtub better, and take out the garbage better, and fix the pram better, and babysit better. Will that make you happy?” —“*Babysit?*” —Burriss threw up his hands. “I will not get into a semantic debate,” he said, and left the room.

He went into the nursery, where Oxley was wailing. He plucked him from the crib and put him down on the floor, but the boy collapsed in a heap and screamed more loudly. “Oh, shut up,” said Burriss. He did not believe that his and Rachel’s argument had caused this outburst; in fact, at the moment, he did not really believe that anything the two of them ever did had the slightest effect on Oxley’s tantrums, which were as violent, implacable, and senseless as thunderstorms. He reminded himself that the boy had suffered an injury at birth, and was not responsible for his behavior. At the moment, however, this did not seem an extenuating circumstance, but an aggravating one. Whatever was innate and unchangeable in the boy was also intrinsic, an essential part of his character. “You wouldn’t be acting like this if your mother were here.” To refrain from throttling him, Burriss spanked him and put him back in the crib.

He grew less tolerant of Oxley’s illnesses too. It seemed the boy was constantly, as if willfully, suffering from a cold, flu, or upset stomach. Rachel decided that he was the victim of allergies, and fed him herbal and

holistic remedies recommended by her friends. Burris soon tired of contesting this regimen, and in any case could hardly advocate the orthodox medicine that his lawyer was busy trying to discredit. Indeed, both he and Rachel had now begun, if only half consciously, to distrust and eschew doctors, with the result that they neglected to obtain all of Oxley's vaccinations.

When he was twenty months old, Oxley developed a fever that was worse than usual. He vomited, refused to eat, and screamed ceaselessly for a day and a half before Burris wondered whether a doctor shouldn't examine him. —“He'll be fine,” Rachel said. “It's only a little temperature.” —“We won't know what it is unless we have a doctor look at him.” —“We can't take him to a doctor every time he bruises a knee or gets a runny nose.” —“No, I suppose not . . .”

The next day, Oxley was no better, so Rachel took him to her mother's. “Give him a cool sponge bath and lots of liquids,” she suggested. “He'll come out of it all right.” Rachel stayed the night, to avoid a confrontation with Burris.

The next morning, she took Oxley's temperature; it was a fraction of a degree higher than it had been the previous night. She solicited her friends' advice. —“Have you tried cream of tartar?” asked Chelsea. —“I always make raisin tea,” said Alexis. But nothing helped. That night, feeling restless and apprehensive, she phoned Burris. —“All right. If he's not better tomorrow morning, we'll take him to a clinic, first thing.”

He was not better, but he was no worse; so she kept him at her mother's. By this time the weekend had arrived, so Burris did not protest; but on Monday he drove his family across the city to a clinic they had never visited before, and which he therefore did not yet distrust. —“It's only a little temperature,” said the doctor. “Keep him dry and cool, and mix an ibuprofen into his juice to keep the fever down. If it doesn't clear up in three or four days, we'll take another look.” —On the drive home, Burris pounded the steering wheel with his fist. “The man is obviously a moron. It's already been three or four days! We'll take him to someone else tomorrow.” —Rachel was silent.

That night, she stayed awake at Oxley's bedside, replacing the damp

washcloths that he swatted from his forehead, and pleading with him to be healthy. Shortly before dawn, he began to convulse.

She picked him up and put him down several times. She tried to get him to drink. She removed his pajamas and dabbed him with water. She rolled him gently back and forth. “Oh honey, don’t,” she murmured continuously as she paced the room on her toes. “Oh honey, oh honey, please don’t.” At last, with a gesture of tearing herself free, she wrapped him in a sheet and carried him across the hall to where Burris was sleeping. “Should we call an ambulance?”

“Oh, God,” he said. He reached out for but did not touch his son. After a moment of anguished indecision, he said, “No, it’ll be faster if I drive.”

She did not put Oxley in the car seat, but held him in her arms. “Take the freeway,” she said. —“I know, I know.”

The seizure had stopped by the time they reached the emergency room. After a nerve-racking hour’s wait, a tired nurse told them that they had done the right thing bringing him in, but that there was nothing to worry about: febrile seizures were common and harmless in children under five. Meanwhile, a more well-rested resident noticed that Oxley’s abdomen was tender, and that he was guarding it with raised knees. “Before you go,” she said, “let’s do a few tests, just to be safe.” —“What kind of tests?” asked Rachel. —“Oh, just a urine test, a blood test, and maybe an X-ray.” —“Why is that necessary?” —“Simply in order to rule a few things out.” —“What things?” —“Well, appendicitis, for instance.” —“Would that be serious?” asked Burris. —“Let’s just say that we’d want to address the problem as soon as possible.” —“But really,” said Rachel, “what are the odds that it’s appendicitis?” —“We won’t know that till we’ve done the tests, I’m afraid.” —“They’re just tests,” Burris told his wife. —The nurse, who was rebuking herself for overlooking the child’s abdominal pain, said shortly, “You really don’t have a choice.”

