

Angie's husband had a name, which was not Doug, just like her name was not really Angie. In the mornings, when the pink April dawn crept into the common room from under the overhead fluorescent lights, Angie would shuffle to the wide window ledge of the common room and tell me about the orange cat Doug spoiled into obesity, his working-man's hands, the garden he made that waited for her at the house they had purchased. She had been three weeks, three days on the unit when we met – a relatively short tour in Unit Purgatory, where time passed without passing under the glow of perpetually blaring HGTV.

As Angie told it, before his tracheostomy, Doug sang all the time. In addition to getting too drunk at parties, which he did often, he was a person who sang his words. He did this, he said, to distract from the constant noise in his head. Doug was a smoker, a drinker, and yes, a recovering addict, just as Angie herself was in recovery from something. And he had this habit of singing his thoughts, sometimes in falsetto, always too loudly, sometimes while head-banging, and never well. Perhaps this is what caused Doug's first divorce, though this is only speculation.

He helped Angie move into a new place on the day that they met and later took off to another room to hang picture frames, singing. Not his thoughts this time, but a familiar tune. When he met Angie, the din within him grew loud, insufferable, calling him toward a dopamine high. Angie described herself as plain, but it was disease, not fact speaking; her eyes were a deep and varied hazel, and even in pain, she had a way of softening others' expressions with her own. He liked her so much that it was painful, and so he sang, privately but far too loudly, trying to drown out his own noise.

He missed a nail and nearly dropped the frame he was holding, the iron edge of it landing such that he knew instantaneously that his big toenail had been obliterated. He screamed as though being murdered just as he spotted her in the doorway, laughing, mouth open, eyes brighter than he'd seen them all day.

"Your Old Crow Medicine Show," she said between heaves, "it just isn't good at all."

And so Angie walked into Doug's tenor's heart, leaving him battered and bruised from the start. But according to Angie, which was according to Doug, it was her laugh – it melted him from top to toe, silenced the din, and summoned the angel choirs anytime he heard her laugh. "Like a G-major chord in Carnegie Hall," he'd said.

He never planned to marry her, and she never asked him, either, but they both stayed in it the rest of the way just the same.

"In sickness and in healing," she said.

Angie was in her bed a little after midday. She lay on her side with her head toward the foot of bed and the edge of her bare toes kissing the bedside stand. She looked her smallest there with her face toward the wall, the back of her paper gown falling open to reveal the full crank of her spine as it wrenched from her right shoulder toward her low back. The bedside stand stood by, its top crowded with tissues and empty water cups. Her overnight note had mentioned a short fever overnight that broke with ibuprofen. I sat down with her, back-to-back.

“I have pictures of every food menu in the hospital. We’re going to figure out where this cheesecake came from that they gave you when you were on E.D.O.”

She rolled her head toward me. “What did you find out?”

“There’s no cheesecake listed, but I saw one with my own eyes. In the cafeteria.”

I was on a mission to win a minor victory for what I perceived to be the side of good in one of Angie and I’s many daily proxy wars. Success, survival, and eventual graduation from Purgatory depended on a series of small sanity battles with oneself and with the environment. Down the hall, for example, sweet elderly Dave with the traumatic brain injury played the harmonica for mute Mr. Brown, who would spit out his dentures when he was displeased. Angie’s roommate, Pam, filed the same complaint with the unit clerks each afternoon regarding her swollen foot. Angie’s battle had always been with food; since adolescence, she felt compelled to reject it, especially under stress. She was trying her best to keep her caloric intake up during this stay, however, and accomplished this mostly through copious amounts of sprite and strict adherence to the only antidepressant that anyone had ever gotten to work. But Angie’s MAOI prevented her from eating anything containing tyramine, which had a predilection for appearing among life’s most pleasurable ingestibles: beer, aged cheeses, sauerkraut, kimchi, pickles, sourdough, red wine, Vermouth, yogurt, soy sauce, and cased meats of any kind, among others. Failure to do so could induce a potentially fatal hypertensive crisis.

And yet, at some point during her current admission, Angie stated that she’d had cheesecake with a perfect graham cracker crust. I thought it preposterous to hear it suggested that such a culinary achievement could be born within our hospital’s walls, but she did not waver. Whether it was non-dairy or non-tyramine, she didn’t know. She told me it tasted so good she almost cried, that she would do anything to have it. I told my attending all this in the workroom, who said he didn’t know about any cheesecakes.

