Cancer Journal: Random Thoughts on the Occasion of My Lymphoma

January 14, 2013

In the Grip of the Weed

It was the summer of 1954. I was ten years old. My friend Fred and I were out in the woods, as usual. He suggested we try smoking a grapevine. It turns out that they're quite porous, and you can smoke them, although they won't stay lit unless you keep puffing on them. Not a problem for us.

So we did that for a while, but it quickly lost its charm. Truth be told, grapevines taste pretty awful.

So, we pooled our limited pocket change, walked down to Jackson Square, and bought a pack of cigarettes. They were only about $.25, and you could buy them from a vending machine. Nobody cared how old you were. The "good old days" were a libertarian paradise.

So off we went to the woods again to smoke. Neither of us dared bring the pack home, and wasting them was out of the question. So we smoked them all, ten apiece.

I don't know about Fred, but I was green to the gills.

Incredibly, my father -- a heavy smoker -- didn't notice anything amiss. My mother called it right away. She confronted me and threatened to tell my father, which in my mind would have been catastrophic. As the price of her silence, she demanded that I promise not to do it anymore. "Okay," I lied.

We began buying cigarettes regularly. We found suitable hiding places, so we didn't have to smoke ten at a time anymore. We didn't smoke any of those sissy filter tips. It was always Luckies or Camels.

I was hooked.

Soon I settled into the pack a day habit that would stay with me for the next 46 years. I tried to quit, but always failed until, in 2000, when I reached the age at which my father had died from a heart attack, I finally succeeded.

Since I quit smoking, I have worried that I waited too long. I was convinced that cancer would catch up with me eventually. If I stubbed my toe, it morphed in my mind into toe cancer.
So it finally happened. But my cancer, lymphoma, is apparently unrelated to smoking. Perhaps I'll still have to pay for the smoking, but this particular ordeal is punishment for some *other* idiotic thing I've done.

But that's another tale. And besides, maybe it was just bad luck.

**Boxcar wisdom**

Two young men -- boys really -- exploring their new freedom as college freshmen -- managed to purchase some beer and needed a place to consume it where they wouldn't be busted. They settled on the top of a boxcar in the rail yard.

The year was 1961. One of the boys, all nerdy and socially helpless, was me. The other, literary, philosophical, and also socially helpless, was my new friend David. David is now one of my oldest friends.

As we sat on that hard roof pretending to enjoy our beer, David blurted out, "You're gonna die anyway!"

This translated to something like the following: We're going to live our lives, strutting upon the stage, so to speak, accomplishing and doing, ...

And in the end none of it will matter because it won't keep us from dying and then crumbling to dust.

Or something like that.

It was heady stuff. Profundity from a seventeen-year-old. Of course, it was all *faux gravitas* and we both knew it. But that's the way David was, and it was the way I was when I was around him. We had a good laugh, and to this day, on the rare occasions when we speak, there is a ritual greeting: "You're gonna die anyway."

Now, after 51 years, something has occurred to me: he was right, and the profundity was genuine -- I really am going to die anyway, possibly soon, and I am terribly afraid that nothing I have done in my life, other than producing descendants, will matter.

I hate that.

**Betrayal**

He has betrayed me.

I have known him all my life. He was with me always -- when I worked, when I slept, when I drank, when I smoked my first cigarette, and my last.
Certainly he had his minor moments of weakness: all the way back to 1949 when he parted with his tonsils, up to 2012 when he parted with his third kidney stone. There was that nasty bit in 2006 with his heart, made worse by the October storm. He never did have much of a sense of timing.

What else? Bad gall bladder, diabetes, sleep apnea, hiatal hernia, and a touch of emphysema. Big deal. All par for the course for a man his age with a sedentary life style.

These were passing lapses; for the most part, he was right there, supporting me, being me.

For the first time, I am thinking about my body as separate from me. He is not there for me anymore. He has become cancerous, and thus a would-be assassin. He will give me months of great pain, or he will cease to be altogether, and I shall cease to be along with him. After the pain, he may go away anyway, and I will have to go with him. I don't have to approve. Those are the terms.

Bastard.

Existence

There will be a world tomorrow. I won't be in it, and that will strike exactly no one as remarkable.

I have been reading of late about cosmology. If that doesn't put me and my petty problems in perspective, nothing will.

