

## Larry & Annie Revisited

by [Susan Carper Hanson](#) on Friday, May 6, 2011 at 2:45pm

And now for the latest episode of "House."

The Man shows up in the local ER, feeling dizzy and feverish. He is admitted to the hospital with a temperature of 103° F and moved to the ICU when his systolic blood pressure plummets to 56. The doctor suspects pneumonia, but the Man's Wife thinks the illness might have been brought on by a project the Man worked on over the weekend. He became overheated, the woman explains. Not only had he spent 10 hours in the sun, but he had stayed up very late putting together frames for the couple's new beehive. And then the next day, says the Wife, he had donned a heavy cotton/poly bee suit and worked on assembling the hive and installing the "package" of bees. It was a hot, oppressive, horribly humid day, the woman recalls.

Many tests are done, still under the assumption that the Man has pneumonia or another infection of some sort. When the tests all come back negative, the doctor considers meningitis and orders a spinal tap. The woman says nothing, but a vision of Christopher Guest and Rob Reiner flashes before her eyes. Not THAT kind of spinal tap, she realizes.

The Infectious Disease Doctor is called in for a consult. A slight, bespeckled woman from Sri Lanka, Dr. Chamalee N. Weeratunge speaks quickly in a crisp yet lilting voice. From Nurse Karen she has learned that there is a Story behind this case. She listens intently as the Wife recounts the Man's activities over the last two weekends. She is particularly interested in . . . The Shed.

At this point, the camera cuts away from the hospital and moves to the patient's back yard, showing a flashback of the patient pulling up the floor of the 30-year-old shed, tearing down the walls, and then raking out the soil that had collected underneath the wooden structure. For decades, animals have burrowed beneath the shed, living and dieing there, and leaving their droppings as well. Using a large shovel, the Man scoops up the dirt and piles it off to the side. The following weekend, he and a paid helper replace the floor and walls. The Man is glad when it's Miller Time." The camera pans back to the present.>

The Infectious Disease Doctor is riveted by the tale. "Really?" she says, her body language making it clear that she considers this news important. In the background, spooky music reaches a crescendo.

The scene changes. It is now the next day. The woman is awakened at 4:30 a.m. by the sound of her chocolate Lab, Annie, attempting to drink water from the bathtub. Getting up, she follows Annie to the kitchen, where the dog barks frantically for water and then drinks the entire bowl. They go outside so the dog can pee, and then the two go back to bed. The woman is concerned because Annie seems quite lethargic. She is avoiding eye contact. She has ceased to wag her tail. The next morning, the woman leaves her dog in the able hands of Dr. Dan the Vet. Things are definitely getting weird.>

Back in the ICU, Karen the Nurse listens as the Wife relates what is going on with Annie. A Pet Person and owner of a chocolate Lab herself, Nurse Karen responds in amazement, "We have to tell Dr. Weeratunge." And so they do. Dr. Weeratunge, the Infectious Disease Doctor, is most interested in this news about the dog. Like the other women, she is beginning to think there is a connection. More spooky music plays.

Meanwhile, in a hospital several miles away, Dr. Dan the Vet is doing a series of tests on his own. Annie, he discovers, has a very low platelet count, as well as polydipsia and polyuria--in other words, she drinks and pees a lot. Also telling, he says to the Wife, is the protein in her urine. He begins treating her with a cocktail of doxycycline and a steroid. He pronounces that she is "stable."

Suspicion grows.

Dr. Weeratunge, the Infectious Disease Doctor, gathers the Women--the Man's Wife, Older Daughter, Daughter-in-Law, and Karen the Nurse--around her in the hallway. In her crisp but lilting accent, she explains that she is narrowing the List of Possible Culprits. Dengue fever is conceivably the Bad Guy, and so is something else that the Wife can neither remember nor pronounce. At the top of the List, however, is leptospirosis, a bacterial infection most common to farmers, veterinarians, pet shop owners, sewage workers . . . and men who mess

around with 30-year-old dirt under back yard sheds. She will treat it with doxycycline, which Annie is receiving as well.

"Leptospirosis," the Wife reads aloud a little while later at dinner, "starts suddenly, with a severe headache, redness in the eyes, muscle pains, fatigue and nausea and a fever of 39°C (102°F) or above." When the Wife reaches the end of the medical description, the Women take a vote: All three have decided that leptospirosis is it. They order another margarita to celebrate this breakthrough.

The next morning, the Wife has a lengthy conversation with Dr. Dan the Vet. Leptospirosis may well be it, he tells her. The most common zoonotic disease in the world, leptospirosis is also one of the few diseases that affects both animals and humans. He will ask the experts at IDEXX Laboratories--a.k.a. the Superlab--to test Annie's blood for leptospirosis along with some other Bad Things. Her results will probably be ready before the Man's. The Wife finds irony in this.