“We don’t mess with the diet,” he said. It amazes me now that he tolerated this conversation with me, but he did. He was an Eastern European man the size of a small castle who wore a floor-length black leather duster to work, a gentle giant Dracula who tempered his response to any bad idea with a “maybe.” On my first day on service, he lowered his entire seven-foot-self down onto the ground to get to eye-level with a patient who was crying on the floor. “I have heard of such a thing before maybe, in magazines.

Companies that make food for people on these more rare diets. But she has been working with a dietician since she was admitted, so it must have come from here. If you find this supposed cheesecake in the hospital, maybe you can give it to her. I say be skeptical, though, maybe. Don't mess with her diet."

It was still all the blessing I needed. I would find Angie the mythical low-tyramine cheesecake in this hospital that had brought tears to her eyes. I was still going to save today, maybe.

I'd once had a patient that I'd felt an instant attachment to, a non-Angie Angie, but she and I never spoke, not really. She was delirious, which is different from drugged or demented or depressed. I visited her every day, cupped my hands around her mitten restraints, told her the date, repeated her name and the name of the hospital and asked if she was in pain. She always gave the same response:

"Okay, uh huh, let's do it. Let's do it."

I insisted on continuing to follow her, even as my patient list grew by two and three and four. I rectified her every medication, suggested ideas for how to get her days and nights right-side up again. After two weeks of this cycle, my senior, a gruff, bearded man in cowboy boots, pulled me aside.

"A delirium that hasn't cleared after a week probably never will," he said. He said this matter-of-factly but his expression was mild and contradicted the loudness of his footwear. "She will die this way. It's okay to be upset."

I felt my guts start to move upward, and twist. "Non-Angie's friends said she was always clear with them that she didn't want to suffer," I said. "What are we supposed to do? Her colitis is gone and I don't think she's in pain but she doesn't even know where she is and she said she doesn't want to die in a hospital or a home. This is suffering."

"This is suffering," he said. He didn't say anything else.

So I vowed, from my first day on Purgatory, that I would not try to be a rescuer. Okay, uh huh, let's do it, let's do it. I turned the corner into Angie's room and she was laying in her bed that day, on her side. She wasn't bird-boned, but her frame was nonetheless too small to support her grief. I bit back the impulse to turn her, pick her up, tell her all the things I would try to do for her. Her speech was slow, hardly audible. She cried no more than I would have imagined a person would, but she sighed much more deeply, and she told me about the house, the garden, the cat.

I said, "Maybe you can get a new house." An attempt to rescue.

Angie's voice was barely a whisper. "Yeah, maybe," she said into her pillow. Her fingers curled hard around the corner of the pillowcase and she curled into herself further.

We sat there for what must have been six to nine years. I felt the room expand and then contract, the rush of shame as it filled my cheeks and ran down the sides of my neck.

“I’m sorry,” I said. “I shouldn’t have said that. I have no idea what owning a home is like. I don’t know homes, I don’t know how to furnish them or look at them or buy one or rent one. I don’t you’re your medications, and I don’t think I can be any help to you at all, to tell you the truth. I’m sorry. I’ll ask Dr. Novak to reassign me.” I tucked my chin to my chest, hearing the TV blare from the common room, committing my failure to memory.

She unfurled a half-inch each direction. I caught myself taking a deep breath. She pushed herself up on her elbow to look at me, her eyes soft.

“I don’t suppose you watch House Hunters,” she said. “If we hurry, we might catch an episode.”

I reminded myself each time I badged onto Unit Purgatory that the floor must be locked, that it had a propensity to chaos. The place wasn’t white and sterile and fluorescent, could even have sweeping moments of warmth, but no street clothes or egg crate over a twin bed could fool a person into believing they were anywhere else. It wasn’t hell; it was a hell-adjacent monotony of HGTV, populated with other people just like myself who had known the wish to be wrapped around a pole, or fall asleep forever, or be sucked into a jet engine. A few bright pink morning sunrises through the wide windows of Purgatory will prove all this to you – that you’ve been someplace like this before, or maybe this exact place. It is just another waystation for the temporarily lost, like a Kum & Go or a Six Flags.