One observation in particular has stuck to me: the era in which we are living, in which stars, warm planets with liquid water, and life are possible, is but the tiniest sliver of the entire time span of the universe. Stretching out before us are vast eons in which the galaxies will have receded, the stars gone cold or collapsed to black holes, and eventually even the black holes evaporated and the protons decayed. A very grim prospect indeed.

So this long present era, during which life on earth has evolved from the simplest organisms to the wonderful diversity of the present time, and within that era, the long history of the human species, of which only the briefest moment has been recorded, all that is a passing eye blink to the universe.

Sentient beings will pass from the scene, and the universe will pursue its own agenda, and soon enough we will be forgotten altogether.

You see where I'm going with this, I'm sure. There is a parallel with a single human life.
Somehow I had always thought that the world and my own existence within it were coextensive in time. I am eternal, and the world exists as a necessary consequence.

Well, imagine my surprise as I approach the horizon. I will die, if not this time then the next time or the one after that. Pamela will be a widow, and will feel my absence. My children and -- to a lesser extent -- my grandchildren will think of me from time to time. Eventually, though, the tide will come in and sweep away all those whose lives I have touched. Our time, my time, will be over.

So please raise a glass, or shed a tear, depending on your approach to such matters, first to the era of life in the universe, and then, if you don't mind, to me and mine.

Self pity

A recent television news story noted the ages of two firefighters who had been brutally murdered in Webster, New York. Their ages, added together, were less than my own 69 years. If my cancer kills me, I cannot complain that my time has been too short.

January 19, 2013

Things that should not matter

Yesterday morning I ran my hand across the top of my head and came away with a handful of tired-looking white hair. I had expected it, and even knew about when it would happen (it was three days early). Still, it horrified me.

I had already decided what I would do when the hair loss began. I intended to go to my barber and have all my hair cut short, so that when it does fall out in various spots, it would be less noticeable. I suppose that's probably about as effective as the comb-over, but hope springs eternal.

Well, I ended up getting in a protracted debate on Facebook with some libertarians, about gun control. I find it difficult to just walk away from these exchanges, and so I missed my chance to get to the barber shop.

I went this morning. Just holding my phone at arm’s length, I took a picture of myself. I’m a little shaky these days, so pardon the blur.

I posted this photo on Facebook. You can view it here:

<http://m.facebook.com/photo.php?fbid=4611905490379&id=1074753694&set=a.2111605264436.2116234.1074753694&relevant_count=1&refid=20&_ft_=fbid.4611905650383>
Now I really feel I need to recover, because I don’t want to go out looking like a skinhead.

Okay, I understand this is superficial. One of my friends noted that I was displaying a vanity that she hadn’t seen before. A few people said I was (still) handsome. Of course they were lying to spare my feelings. I appreciate the sentiment, even though I don’t believe it for a second.

Along these lines, I’ve been thinking about some other things that should not matter but do.

If I am not cured, I hope I die in May, when Pamela’s garden is alive with Rhododendron, Azaleas, and Peonies, or in October, when the leaves have reached their richest shades. I don’t want to die in winter, when the trees are bare, the ground is hard, and the wind howls. A warm weather funeral would be appreciated, and let’s hope it doesn’t rain.

Don’t bury me anywhere near a Walmart.

Please leave god out of my service. Anyone who knows me knows that I don’t have those beliefs.

None of these considerations will affect me in any material way. But I expect to be dead a VERY long time, and I want things the way I want them.

**January 23, 2013**

**Positive effects**

I had my second round of chemotherapy today. My daughter took me, stayed with me, and generally took care of me while I was there. I showed her this journal, because she is a writer whose opinion I value, and because she is my daughter and I want to share my feelings with her. It made her laugh, and then it made her cry, and she said she liked my writing. It was all very gratifying to me. We had a very good talk -- something that happens all too rarely despite our living only a few miles apart. None of that would have happened without the cancer.

Some six years back, while I was having triple bypass surgery and Buffalo was having its October storm, my sister learned that she had ovarian cancer. Her prognosis then was worse than mine is now, but she simply refused to accept any possibility of failure. And in fact, she is one of the survivors; I’m quite sure her attitude had a lot to do with that outcome. The two of us were chatting via email earlier today, and she observed that the cancer had changed her in ways she considered beneficial. She cited her former feeling of invincibility, now tamed, as an example. And as I read that I realized that I too have benefited in some ways from what is admittedly a terrifying experience otherwise. First and foremost, it has brought me closer to my family. And
I have been reminded that I have very good friends who care what happens to me. All thanks to the cancer.

