

Fantastic Voyage

One man's recovery from brain surgery.

by Tom Chaffin

In thinking back on the months before the out-of-the-blue seizure that led to my brain surgery last summer, I'm struck by the abundance of clues hiding in plain sight, telltale warnings that manifested the neural time bomb that was ticking away inside my skull. I'm equally struck by how thoroughly, like some bumbling detective, I managed to misread, or ignore, every last one of those clues.

For starters, there were all those headaches. I also encountered growing difficulties operating my car's stick shift. On my thrice-weekly runs, I developed a limp. And my wife, Meta, noticed that, preparatory to our myriad walks, I seemed to be taking an inordinate amount of time to put on my shoes and socks.

Finally, upon Meta's return from a two-week visit with her family, on the afternoon before my seizure, there was a bizarre incident in front of our house. She had called from the Atlanta airport to ask whether I had enough cash to pay her cab fare. I did, and when the cab reached our house, I took out my wallet to pay the driver. But as Meta and the driver watched, I fumbled with the bills in my wallet, unable to perform the basic addition necessary to count out the money. Frustrated, I began laying the currency into tiny piles on the sidewalk. Finally, dismayed and embarrassed, Meta gently lifted a few bills from the piles and paid the driver.

To explain—or to avoid explaining—these and other lapses, I resorted to all manner of what I now recognize as evasions, dissembling, and self-deceptions: The headaches resulted from excessive work; the limp became an old baseball injury from my youth coming back on me; the extra time required to put on shoes and socks became a figment of Meta's imagination.

The stick-shift difficulties were tougher to explain. At first, I blamed them on the car. Then I figured out ways to maneuver others into driving for me (not really so difficult, since I work at home and my driving demands are minimal). Eventually, with a healthy dose of false male pride, the gear-shift problem simply ceased to exist. As for that money-on-the-sidewalk scene, I never had to explain that one—because, even now, I have no memory of it. I learned of it only through Meta's recollection of the incident, which, only recently, did she share with me.

These vexations came toward the end of a trying two-year period dominated by an obscenely heavy work schedule. I'd researched and written a four-hundred-page book—one that, as it turned out, came to bear an oddly prescient title: *Sea of Gray*. While assisting in the book's editing, I'd taken on several freelance assignments. I also served as a judge for a nonfiction book prize—in which capacity I was responsible for assaying the

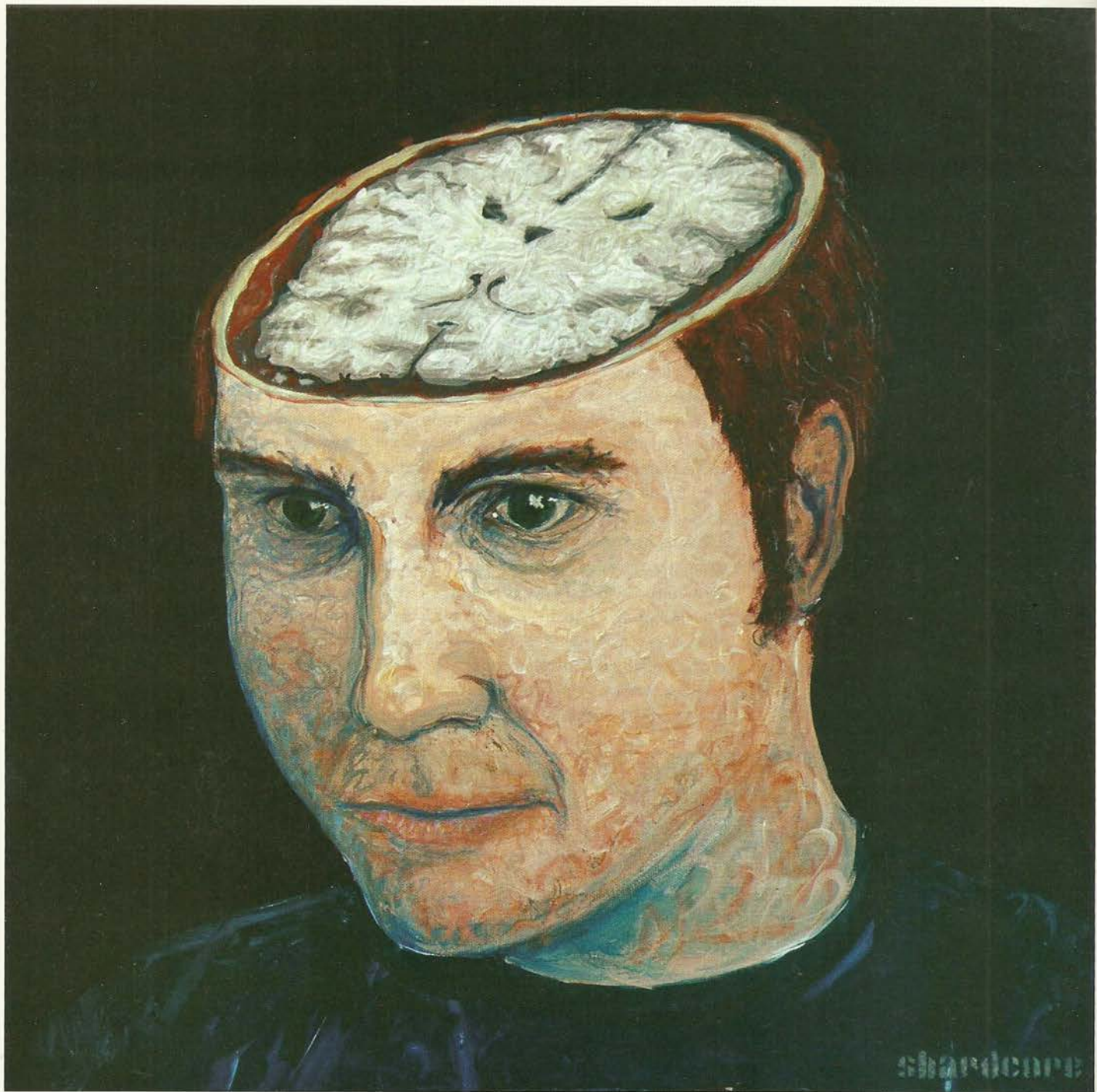
merits of over a hundred books.