With Oxley thrashing and screaming, the resident found it impossible to insert a catheter into his urethra. So she asked Rachel and Burris to hold him still while she took the urine sample directly with a needle through the abdomen. Feeling like monsters, Rachel and Burris pinned his wrists and

feet as Oxley alternately choked and shrieked with rage. “Super,” said the resident, though the sample was small. “Now for the blood test.”

Forty minutes later, the resident, a radiologist, and a surgeon ushered them into a consultation room and explained in subdued voices that they wanted to operate. “It doesn’t appear to be appendicitis,” said the resident, speaking to Burris, “but the abdominal cavity is infected and the peritoneum is inflamed. We can reduce the inflammation and attack the infection with antibiotics, but we need to know what the underlying cause is. The urinalysis and the blood work do not show the kind of bacteria typically found in a primary spontaneous peritonitis.” —“I don’t understand anything you’re saying,” said Rachel. —The radiologist said, “We think we see something on the X-ray that might be a tiny perforation in the large intestine.” —The surgeon said, “We want to fix that, and while we’re at it, wash all the bad bacteria out of the abdominal cavity. All right?”

“How dangerous is this procedure?” asked Burris. —“It’s much, much less dangerous than not doing it.” —Rachel stifled a moan. “Can we stay with him?” —“Not in the operating room, no. But you can wait right outside, and we’ll keep you updated.”

They sat in the corridor holding hands; but as time passed and each pursued their own thoughts, their hands came slowly apart. Burris kept expecting to recognize or be recognized by one of the many doctors, nurses, and midwives whom Lucrenzo had named in the lawsuit. Would they make him leave when they discovered who he was? Would they refuse to treat his son? —Rachel, to combat remorse, and clinging to the future as to a talisman, made indistinct resolutions: From now on . . . Never again . . . I promise you . . . —Burris, in contrast, wallowed in remorse: I should never have sued the hospital; I should have spent more time at home; I should have been more firm with her; I should have hired a nanny . . . —As far as Rachel knew, a perforated intestine was an ulcer, and ulcers were caused by stress—by fear and worry. Who but Burris had taught her baby to worry and to fear? —Gradually the anger and frustration that Burris dared not direct at the hospital staff began to settle upon his wife. She should have taken the boy to a doctor three days ago. —From now on, thought Rachel, things will be dif-

ferent . . .

Two hours later, the resident emerged from the operating theater to say that the worst was over. Two weeks later, Rachel and Burris were finally allowed to bring Oxley home from the intensive care unit. And two years later, there was still no one who could tell them the cause of these tiny, recurrent leaks.

MARVA LEEHAVEN, THE director of Shady Tree preschool, had never seen as unhappy a boy as Oxley Kornorek. He screamed when his mother dropped him off, he screamed when she came to pick him up, and he screamed for most of the interval. He would not nap. He pinched the other children and scratched himself. He would not let anyone help him go to the toilet, and invariably made a mess. He went into trances. He stole and hid the same snacks that he refused to eat when they were given him. He interrupted. He did not share. He was always taking off his clothes. He was pale, puffy-eyed, and sniveling, and one of the teachers had noticed that he was spotted with bruises. But most alarming was the bleakness of his imagination. Describing a picture he had drawn of his family, he had pointed at the figure of his father and said, "He's trying to kill me with a knife." Asked what his mother was doing, he'd said, "Running away."

Marva called a meeting with Oxley's parents. His father, an eminent dentist, was unable to come, but his mother quickly put Marva's mind at ease. The boy, she explained, suffered from a rare gastrointestinal disorder that poisoned his blood. "They think that's what causes his fits." She apologized for not informing her sooner; it had been such a hectic month. "If you like, I can get Doctor Ghernan to call you; he explains it much better than I do. Or I can make you a copy of the letter he wrote to our last daycare. Or both."

Rachel Kornorek was bright, and solemn, and warm, and she was patient but firm with her son, who sat fidgeting but uncomplaining in her lap for nearly five minutes before wriggling free. When she warned him not to leave the room, he slammed his head on the doorknob and slumped to the

floor screaming. Without interrupting the conversation, she returned him to her lap and stroked his hair with absentminded affection.

Marva suggested that perhaps it would be better, after all, if Oxley waited outside in the play area. —“All right. Hear that, bunkie? You can go play.” She put him down and opened the door for him, but now he did not want to leave. Groping for some justification, he moaned, “Elsie hates my shoes.” —“That’s okay. You hate her shoes too.” —Marva frowned; but Oxley seemed mollified. He ventured past the threshold, then lunged hollering towards some indignity being done to a toy he considered his own. Rachel shut the door softly on the altercation.