Time begins to blur. The Man is moved to a regular room, which is quiet and spacious and far less interesting than his room in the ICU. For one thing, Nurse Karen is no longer in the picture, and the Women had decided that they liked her very much. Indeed, they had taken a vote at dinner the night before to invite her on their next outing. They are sad to tell her goodbye.

The Man is doing quite well. He is sitting in a chair, walking around a bit, and reading political editorials aloud to his Wife and Daughter-in-Law. Annie continues to be "stable," her platelet count still lower than it should be, but increasing nevertheless.

The camera moves out for a wide shot. Dr. Weeratunge, the Infectious Disease Doctor, is coming down the corridor, walking toward the Man's room. She will speak to the Man and his Wife and his Daughter-in-Law one last time, saying that the Man may be released in just a day or two. Was it leptospirosis or was it not? Familiar as she is with the symptoms--leptospirosis is quite common in Sri Lanka, she tells them--Dr. Weeratunge says that she BELIEVES that's what it is.>

Meanwhile, the medical mystery continues, and the spooky music trails off . . . until the next episode of "House," that is. Stay tuned to your local station.



## Larry & Annie, the Return

by [Susan Carper Hanson](#) on Sunday, May 8, 2011 at 11:08pm

And now, yet another episode of "House":

The Man, who showed up in the local ER three days before, complaining of assorted Bad Things, is pronounced healthy enough to move to the PCU (which, despite the sound of it, is not a kind of European measurement). Because the Progressive Care Unit (PCU) is nearly full, the Man is taken to the only available room, which is located at the end of the hall and marked with the ominous sign "Infectious." The Wife and Daughter-in-Law are most impressed with the size of the room and remark that it reminds them of a hotel--albeit a very *strange* hotel, given the setup for the IV and assorted monitors.

The days begin to blur. With Nurse Karen gone back to the ICU and Nurse Honey now on the case, the Man continues to improve. "He had me scared," one of the Health Professionals confides in the Wife. "All of his systems were shutting down." While she is not a doctor, and doesn't even play one on TV, the Wife knows that this would've been Bad. She is indeed grateful that Things are looking up. She and the Daughter-in-Law go out for a late dinner and a couple of beers to wind down.

At this point, the camera zooms out for a long shot of the two Women, talking quietly as they glance across the river that runs adjacent to the restaurant. The director cues them to look "wistful," and so they do, simultaneously drinking the last of their beer and wondering how this scene will play in reruns.>

The following day, the Wife consults once again with Dr. Dan the Vet, who assures her that Annie the Lab is "holding her own." Although she continues to drink water and pee excessively, her platelet count is rising and her appetite has returned. He explains to the Wife that while Annie has indeed been vaccinated against the most common strains of leptospirosis, there are other, less prevalent strains, any of which could be the Source of the Problem. He also cautions the Wife that Annie's condition could stem from an autoimmune disorder instead of the suspected bacteria. There's simply no saying for sure.

Is it just a coincidence that the Man and the Dog became ill within hours of each other? Is it just a coincidence that their symptoms are almost the same? The Women are certain that it's not.

That afternoon, the Infectious Disease Doctor, Dr. Weeratunge, makes her final appearance. She is happy to see that the Man is sitting in a chair beside his bed, reading a chapter from the book his study group's discussing. He is nothing if not Diligent. Listening to his chest, Dr. Weeratunge announces that the Man still has some fluid in his lungs, but that once this is resolved, he can be discharged. The Wife is thrilled with the news and invites Dr Weeratunge to appear in the reenactment when "The Case of the Mysterious Shed Disease" is shot for the Discovery Channel. The Infectious Disease Doctor laughs and replies, "Only if you can guarantee I'll earn an Emmy."

Annie continues to improve, but she's still not ready to come home. And so the Wife, eager to see her Beloved Dog, decides to pay her a visit. Placed in a room and asked to wait, the Wife envisions a warm reunion, Woman and Dog staring longingly into each other's eyes. Minutes later, when the door opens, Annie rushes in, lets the Woman pat her fleetingly on the head, and sprints directly to the other door. She barks excitedly, demanding to be let outside. The Woman vows to lower her expectations.

The days blur some more. To symbolize this effect, the director orders the cameraman to smear Vaseline lightly across the lens.>

It is now Day 6. Dr. Dan the Vet tells the Woman that while she can take her dog home anytime, she may well want to let her stay. "It's up to you," he tells her. Annie's platelets have risen, Dr. Dan explains, but they are still not close to where they need to be. The Wife learns that a healthy dog's platelets--those bodies produced by the bone marrow that cause the blood to clot--should be at least 200,000. Annie's, Dr. Dan reminds her, were only 26,000 when she was admitted. Today they are somewhere around 72,000. Anything under 30,000, he says, is "critical."

If Annie does come home, Dr. Dan continues, she will have to be watched for bleeding. She will also have to be prevented from getting over heated or over

tired, and she will need constant access to water. The Wife decides to leave her another couple of nights.

Sunday: The Man is packed and ready to go home. He is sitting in the chair beside his bed, reading his discharge papers.