In late January, 2006, I hit the road to promote *Sea of Gray*—giving interviews, speaking to various groups, and conducting signings at bookstores and history museums. As for all those problems I was experiencing, by then they had become too acute and numerous to ignore. In my early fifties, I simply attributed all of them to being overworked.

Then, in early July, five weeks before the seizure, my father, who'd been in poor health, died. We'd never been close, but he was my father. I even delivered the memorial-service eulogy.

The seizure came in early August, on a lazy Saturday morning. I was still in bed, opening the morning paper, and taking my first sip of coffee. In those slow few seconds before I blacked-out, a powerful, shaking sensation rolled through my head and the rest of my body—a sensation not unlike tumbling head-first down some endless coal chute.

I was rushed via ambulance to Emory University Hospital. There, after I regained consciousness and a doctor inspected an MRI brain scan, Meta and I were told that I had a brain tumor. It was a benign tumor, of a sort named meningioma. Prognosis: full recovery. "I tell patients if you're going to have a brain tumor, this is the one to have," my surgeon,



"Memento Vita" (2006) by Shardcore.

Dr. Jeffrey Olson, said. But he also warned that the tumor was large and required prompt removal. He scheduled the surgery for the following week.

Two days after the seizure, I was discharged from the hospital. At home again, I welcomed friends who visited and called still other friends outside of Atlanta, some of whom I hadn't been in touch with for years. I explained to each my situation and that the prognosis was for full recovery. "Then again," I added, "you never know." I told each of them how much he or she had meant to me.

Drugged-up on seizure-inhibiting, pre-surgery medications, I was in an odd sort of elegiac mood, both exhilarated and morbidly obsessed. After all, if the prognosis proved wrong, and I died on the surgeon's table—or, even worse (so far as I was concerned), I emerged from the operation somehow mentally impaired—I wanted all of them to know how much they had enriched my life.

Finally, on the Sunday night before the surgery—according to Meta, as I have no recollection of this—I sat on our living-room couch and, like a man packing for a long trip,

listened repeatedly to the Doors' pulsating "Break on Through"—Jim Morrison's Blakean paean to the mysteries of the Other Side.

Even now, the details of those first weeks after the operation remain foggy for me. When I regained consciousness, I found myself in a room bustling with flashing equipment and strangers in medical garb. There, in the hospital's Intensive Care Unit, an attending physician, upon noticing I was awake, approached and asked me what I later learned is a routine

question put to patients who undergo any sort of brain surgery. "Name for me," he said, "all the animals you can think of."

"Dog...cat..." In the end, I think I was good for five.