I lifted my badge to the reader and wandered through the blush of sun that bathed the linoleum floor. A quiet welcome. Rounds started in 45 minutes, and I had vital updates for Angie.

I turned the corner into her room and saw the pulse-ox first, hanging off her gray index finger, and the backs of a few nurse’s aides obscuring the rest of her.

“You’re early,” she said. Her voice rang tight as cold piano wire, but she was smiling. I reached for the hand with the pulse-ox, and it was warm. “I had another bad night. They’re here to check me out again.”

I watched her vitals on the aide’s monitor as she spoke. She was moving air but she was running a temperature again, a low one. She wasn’t under a blanket. Her heart rate was up, though she usually ran a little high. I wasn’t such a dummy to not have read the notes from the night before, but I knew the night resident had also just changed, and Angie had looked clinically stable when I had left yesterday afternoon. But it wasn’t her first fever in a week.

“Is it because of the TLOA?” she asked. It was very like Angie to view a fever as a righteous punishment for receiving a moment of respite. Over the weekend, Angie had been granted a temporary leave of absence, granted on a case-by-case basis in special scenarios. Angie’s friends had been able to spring her out of Purgatory and Doug out of a skilled nursing facility for a few hours on Sunday afternoon. Their friends said Doug had been looking better. To Angie, who hadn’t seen him in 34 days, he looked cachectic and weak. They’d spent the afternoon outside on a bench in the sun. Perhaps she had basked in sunlight and just went to bed warm, I thought. Warm for the second time in a week.

“It didn’t even look like him, like they’d swapped him out for someone else,” she told me, her voice a rasp, her eyes looking past me.

“Was it nice to see him, or no?”

She thought about this for a while. I let her, and she eventually gave an answer that was fully yes and fully no.

I squeezed her hand now, harder than I probably should have. “I saw they did another urine dipstick, and it was negative. I’m hoping some of your other labs come back by the time we finish rounds, and then we’ll have a plan for you.”

“I don’t want to leave,” she said.

“I don’t want you to. If we find the source soon, we should be able to keep you. Your temp hasn’t been all that high. But I don’t know,” I always added this last phrase when talking to patients about the plan, because it was always true.

Her eyes had drifted from meeting mine to looking down at our hands. The aides positioned her on her side so I could listen to her lungs. Her breath didn’t rattle, but I caught her wince as my stethoscope stepped its way down her back, as though I’d pressed on a bruise. I loosened my grip on her hand but didn’t let go, betting against the deck that my instincts were wrong, shutting my own eyes against the image of the tyramine-free cheesecake turning to mush at the bottom of my backpack.

Before she had come to Purgatory, Angie had been on EDO. Her BMI at the time of her admission had been in the mid-teens, and EDO was the only unit that was equipped to refeed her. She hated it there, she said. She’d been in and out of there most of her youth, and it hadn’t changed over the years. Teenage girls (and sometimes boys, it must be said) arrived on EDO to be refed. A few would become invigorated, after seeing the other patients and regaining their water balance, to be the thinnest on the unit. Not all of them were like this of course, as there are no rules for the types of people one will meet on the floor, nor any floor in a hospital, nor any rural gas station. They could be angry, bony teenage

girls, enemy of all mankind; but they could also be the sweetest girls you knew, cooing at you through the shiny white marbles of their eyes, asking with the honeyed glow of a promised future obedience, *Can you please give me a chance off the PEG tube, let me try it on my own?*

Angie didn't fit in on EDO, and from what she told me about it, I could imagine why. She was several decades older than most of the other patients, and despite her history of anorexia, food hadn't been the primary reason she'd been so underweight. In fact, she'd had about eleven good years after her last stretch of bad ones, after her first husband died.

"A widow at 40," she told me during our second week together. "He's right there with you, he goes to work, he has a heart attack and a month later, that's what you are. It turns out you only got twelve years together, and now the next forty you have to figure out on your own. How do you not think your life might as well be over?"

She told me his name, but I forgot it.

She met Doug a year later. He was a friend of a friend, and that friend called Doug to help move her out of her house, and they became friends. They both knew they'd found it again during that first year, but they waited two more years beyond that to move in together. This would be the home they would have to leave, the one she would be cleaning for ten hours a day as her weight trickled down below one hundred pounds. She had held up well through his diagnosis, but she'd never even heard of tracheostomy. She had lost a husband once already and survived, but never thought a person could get so *sick*, had never considered that in the trade for more time, he might never speak, never sing again. She supposed surgery would be months away, a later problem, but she recognized in retrospect that the surgeon had never really spoken with any "later" in her voice.