Fast forward an hour or two. A pert young woman comes into the room and smiles. Her name is Brittany, and after inviting the Man into the wheelchair, she pushes him toward the elevator at the other end of the hall. "Maybe you know my mother," she says when the Man tells her that he's been in ICU. The clerk for the PCU, Brittany, it turns out, is the daughter of Nurse Karen from our previous episode. The plot thickens.>

Will the characters lapse into Bad Dialogue and remark, "Small world"? Will the Man and his Wife stop at the coffee shop on their way home for a frozen beverage? Will the sun rise tomorrow in the east? Stay tuned for the next episode of "House," when you can also expect the Return of Annie the Dog.

Or so they hope.



**Annie looking forlorn**



**Larry waiting impatiently  
to go home**

## **Annie Turns Around--Mostly**

by [Susan Carper Hanson](#) on Tuesday, May 10, 2011 at 10:20pm

The Final Episode of "House" . . . Maybe

The morning after the Man comes home from the hospital, he tells the Wife that he is going into the office "for a little while." "Don't," she suggests. "I'll think about it," he replies, going back to sleep.

Mid-morning, the Woman calls Dr. Dan the Vet to see how Annie the Lab is getting on. He is busy drawing her blood, so she says she'll check back later. And she does. What the Woman learns, to her great surprise, is that Annie's platelet count is now normal. Only 26,000 a week ago, and 75,000 four days later, it is now 220,000--20,000 points into the "normal" range.

"I've never seen this with autoimmune disorders," Dr. Dan explains, fidgeting with the little paper sack full of Annie's medications. Such a turnaround, he says, is more typical of an infection than an immune disorder, he adds. He and the Woman are waiting eagerly for the result of the antibody test being done at the Big Veterinary School, essentially the Mayo Clinic for dogs.

On the way home, Annie is acting more like her normal self. She is sitting erect in the front seat of the car, belted in as always. And she is on the lookout for Dangerous Cows. When she finally spots some, in a pasture a couple of miles from her house, she goes on the alert and barks. And then she barks some more. The Woman drives by without harm.

Back at home, the Dog begins what is known as a Pattern: drink, pee, drink, pee, drink, pee, vomit. It is something that both the Woman and the Man consider Most Unpleasant. The Man calls Dr. Dan. The Able Veterinarian recommends that they cut back on Annie's food and water and give her a Pepcid AC, along with her antibiotic and her steroid. They follow his instructions and, to their delight, the Dog sleeps almost all the way through the night.

Tomorrow the Man will see the Infectious Disease Doctor and perhaps discover the Source of the Problem at last. Or maybe not.



## Annie Goes Away in the Car--Again

by [Susan Carper Hanson](#) on Thursday, May 12, 2011 at 2:59pm

In the previous episode of "House: The Low Rent Version," the Woman is thrilled when Annie the Lab returns from the Animal Hospital--and Annie is pretty stoked herself. Spirits fall, however, when on her second night home, the Dog rouses her People from sleep not one, not two, but three times. It is the Pattern again: drink, pee, eat, pee, drink, vomit. "This will not do," the Woman says without mirth. And so the next day, she drives Annie the Lab--also known as The Poor Dog--back to the Capable Vet's office.

<The camera comes in for a closeup of The Poor Dog, sitting forlornly in the front seat of the car. It is easy to imagine that she is pondering many existential questions--What is the meaning of my life? Why is there suffering in the world? Why am I wearing a scarf around my neck?>



Much conversation ensues.

As Dr. Dan tells the Woman, the test results from the Big Veterinary School (the Mayo Clinic for Dogs) have revealed next to nothing; there is a *very slight* trace of leptospirosis antibodies, but those could simply be the result of Annie's vaccination. He is stumped. What both Dr. Dan and the Woman understand, however, is that antibodies take time to show up. Leptospirosis is *very* hard to diagnose.

The Woman has been reading. She has learned that even in really sick dogs, the titer (simple definition: the concentration of an antibody) can be difficult to find, or even missing. "This may be because during the acute phase of disease there is little to no detectable antibody, or it may be due to detection of a related

serovar (i.e., not specifically serovar grippotyphosa)," a Professional Document from the Veterinary Support Personnel Network tells her. She is not a veterinarian (and has never even played one on TV), but the Woman understands what this means: Dogs are vaccinated against leptospirosis, but only against the most common strains. There are a bazillion (not a scientific term) others that the vaccination does not cover. In short, a negative test doesn't mean a whole heck of a lot.

<The camera backs up for a wide shot of the woman and Dr. Dan who, like the Poor Dog, is looking pensive, though without a scarf around his neck. On the other hand, The Woman is doing a little dance in her head because she had the forethought to purchase pet insurance when the Poor Dog came to live at their house.>

On a more positive note, Dr. Dan tells the Woman that Annie's platelet level is continuing to rise. Just 26,000 nine days ago, it has now reached 364,000. An incredible recovery by any standard. *What would have happened had she missed the symptoms and not taken Annie in to see the vet*, she recalls asking him the other day. *She would have hemorrhaged*, the doctor had explained. A nose bleed, a cut, a bump that caused internal bleeding--she could have quickly bled to death.