As it turned out, I'd suffered neural wounds during the operation. And, as I lay passively on a bed in the ICU, I realized that I had no feeling on my body's right side—my right leg and arm, fingers and toes all refused their synaptic marching-orders. The tumor, after all, had been on the left side of my brain, the side that harbors the motor nerves that regulate the body's right side. Beyond that, I had a brutal headache, for which I was given morphine. (It would not be the last time that I requested pain-killers.)

I was hospitalized for a month—two weeks in Emory University Hospital, another two weeks, across the street, at Emory's Center for Rehabilitation Medicine. During that time, Meta, to whom I'll remain forever grateful, rarely strayed day or night from my bedside, offering moral support and serving as a fierce advocate. "Protect me," I had mumbled to her, as I regained consciousness in the ICU.

God knows, I needed both moral and practical support, confined as I was to a bed or wheelchair, and enduring—even on my good, left, side—the attendant atrophy of muscle strength that accompanies such inactivity. Compounding frustrations, I suffered for several months from expressive aphasia, a neurological disorder that causes difficulty in formulating and expressing sentences. My internal thoughts remained vivid, but the words to express them had disappeared into some neurological Black Hole.

A few days after the surgery, according to a small notebook Meta kept during the ordeal, a speech-therapist, seeking to establish a base-line for later therapy sessions, put a series of simple questions to me. Among those I botched: "Do you peel a banana before eating it?" And: "How many three-dollar burgers can you buy for ten dollars?" Only about a week after the surgery, I'm told, did I manage my first sentence comprising more than two words: "I miss...my dog." But for weeks, when attempting to compose declarative sentences, I produced only individual words that fell far short of anything

approaching nuanced syntax.

In most cases, however, my verbal communications consisted of the phrase "thank you"—and, on one memorable occasion, when grumpily addressing a nurse who'd made a remark I found chirpily annoying, "Fuck you." Even asking questions proved near impossible. Inquiring, for instance, about an earlier request I'd made for Tylenol, I could only manage, "What?" Try as I might, the rest of the sentence refused to come.

Oddly enough, however, I soon discovered that I could recite bits of favorite poems and song lyrics I'd memorized—everything from stretches of Wallace Stevens and Walt Whitman to Bob Dylan and Cole Porter. But constructing fully realized sentences of my own invention still proved, neurologically, a bridge too far. For anyone, such a starving for words would be frustrating. For a writer—a person whose livelihood is built around stringing words together—it came as a devastating blow. Never mind finding *le mot juste*, I had trouble locating *le mot suffisant*. And my days became an exasperating game of charades.

The overwhelming majority of the medical professionals we encountered during my hospitalization were unfailingly compassionate, and helpful. But that's not to say there weren't incidents that didn't deepen the gloom that had already settled over my anticipation of my future days. Several nurses, upon hearing my crippled speech, casually, innocently, asked what I *used* to do for a living. Moments worse than that came when therapists, in my presence, talked to Meta as if I wasn't there. "Would you mind," one asked, "if we videotaped your husband during this morning's session?" The videotape, she said, would be used for aphasia research purposes. Meta told her she would need to direct the question to *me*. She did, and I—imagining my gargoyle visage and fractured speech lurking in perpetuity on the Internet—declined the request. As it turned out, however, this therapist was superbly capable and caring, and subsequently apologized to both of us for the lapse in protocol.

Until this recent episode, I'd never suffered serious illness. While hardly athletic, I've generally enjoyed good health. Since high school, for instance, I've maintained a regimen, however ragged,

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of three-mile runs, several times a week. In other words, until recently, I'd managed, for the most part, to travel through this Vale of Tears blissfully ignorant of hospitals and hospital culture. From that perspective, I would've assumed that, beyond matters of one's actual survival and good health, any patient would accord more or less equal status to such priorities as the avoidance of pain, personal dignity, and the need for privacy.

But that was before the evening I experienced, firsthand, the joys of that transparent snake-like device called the Foley catheter, so beloved by all hospital patients, particularly men. A side-effect of the surgery was the disruption of the workings of my bladder. Thus, I was informed, I would need a catheter to empty the Hoover-Dam reservoir of urine that was dangerously gathering in my system.

It's hard to imagine a procedure more intimate, more violative of one's personal dignity, than having a plastic tube inserted into one's penis. Call me old-fashioned, but the realization that this procedure was to be executed by an all-female team—one internist, a nurse, and a nurse's assistant—only compounded my embarrassment. And had they used the right type of catheter, they might have successfully inserted it on their first try. The second unsuccessful effort, with another type of catheter, proved excruciating—the third attempt, still more so. By then, I was screaming. Eventually, at around 4:00 A.M., a urologist was called in.