"It's up to you if you would like me to do it. It would be the standard of care," said the surgeon. "It's very doable, but it's still head and neck surgery."

Angie had no idea how to ask Doug what he wanted, as he was staring at the floor. He spoke as little as possible because it was becoming more painful than it was worth to use his voice. Over the past week, she'd noticed, he didn't even seem interested in speaking.

That night, she called his oncologist. He specialized in head and neck cancers. "Can I ask what you think we should do?"

He took a breath before he spoke, considering again a set of words that he'd said one hundred times before. "With a course of radiation, it could potentially buy him months. But as with any treatment, he could be in the group that doesn't get any more time than he would have had, or only a few weeks more."

Angie leaned her forehead against the bedroom doorframe. There was a splinter coming loose where the tongue of the door clicked into place. She picked at it with her free hand.

“That being said, he won’t be able to speak. But more often than not, people end up choosing to go forward with it.” The oncologist, she could tell, was talking more to himself now. She liked that about him, how he was okay with thinking aloud in her presence. She would be too scared to say the wrong thing if she were him, but she knew he rarely did. The lines between his eyebrows were the giveaway of his real age, the number of hours he’d spent supporting the weight of his head on his thumb like a circus elephant standing on a ball. She could see when she met him that he was still young but not quite as young as he looked, and for as long as he’d been doing his job, he’d been thinking about questions like the one she had now.

“I think he should do it,” said the oncologist. “He’s still young, I’d expect him to recover without complication, and you might have more time together, which I’m guessing he also probably wants. He might not know what he wants himself. He might need to hear that from you.”

“How do I know?” asked Angie. “That he wants more time?”

She imagined the oncologist, in a different era, winding a technicolor phone cord around his finger in the long, ensuing silence. “Everyone does,” he finally said.

After the surgery, when he was recovering without complication, after she’d already been to see him every day as he recuperated, she knew that they’d all made the right decision. With a collar around his neck and a tube in his throat, Doug mouthed to Angie, *I love you*. He held her by the wrist until he was sure she’d seen him do it.

After a few nights, she started seeing numbers written behind her eyes. The hours of surgery, the specialists he’d already seen, the pain team that had stopped by his room, the medications, the number of nights he probably still had to go on this hospital stay alone – and she felt the first new fracture in her soul in over ten years. They were losing all the years they had left together; they were losing their retirement funds, their trip to Ireland, the mortgage, their fat cat.

As Doug recovered, Angie got ready. She started cleaning the apartment, and then she started packing it. Then she cleaned it again, and again, ten hours a day, with the not-thinking-not-worrying-not-eating depth of sanitation that she continued to chase long after Doug returned home. It kept her sane, being ready for a catastrophe.



Angie’s cultures came back, both blood and urine, and she was whisked away to a medicine floor by the time I got out of class. I didn’t see her again until the last day of my rotation, a Friday. On Friday night, Angie bathed in sweat on the medicine floor as her fever broke under the weight of two different intravenous antibiotics. For the first time in four weeks, she slept. When she awoke, it was to a phone call.

I sat on her bed again, and this time face-to-face. I didn't know what to say, so I didn't try for a few minutes. Then, I reached for words and found, "He loved you."

"He did," she said.

Then we cried, and we hugged, and I brought her a diet Pepsi, and she said she was proud of me, and I thought at the time that she was referring to my trip to the vending machine. She told me about the day they wrote his obituary together, that he wanted to be cremated, and that his bitch of a sister-in-law thought she was going to host everyone after the funeral, and that Angie was going to beat her if she tried. I told Angie this qualified her as being a threat to the welfare of others, and I would report her, except she wasn't my patient anymore. It was a shock to hear her laugh again because it wasn't my best joke, but I think I understood then, what it must have been like for him to have heard her laugh. Some people can make joy sound like an orchestra.

She knew how to give permission to leave without saying so. So I stayed and we cried some more, about food and drinks and endings and our shared failures, hoping someday soon one of us would make it out, own a home, feed a cat, start a garden.