<There is alarm on the woman's face. Insert scary music here.>

In other words, in spite of her current difficulty, The Poor Dog lucked out.

Leaving The Poor Dog with Dr. Dan once more, the Woman heads home, where she is planning to meet the Man. He has worked for part of the day, as he did the day before, but he's scheduled to see the Infectious Disease Doctor later this afternoon. They will have to hurry to get to her office on time.

Before leaving, though, the two must feed the bees. The Woman has mixed more sugar water (4 pounds of sugar at a time), enough to fill the two applesauce jars they use as feeders. Because there is nothing blooming, and because this is a new "package" of bees, the Woman and the Man must feed their tenants roughly every other day. *Tenants?* As an aside, the Woman

wonders, "*What do you call a bunch of bees?*" There are many options, she discovers:

- A cluster of bees
- A colony of bees
- A grist of bees
- A hive of bees
- A hum of bees
- A nest of bees
- A swarm of bees

She will go with "colony" for now.

Without putting on their bee suits--these Italian honeybees are gentle folk, unless you approach them from the front--the Woman and the Man walk around to the back of the hive, lift off the outer cover, and swap the empty jars for the full ones. The bees have been chugging the syrup down. Because a good many linger on the tops of the empty feeders, the Woman simply leaves those on the ground. For now.

<The image of the bee yard fades out, and the camera follows the Woman and the Man as they wend their way north on IH-35. After 30 minutes or so, they reach the office of Dr. Chamalee N. Weeratunge. The Infectious Doctor, as the Woman sometimes refers to her, is happy to see them. Although it is nearing the end of the day, she is attentive and polite.>

"And how is the Dog?" she asks, after inquiring about the Man's health. The Woman gives her the latest news. The Infectious Disease Doctor looks pensive--a trend, the Woman is thinking. "Oh no," the Doctor responds when she hears of Annie's stomach trouble and subsequent return to the vet's. She speculates that the Poor Dog may be having a bad reaction to the antibiotics. "You might have to switch to a different one," she says.

Once again, the Capable Vet and the Infectious Disease Doctor agree on a course of treatment.

Turning to the Man's blood tests, Dr. Weeratunge explains that everything looks clear. The man doesn't have the disease that the Woman can't pronounce, and he doesn't have the other thing, which the Woman can't remember. While no leptospirosis antibodies showed up in the exam, the Infectious Disease Doctor is still pretty sure that that's the Source of the Trouble.

"We will have to check again in about five weeks," she tells the man in her clipped, precise English. The Woman notices that the Infectious Doctor is wearing argyle socks. She likes that, and will tell the Man about it later on.

<The screen goes black until 3:30 the next afternoon.>

Somewhere under the pile of papers on the table, a telephone rings. It is the office of Dr. Dan, the Capable Vet. Annie is doing fine, the Woman learns. In fact, The Poor Dog is ready to come home. Again. This time, though, she will return with a different drug. Something, the Woman hopes, that will break the Pattern.

<Music that is not-quite-scary plays as the scene dissolves, leaving a host of unasked questions for another time.>

## What's this? Another Installment of Life with the Man, the Woman, & The Poor Dog? Afraid so.

by [Susan Carper Hanson](#) on Friday, May 27, 2011 at 5:46pm

Having boarded The Poor Dog at the clinic of the Capable Vet, the Woman arrives in the late afternoon to pick up her canine charge. "Her attitude is good," Dr. Dan tells the woman, who isn't quite sure what this pronouncement signifies. Does it mean that Annie has a positive and hopeful outlook on life? That her manner is assertive and confident? That she plays well with the other dogs at the clinic? Though confused, the Woman smiles at the Capable Vet's pronouncement. She is also pleased to learn that The Poor Dog's platelet level has risen yet again. This is Good News indeed.

With both the Man and The Poor Dog healthy again, Life at Home is positively Normal. Until the next day.

The following morning, while walking to her office at school to refigure a student's grade, the Woman has the equivalent of a one-car accident. With no one else on the highway. In dry, sunny weather. Without a blowout or similarly random catastrophe. As she will later explain, she had just turned the corner into her hallway when she noticed that the door to the office on the end was open. Turning back to look inside, the Woman felt her left ankle roll, causing her to collapse and land hard on her right arm and shoulder.

"Oh my," she says, except in different words and with a certain urgency in her voice. Lying there very still, the Woman finds herself thinking that the tile is nice and cold, not to mention exceptionally hard. She is also sincerely hoping that no one will pick this moment to saunter down the hallway. She is, in a word, embarrassed.

She is also hurt.

Sensing that she has Done Damage, the Woman nevertheless staggers to her office to read a late paper she has evidently overlooked. After recording the grade, she discovers that her work has not made a Whit of Difference. The *D* on the student's transcript is going to remain a *D*.