Eureka! Success at last.

Later, upon reflecting on this and other hospital episodes, it occurred to me that I'd been wrong about the equal rankings I'd previously accorded the avoidance of pain, privacy, personal dignity, and the like. When it comes to hospitals, all priorities are not created alike. Compared to the avoidance of pain—all of those other priorities and their various cousins—they all cross the finish line as distant also-rans.

Then there was my first venture into the Great Outdoors after my surgery—or, to be more precise, into a postage-stamp park, just behind the rehab center. It had been about two weeks since the operation, and my appearance remained God-awful—even frightening. My face was still bloated from the steroids. And the dollar souvenir tourist tennis-cap I'd bought a few years earlier outside Beijing's Forbidden City managed to only partially conceal what was now

the ravaged geography of my skull.

Prior to the surgery, the left side of my head had been shaved. A freshly cut, L-shaped incision streaked across it. And metal-staples still protruded Frankenstein-like from it, giving me a gothically bionic look. (Appalled, upon viewing the staples for the first time in a mirror days earlier, I'd recalled Wallace Stevens's grim dismissal of humankind—"mechanical beetles never quite warm.") On my scalp's other side, stimulated by the steroids, my hair had grown with kudzu-wild abandon. Beyond those indignities, seated that day in my wheelchair in shorts and a T-shirt, I was also smartly accessorized with a plastic catheter sack strapped to a tube running up one leg.

During our outing, we saw a young woman chatting mindlessly on her cellphone. She was smoking a cigarette as she talked; and in time she took up a position directly beside an entrance to the rehab center and within sight of two signs banning smoking in the area. Her behavior offended me, and I longed to tell her so. But the words failed to materialize. So, on the way back in, as we passed by the door, I simply gave her the finger—with my left hand, the one whose fingers still worked. Meta, justifiably, was appalled by my behavior. Even so, I found the moment oddly empowering.

While at the rehab center, I pursued a variety of physical and neurological exercises. Physical exercises ranged from using a clay-like material to develop finger strength to the riding of a stationary bicycle to build endurance. Neurological exercises included word puzzles and readings designed to enhance powers of memory and concentration. After going home, I continued, twice a week for another two months, to pursue increasingly ambitious outpatient therapy at the rehab center.

To keep things simple, I restricted my home-bound social life to one visitor at a time, preferably during the morning. By 11:00 A.M., during each day of that period, my strength and concentration were already waning. For the entirety of my recovery, though in increasingly reduced dosages, I was kept on a Hunter Thompson-worthy regimen of powerful drugs, ranging from morphine to insulin to steroids. And each medication—besides meeting its primary purpose—also offered its own special side-effects.

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After I came home, for instance, the steroids—still combating post-surgery brain-swelling—continued to guarantee that, over most twenty-four-hour periods, I slept no more than three or four hours. They also continued to provoke a range of bizarre behaviors—including hallucinations, irritability, and an obsessive organizing of all of my worldly possessions. I devoted all-night sessions to the loading of songs into my iPod, and to the sorting of books, papers, CDs, and any other items susceptible to alphabetization.

In the weeks after my return home, two old and dear friends in succession graciously came to Atlanta to stay with us and keep me company. But when everyone else in the house was fast asleep, I found myself wandering, drugged-up, through my cloud-banks of aphasia, feeling somehow like a visitor in my own—suddenly very constricted—life. And that sense of alienation, in turn, nurtured an urge to reaffirm ties to my past—and indeed to the entire world: I kept recalling a line from Jean-Paul Sartre in which he spoke of foundering on “the reef of solipsism.” And as

I sorted through papers and souvenirs, I selected photos of myself taken over the years in various fondly recalled places—including China, the French Pyrenees, Havana, Gramercy Park, Paris, Walden Pond, and the Black Hills of South Dakota. Eventually, I had a friend frame and hang them above a fireplace mantel in my study. (I then lacked the requisite dexterity and strength for both tasks.) At the center of this Mardi Gras of self-indulgence, I placed a cartoon clipped years ago from *The New Yorker*—two men sit at a bar, and one offers a Whitmanesque toast: “I celebrate *myself!*”

Slowly, I recovered the use of my body's right side, as well as my full verbal abilities. And the day came when a psychologist asked me the same question that had been put to me as I emerged from surgery: He asked me to name as many animals as I could think of. This time, feeling cocky and drawing on years of bird-watching, I launched into a litany of avian species: the Carolina chickadee, the yellow-rumped warbler, the belted kingfisher, and on and on.