The director’s manner became informal, and Rachel knew that she had made a good impression. When the talk turned to Burris, she was pleased to praise his calm, his strength, and his commitment as a parent, feeling more judicial with each judgement she delivered. It did her no harm to commend him; she could afford to be generous.

“Your husband works full time?,” Marva asked. —Rachel laughed. “And then some.” —“Do you work as well?” —“I used to help out at a bookstore occasionally, but lately there hasn’t been time. Oxley’s kind of a full-time job.” —“Are you getting enough help? How’s your support network?” —“Oh, great. My mom is always around, and some of my best friends have had babies recently, so we prop each other up. And then there’s you folks. I can’t tell you how helpful it is to have these two extra afternoons a week to catch up on my grocery shopping. For some reason, the fluorescent lights and the cash registers just make Oxley crazy.”

“I’m glad to hear we’re of assistance. Of course, our mission as a preschool is not just to provide childcare, but to prepare and equip these children to integrate themselves into the larger society.” —Rachel agreed readily, and asked if there was anything she should be doing differently.

Marva had some ideas, which she shared. At the end of the meeting, Rachel seemed grateful and resolute, and Marva, gratified, felt that they had accomplished much.

Oxley, however, was not ready to leave. He had just craftily and efficiently demolished another child’s block tower, and was exulting in a rare

sensation of power and success. The mere sight of his mother was enough to remind him of his usual abjection. The transience of joy, the perpetuity of misery, the fundamental hostility of the world to all his wishes, were revealed to him with crushing clarity. His understanding had no words with which to contain these felt abstractions, so it rendered them in images: he saw himself in chains, being eaten by snakes and spiders, and burned by flaming swords, eternally. He let loose a belly howl of outrage and despair.

Marva watched Rachel pick him up and carry him out the door, writhing and clawing like a cat. Gravely she uttered her verdict: “Poor boy.” —“Poor mom,” said a colleague. —Marva conceded that the child was a handful.

When at last they were on the road, Rachel said, without reproach, “Well, you certainly made mommy look bad today.” Oxley’s cries subsided as he puzzled over this. Had something happened to his mother? Did she look bad? Had he done it? He strained to see her in the rear-view mirror, desperate to confirm his fears before they could grow worse.

Rachel stopped at the pharmacy for Oxley’s and Burris’s prescriptions, made an appointment for herself and Oxley with the hairdresser next week, delivered a box of Oxley’s old clothes to Alexis, swapped a bag of magazines and children’s books at the library, paid the telephone bill, and bought herself a coffee and Oxley, for his patience, an ice cream bar, which he had disseminated across the backseat by the time they arrived home. She gave him a banana to eat in the bathtub while she tidied the bedroom; she dressed him and let him undress himself in the kitchen while she made two curries, one for him and one for Burris; then she put him in his old car seat with a newspaper, a crayon, and a new noisemaking toy car, which he tore, ate, and dismantled, respectively, while she fixed the broken shelf in the refrigerator.

Burris came home in a good mood, having successfully hypnotized two patients that day. To vent his happiness, he hugged his son, gave his wife advice, and, with a voluptuous profligacy of dishes, utensils, and spices, cooked himself a fresh meal, which he sat down to and enjoyed like a prince amid the cozy clutter of his palace.

“Are those my socket wrenches he’s playing with?” —“No,” said

Rachel. “They’re mine.” —He raised his eyebrows. “Since when do you have socket wrenches?” —“Since today. I don’t like yours. And now we both have a set.” —He chuckled. “I cannot in good conscience approve such extravagance.”

He put Oxley to bed, and over his protests read him a story. Then, while Rachel pattered in the kitchen, he sat in the den, listening to music and dreaming of one young woman’s teeth.

“Sorry I missed that meeting,” he said, when at last Rachel joined him on the sofa. “I couldn’t get away.” —“That’s okay. I covered for you.” —“What did she have to say?” —“Oh, just that he’s a pain in the neck.” —“Did she give you a hard time?” —“No. She was quite nice, actually. Maybe too nice.” —“What do you mean?” —“I don’t know. She was a little too pragmatic.” She paused and hunted her thoughts. “I guess I’d rather be blamed for some things than absolved of everything.” She tossed her head and laughed. “That must be my upbringing.”

She recounted for him the director’s suggestions: positive reinforcement, timeouts, consistency, and exercises in visualization, verbalization, and sharing. —Burris put his arms around her. “Maybe what he needs is someone to practice with.” —“Like who?” —“Oh, like a sibling, maybe.” —Rachel grinned. “It’s funny you should say that.” —“What’s so funny?” —“A coincidence. Guess who I visited this morning.” —“I’m sure I have no clue.”

“Doctor Leahy.”

He gave her a searching look.