With what feels like a sprained left ankle and a similarly messed-up shoulder, the Woman drives herself to the local ER. There she is tempted to fictionalize her mishap: "You see, doctor, there was a very large opossum in the living room, and he chased me into the kitchen, where I slipped on a Tupperware lid and fell headlong into an antique pie safe." Or even better, "I was kidnapped by an infamous drug cartel, but escaped when the car slowed down to 25 in a school zone and I managed to open the door and leap out, landing dazed in a ditch by the side of the road."

Humiliating as it is, the Woman decides to go with the Naked Truth. There is less to remember that way.

Two and a half hours later, the Woman trudges back to her car, an envelope full of X-rays wedged tightly under her arm. *Nothing is broken*, the physician's assistant has told her, adding that she should follow up with an orthopedist right away. *You will probably need an MRI.*

Upon calling her Primary Care Physician, the Woman learns that because her Mishap occurred at school, she will need to file a claim with Workers' Compensation. And so she phones the Appropriate Office and speaks to the Lady in Charge. Right off the bat, the Woman discovers that she has made a Serious Error. After pulling herself up from the floor, she should have gone upstairs immediately and notified her supervisor that an Unfortunate Mishap had just taken place. She tries to envision the scene: *Staggering to the elevator, the Woman would have punched the button and ridden up one floor. Next, she would have limped to her Department Chair's office and, with great embarrassment, confessed, "I had an Unfortunate Mishap walking to my office." He would no doubt have looked at her in disbelief, inquiring, "What ho? Was there by any chance an opossum in your path?"*

Because her Primary Care Physician doesn't take Workmen's Compensation cases, the Woman is seen by a Health Professional she's never met before. Surprisingly, though, she is more or less OK with this; the New Health Professional makes a favorable impression not only by being competent, but also by being wise enough not to laugh when she hears how the Unfortunate Mishap occurred.

The diagnosis is hardly a surprise: sprained left ankle, and sprained or strained right shoulder and arm. For a week at least, then, the Woman will need to ice her sprains and wrap her wonky ankle. From there, the New Health Professional will play it by ear.

The Woman's attitude about it all? Decidedly not as good as The Poor Dog's, she not a bit hesitant to say.

## Update on the Woman's Latest Adventure

by [Susan Carper Hanson](#) on Thursday, June 16, 2011 at 12:03pm

The Woman doesn't like being messed with.

It seems that the God of Worker's Comp doesn't believe in treating shoulder injuries with anything but exercise. Granted, the patient (that would be The Woman) can go to PT to *learn* said exercises, and perhaps read some magazines while she's there, but all other modalities--ultrasound, TENS, massage, and even ice & heat--are verboten. Noting that the Woman can make her own hot and cold packs at home, the God of Worker's Comp points out that 'studies' have shown these passive treatments to be less effective than the more active ones--i.e. things that don't cost money. *What* "studies"? one might ask. 'Studies' done by whom? Can you say 'logical fallacy'? How about 'appeal to anonymous



authority'?

Clearly, the god of Worker's Comp knows much, much more than the lowly physical therapist who submitted The Woman's treatment plan. Clearly, the God

of Worker's Comp has had special training in anatomy, physiology, and the mechanics of the body. Clearly, the God of Worker's Comp has never been injured on the job.

When The Woman receives the letter explaining why the recommended treatment for her shoulder is being denied, she is especially interested in the wording at the top of the page. There, mixed in with all the other headings--things like Name, Claim Number, and the like--is "Date of Alleged Injury."

"Alleged"--oh my, doesn't *that* word pack a lot of baggage. Sort of like "alleged death" or "alleged victim." In this case, one word says it all. The message: Excuse me, but we are definitely *not* on your side.

So what is The Woman to do? Fortunately, she has enough time on her hands to be a nuisance. She is fairly adept at dialing a telephone, though no one actually 'dials' one anymore. She is fluent in the use of Big Words. Her BS detector is in fine repair. And she's always up for a good fight with The System. She'd rather *not* have to resort to such a thing, mind you, but if provoked, she'll bite.

# The Woman and The Man Redux: Recalculating

by [Susan Carper Hanson](#) on Wednesday, June 29, 2011 at 11:22pm

I.

She doesn't know how it happened, but The Woman has evidently plunged through a wormhole and ended up in George Orwell's Oceania. It is 1984 all over again, complete with Doublespeak and the Thought Police. Except now they call it Worker's Comp.

The Woman realizes this when she receives yet another letter from The System. It is titled **NOTICE OF DISPUTED ISSUE(S) AND REFUSAL TO PAY BENEFITS**. These words are written in bold capital letters, the equivalent of someone standing in her face and yelling for no apparent reason. The Woman finds this Ominous.