Things were looking up.

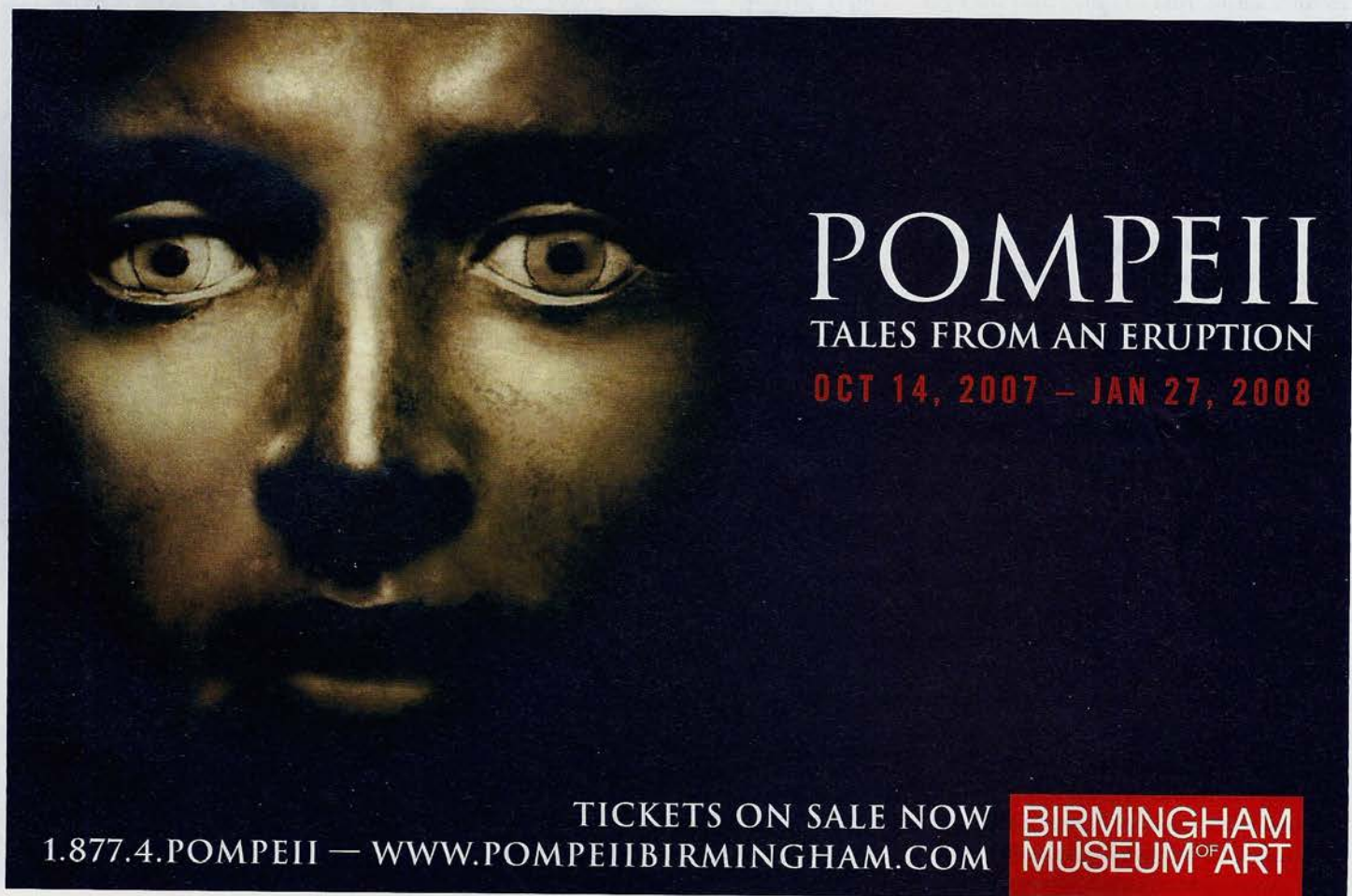
Five months after my surgery, I returned to the hospital for a follow-up MRI scan. Afterwards, while Meta and I were meeting with my radiologist, Dr. Ian Crocker, she asked if we might be allowed to see my before-and-after-surgery MRI scans. He invited us down the hall to his office, where he pulled up the brain scans on his computer.

Despite my surgeon's repeated assertions about the tumor's large size, I somehow doubted him. Or to be more precise—even after the surgery, I clung to the assumption that this ambushing growth in my head had been a tiny entity. I was expecting it to appear on the MRI as a mere speck.

Instead, the pre-surgery scan revealed a darkened mass—up to three inches across, like some hideous Rorschach Pattern—that had spread over the top of my brain.

“My God,” I said, “if my skull was a globe, that would be a continent.”

“Yeah, Pangaea,” quipped Dr. Crocker, his gaze still locked on the screen, alluding to the super-continent that geologists believe once gathered the world's present continents



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into a single land-mass.

The tumor that had afflicted me had resulted from a rioting of cells. And, as a historian, I confess that its strategic logic of invasion and constriction reminded me of the Union's "Anaconda" strategy for subduing the Confederacy—cells within the meneges, the membrane that surrounds the brain, grow out of control, dividing and subdividing at an abnormally rapid pace. Spreading laterally and vertically, the meningioma increasingly puts pressure on the rest of the brain.

Fortunately, in the second scan, the post-surgery image taken that same day, the tumor was nowhere to be seen. Pangaea was now as gone as mythical Atlantis.

As we looked again at the darkened mass that spread across the pre-surgery image, the doctor estimated that the tumor had been growing for about ten to fifteen years. "Had it grown faster, you wouldn't be here today," he said. "I'm just amazed that you managed to write a book with that sized tumor in your head."

By the grim and humbling ironclad logic of hospitals and rehab centers, regardless of each individual patient's condition, there will always be another in worse or better shape. But shortly after my release from the rehab center, as I was relating my recent experiences to a fellow author, he said to me, "I think writers tend to come out better in those places than others do."

As a writer, I've hardly piled up any riches. But my interior life, the one I was compelled to retreat into over those dismal months, contains, thanks to a lifetime of reading and thinking, a sort of Louvre of the mind—rich galleries of facts and imaginative constructs. And in difficult times, I've discovered, those words, ideas, and images can offer essential sanctuary. Since my hospitalization, I've learned that patients afflicted with expressive aphasia, even as they struggle to compose sentences of their own, nonetheless often find themselves able to recite lyrics and verses long-ago committed to memory. Even so, I still think of those poems that came back to me when all other words failed, as providing vital reassurance—like some faraway but distinct shoreline—that I would somehow find my way back. Beyond all else, I keep returning to some lines from Yeats: "Think where man's glory most begins and ends /And say my glory was I had such friends." 🐦

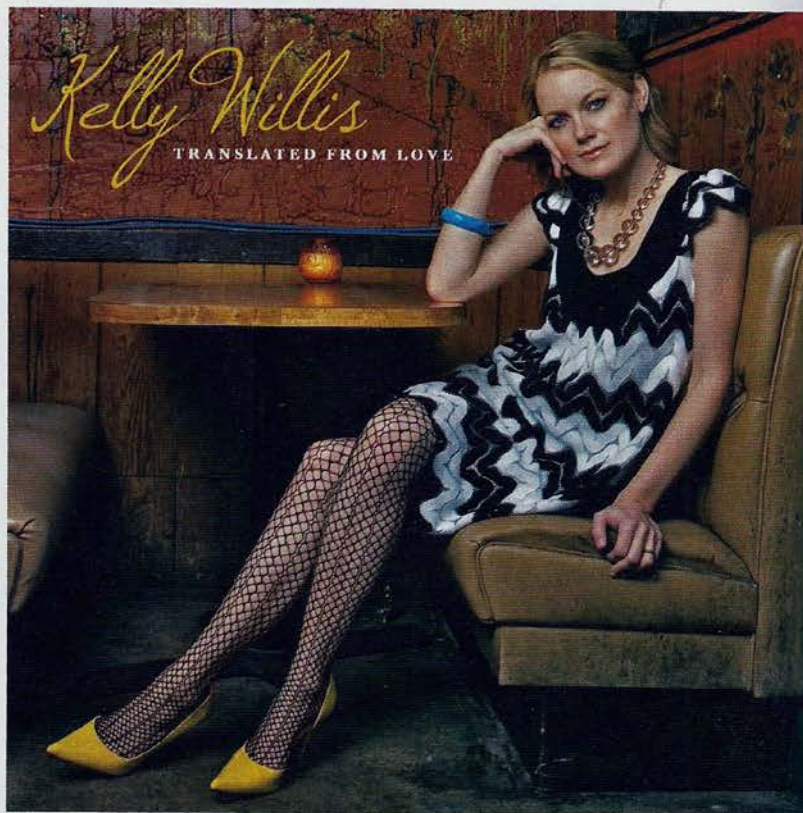
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