Sure enough, the adjustor (hereafter known as The Adjustor) with the State Office of Risk Management has written to inform The Woman that there is no connection between her injury and the problem for which she's seeking treatment. Her injury? A bruise on her upper arm. Said problem? An arthritic shoulder characterized by bone spurs or osteophytes. "These are ordinary conditions of life to which the general public is exposed outside of employment," The Adjustor explains. "There is no causal connection between these conditions and the 5/23/11 date of injury."

Reading this, The Woman scrunches up her face just a little, cocking her head in much the same way her Lab does when she attempts to explain anything more complicated than, say, "dinner."

"But wait," The Woman finally says, "I *know* I have arthritis, but that's not what my claim is for." She wonders if she will now get a letter stating that there is "no causal connection" between The Unfortunate Incident and, oh, her poor eyesight. Or her aversion to hominy. Or perhaps her inability to recall the use of logarithms.

When she finally gets to speak to The Adjustor, The Woman learns that the Disturbing Letter means absolutely nothing in Real Life. "Just sayin'," The

Adjustor explains, though not in those words. Put another way, if The Woman had thought about chalking her arthritis up to The Unfortunate Incident, she'd better think again. Just sayin'.

The Woman is happy to have this straightened out, but she's still confused about the way her injury was described. Granted, her fall did result in a nasty-looking hematoma/contusion (insurance-ese for *bruise*) on her upper arm, but it also did something Bad to the tissues deep *inside*. As a result, The Woman can't raise her arm without screaming. Or at least whimpering pitifully.

What The Woman hears from The Adjustor is that her injury was not described in sufficient detail by The Health Professional she's been seeing. "Of course, you can have an MRI on your shoulder," The Adjustor tells her. "Your doctor simply has to ask for one."

What ho! All this time The Health Professional has *assumed* that any such request would be denied. The Woman immediately calls the office of The Health Professional, relaying this information and requesting that they "get on the stick," to use medical parlance. That very day, the appointment for her shoulder MRI is set.

The Woman wonders what People Without Chutzpah—or at least good telephone skills—do when frustrated by The System. She guesses that they simply lick their wounds and go away.

II.

Meanwhile . . . The Woman finally gets to see The Spinal Doc, who looks at the images from her MRI and immediately tells her why she's having trouble walking—she has a ruptured disk, right above the site of her previous repair. He recommends two things: (1) that she get a series of steroid injections as soon as possible, and (2) that she avoid falling down. She ends up failing on both counts.

Alas.

III.

“Indiana wants me / Lord I can’t go back there . . . “

The Woman finds herself humming the 1970 hit by Canadian singer R. Dean Taylor. She quickly decides it is probably not good traveling music, however, given that her destination is in fact Bloomington, Indiana.



The Man and The Woman are headed to Indiana to attend the biennial conference of The Association for the Study of Literature and Environment, also known as ASLE (pronounced Az-lee). The Woman prides herself on having attended these meetings since they began, all the way back in 1995. She is proud about this not only because it means she is very Current in her Field, but

also because she has collected all the T-shirts, caps, and bags associated with the event. She has Priorities.

The Man and The Woman are making time to stop along the way, hitting all the state Welcome Centers, where they chat with friendly volunteers and pick up Useful Tourist Information about such things as large bells and mastodon bones. Because they appreciate Local Color, they follow the advice of a particularly informative docent and stop for lunch at a Restaurant That Shall Remain Nameless in an Unnamed Town in Missouri. The Woman has a corned beef sandwich that she suspects is made with Spam. Or maybe something worse. This is not exactly the Local Color she had hoped for.



Driving on, The Man and The Woman spend an inordinate amount of time touring Cairo, Illinois, which is, in some respects, a ghost town. People still live there, all right, but the old downtown is abandoned. Ironically, The Town That Isn't There has become a Tourist Attraction. The Woman feels sad about this, but she enjoys taking pictures there just the same. So does The Man. It is a little like photographing road kill, not that The Woman has ever done that.

Cape Girardeau (pronounced jā-'rā-dō) is somewhat better; people actually do live here still. Known as “the world’s only inland cape,” “Cape,” as the locals call it, is a picturesque small city with a beautiful new cable stay bridge over the Mississippi and lots of cool historic stuff.



This includes pretty old houses, pretty parks, pretty old churches, pretty overlooks, and even a pretty Civil War fort. It is what one might call a Pretty Place to Visit.

In contrast, the town of New Madrid (pronounced ‘Ma-drid) is not. It does have some nice historic homes, but it’s mostly known for being the “oldest American city west of the Mississippi” and the site of the “strongest earthquake ever to hit the eastern United States.” That would be the series of quakes that began here in December of 1812 and continued into February of the following year. That would also be rather confusing, given that the city is “eastern” and “western” simultaneously.

Eventually, the sun goes down; this happens late at latitude 39°09'55.008"N. While driving aimlessly, The Woman and The Man learn A Thing or Two about southern Illinois and Indiana. Thing (1) Almost nobody actually lives there, and (2) the only light comes from a sole convenience store located somewhere near the town of Carmi, Indiana. This countryside is Dark. And there are Dancing Deer signs everywhere. Following directions that he got from a man at a rest stop back in Illinois, The Man drives on in Trepidation.



For most of their week away, The Man and The Woman are in Bloomington, Indiana, the city where the 1979 cycling movie *Breaking Away* was filmed. Bloomington (pronounced 'Bloom-ing-ton) is also a Pretty Place to Visit. Further, it is a mighty fine place to go out to eat, particularly at The Runcible Spoon and Mother Bear's Pizza.



The university campus—that would be Indiana University—is what one might call iconic. That means it looks like the background for every movie that has ever featured a university. The Woman assumes that the students here must be very well behaved, because the Student Union is full of real upholstered furniture and intact table lamps. Also grand pianos, which the students are actually allowed to play.



But back to the conference itself. . . In addition to hearing lots of good presentations about literature and the environment, The Woman and The Man enjoy a staging of the musical “Wilderness Plots: Songs and Stories of the Prairie,” which features some really good musicians, such as Carrie Newcomer and Krista Detor, as well as one of The Woman’s favorite writers, Scott Russell Sanders. Because the show is being filmed for PBS, The Woman and The Man are given special instructions on clapping and looking happy for the camera. They are not reprimanded, so they assume they’ve done OK.

One afternoon, The Man and The Woman get to go on a Field Trip. They are part of a small group riding out to see the Sycamore Land Trust, about 5500 acres of bottomland, former agricultural land that is being conserved as forest and wetlands. Not surprisingly, they get to see lots of trees, including swamp oak, pin oak, and black walnut. They also get to see some very tiny frogs—chorus frogs, says The Professor, their host and interpreter for the hike.



The Woman has planned to sit and read a book while The Man and the others go hiking, but much to her chagrin, there is no place to sit—except, perhaps, on a rock surrounded by poison ivy. She elects to go on the hike. Thanks to her trusty trekking poles, The Woman does a fine job of Bringing Up the Rear, also known as Lagging Behind or Lollygagging. She makes it out to the end of one trail and back, but begs off when the rest of the group decides to take the boardwalk out into the swamp.

“I’ll play it safe,” she tells The Man as she recalls the Spinal Doctor’s admonition to stay upright. And so, carefully planting one foot in front of the other, she wends her way back in the direction of the bus. She is maybe halfway there when she feels her left ankle roll and her body twirl in slow motion, propelling her inexorably toward the adjacent ditch. The ditch that is full of water. Muddy

water.



The Woman is disgusted with herself.

Crawling out of the ditch, she considers not mentioning this mishap to The Man. But attentive as he is, she fears he'll notice that her entire backside is drenched. She opts for staying put, for sitting in the middle of the gravel trail and doing what she'd planned to do in the first place: pulling out a book and reading while she waits for the others to return. She assumes a demeanor of nonchalance, as if she does this all the time.

The Woman has no pride left.

Both The Woman and The Man are sorry to leave Indiana. The Man has had fun visiting limestone quarries and talking to carvers about their work. He has also been to McCormicks Creek State Park, which has lots of rocks and trails and a pretty waterfall in the woods. He likes the fact that everything in southern

Indiana is green. This is what is known as a Pleasant Change of Pace.



The Woman has had a great time as well. She has connected with many old friends and made some new ones, too. Thankful that she was able to get a temporary handicapped permit, The Woman is grateful that The Man has been willing not just to drive her everywhere she's needed to go, but to take her right up to the door. She thanks him profusely. He acts as if it's No Big Deal. The Woman assures him that it is.

Driving back to Texas, The Man and The Woman get to see more of the countryside in daylight. They are astonished by the number of large trees lying helter-skelter on the ground, victims of the terrible storms that swept through southern Indiana. They are also taken aback by the water still standing in the flooded fields of Illinois and Missouri, by the water still lapping at the windows

of the flooded houses, by the sandbags still circling homes and businesses.



Two days after starting out, The Man and The Woman are home. Like that irritating woman trapped inside their GPS, they are Recalculating. They are readjusting to the givens of their lives—the heat, the drought, the inescapable presence of The Unfortunate Dog draped across the foot of their bed.

IV.

Back at home, The Woman has her MRI as scheduled, confirming what she already knew: Her right shoulder is messed up. Put in medical terms, the rotator cuff is torn. In case that explanation is too simple, the report contains also contains phrases like “avulsion type fracture,” which refers to something The Woman would rather not think about. Following The Health Professional’s instructions, tomorrow she will try to find a Shoulder Doctor willing to take her case. Alas.

# The Woman--Minus The Man and The Unfortunate Dog

by [Susan Carper Hanson](#) on Sunday, June 12, 2011 at 5:00pm

I.

Looking earnest, The Health Professional asks, "On a scale of 1 to 10, how would you rate your pain today?"

"That depends," The Woman replies, not wanting to misrepresent the truth. "Just sitting here, it's zero, but if I actually have to *move*, the pain shoots up to 10."

The Woman demonstrates by tentatively raising her right arm, pausing to wince convincingly.



A week after the Unfortunate Incident, in which she sprained her ankle and did Something Bad to her shoulder, The Woman is trapped in the Worker's Compensation System (hereafter known as The System). Things move slowly here, she learns, one ponderous step at a time.

A word of explanation: Because the Unfortunate Incident occurred on the campus where she teaches, it is considered a Work Injury—this even though The Woman was merely walking to her office at the time, simply putting one foot in front of the other, or at least attempting to do so. Has The Woman taken the mandate "Stop, drop, and roll!" a bit too far? Perhaps. Whatever the reason, The Woman is now officially Incapacitated. In addition to injuring her ankle and shoulder, she has damaged her back, causing The Man to remark, "You walk like the little old man Tim Conway used to play on 'The Carol Burnett Show.'" She wonders if he means this in a good way.

And so now, back to our drama.

Week One: The Woman is seen by The Health Professional, who tells her to stock up on ibuprophen and keep her shoulder moving. Baby steps. Week Two: The Woman is seen again by The Health Professional, who rechecks her range of motion. "We think it's doing better. Don't you?" The Woman shrugs. "Only if you

don't count the screaming when I move it," she replies with no discernable mirth in her voice.

Not having picked up on The Woman's singular lack of good cheer, The Health Professional thinks that a little physical therapy might be called for, even though no one has a clue what is wrong with The Woman's shoulder. The Woman thinks that the technical term for this approach is "Putting the Horse Behind the Cart," or something profound like that.

After offering her assessment, The Health Professional looks up from her notes and says, "Your blood pressure's a little high today." "*Duh*," The Woman screams, but only in her head. "*I CAN'T WALK!*"— her point being that she gets a wee bit testy and stressed out when her legs don't function as they should. Of course, The Health Professional continues, The Woman will need to see her Usual Doctor about this Unrelated Problem; her high blood pressure is not considered part of the Unfortunate Incident, and therefore isn't covered by The System. Surprisingly, though, the Woman is actually OK with this. For starters, it gives her an opportunity to speak to someone else about her Unrelated Back Complaint.

Two years after a lumbar spinal fusion, The Woman is worried that the Unfortunate Incident did Serious Damage to her back. Her Usual Doctor orders an MRI, which she will take to her Spinal Surgeon in two weeks—the earliest opening he has. She has read the report (she always requests a copy for herself), but she has seen no Smoking Gun. There is no X to mark the spot, no caption reading "The Source of the Pain Is Here." Granted, the report is full of medical terms she knows, but her expertise ends there. She is officially In the Dark.

II.

MRI report in hand, The Woman loads her car and heads for Concan, Texas, where she will spend the weekend with her family. "Cancun?" friends invariably inquire when she tells them where she's going. She shakes her head and smiles. There is simply no good way to explain how this tiny Hill Country town got its name. Not to mention that she doesn't know.

The Woman's destination is River Rim Resort, a tranquil spot on a bluff above the Frio River. A cousin and her husband own it, one of several reasons the family had for coming here.

The Cast of Characters expands. In addition to the Woman (The Man will show up later), we now have The Brother, who arrives with a bum knee and a 12-year-old bouvier with hip dysplasia; Big Sister and her husband, who has Issues with his feet and therefore can't walk far; The Niece, her husband, and their boys plus two friends, all of whom like girls and two-stepping at the nearby park on starry summer nights; and The Nephew, his wife, and their two young boys, who would rather be fishing than dancing.

As she has for so many years, Big Sister keeps Things going, more or less, on course; she's what is known as a Steady Presence. She is also the one who spends her weekend driving the lame and infirm of the family down the bluff in her rented golf cart. "Next year we should have an ambulance," The Niece observes laconically.

On her first night there, The Woman gets stuck on her very own floor. She has had dinner with the rest of the family, and Big Sister has offered to chauffeur her home in the golf cart. The Problem: those three limestone steps at the cabin's front door. Because she has virtually no pride left, The Woman solves this tactical dilemma by scooting up the steps on her rear. This works fine, of course, until she actually gets in the house.



New Problem: getting from the floor to her feet. With a sprained left ankle, a bum right shoulder and arm, and arthritis in both hands, The Woman is pretty much trapped. She finally manages to turn and get on her knees, but because the polished wood floor is so slick, she can't get the footing she needs to pull up. Time after time, she attempts to hurl herself onto the bed, but on every occasion she fails. At last, a little light comes on in her head.

At The Woman's request, Big Sister goes to The Woman's car and, among the other detritus, finds The Woman's yoga mat, which makes a wonderful traction

pad. Between Big Sister's pushing and pulling, and the pair's maniacal laughter over it all, The Woman finally succeeds. She hits the bed with a thud.

"I can't believe we're doing this," The Woman announces, still struggling to catch her breath amid the laughter. "If our friends could see us now."