The thoughts I have expressed in this journal have occurred only because I have cancer. They show a side of me that I suspect few of the people who know me would expect to see. I am not just a computer guy, and for that matter not just a community activist. In fact, those identities really no longer fit me at all. So if I am not those people, who am I?

I shall tell you: I am a dreamer who lacks the poetic skills necessary to share my dreams effectively, but who is at long last willing to try, because this could turn out to be my final opportunity to do so. Inside this gruff old exterior is a ten-year-old boy who is small for his age and generally gets picked last for the neighborhood baseball game. A boy who knows well the terrors of navigating the labyrinths of childhood.

More later if I'm up to it. The chemotherapy has helped enormously with my pain, but it has left me weakened and incredibly exhausted. I'm not complaining -- it's a good trade, especially if it saves my life. But I mention this by way of explanation for my failure thus far to complete some very simple tasks.

**January 26, 2013**

**Anniversaries**

When my children were new to the world, we marked their birthdays in months until they were about two years old. I've done that with dogs as well. Now, in my declining years (months?), I find myself using that metric on myself. Today I am 69 years and one month old. Hurrah.

Pamela and I will have been married 30 years in June, assuming all goes well. Before my illness, we had spoken of returning to Letchworth State Park for a re-enactment. Now I don't know. It seems either too soon or too late.

**Dreams**

Yesterday, I was feeling guilty because I'm not accomplishing anything. Not even helping with housework to any measurable extent. In this state of mind, I dozed off. And dreamed. In my dream my father appeared, 46 years from the grave -- unchanged, harsh, judgmental, disappointed, to tell me that I should be doing more to help out. He remains forever the age at which he died, 56, so this old man is now thirteen years my junior. And yet he still intimidates.

I don't think that was ever his intent. It's just the way he was built. But I despise the memory of that feeling; it will haunt me as long as I live.
Survival through the ages

We tend to think of our species as frail, and indeed we can be dispatched in such a wide variety of ways that it seems truly amazing that any of us dodge enough bullets to arrive at adulthood.

My childhood friend Fred (mentioned earlier) and I used to play around the Louisville & Nashville railroad line that ran to the northeast of Oak Ridge. There was a huge hill, covered in kudzu, where we liked to roll around. And at the bottom of the hill, a railroad tunnel, about half a mile long. Of course we walked through it on occasion, having no idea when a train might be coming. We figured we could just step to the side.

We didn't know, of course, about the suction that would be generated by a rapidly moving train. Because fools are sometimes lucky, we were positioned near a little cul-de-sac perpendicular to the main tunnel when the train came rushing by, and so we escaped the fate that by all rights we had earned.

That was our last trip through the tunnel, but there was still the railroad bridge over the Clinch River. We never encountered a train during those crossings but eventually some other boys did. They tried hanging on to the ends of the ties, but one of them was shaken loose and fell to the hard water and to his death. So that was the end of that for us.

We shot at one another with BB guns and never put an eye out, try as we might.

These were all boys' games, with modest dangers. But as we grow older, all sorts of other hazards await. Fred, according to my best information, was killed in Vietnam. There were no little Freddies to carry on.

Considering human history, we have had to contend with horrendous threats -- plague, death from childbirth, tooth decay, starvation, large carnivorous animals, genocide, pillage, war of all kinds.

My people, the Jews, have been the targets of various extermination attempts throughout their history. Of course, we did a bit of exterminating ourselves. Does the name Jericho ring a bell?

In Europe, we developed a strategy of keeping a low profile and waiting for the waves of persecution to pass. That really never worked all that well, and it stopped working altogether during the decade of my birth. Regrouping in Palestine, we completely reversed course. Now we hit the other guy back first. That doesn't endear us to the rest of the world, but it does tend to keep us out of the morgue.

Now consider that each of us comes from a line of ancestors -- both male and female, who did not perish, at least before they were able to reproduce. For me, this includes my two parents,
four grandparents, eight great-grandparents, et al., back to our ape ancestors and beyond. My grandparents and, in some instances, great-grandparents, had the good sense and the courage to strike out for a new life in America, which is how I got to be born. I'm not sure what my earlier ancestors did to make possible my existence, but clearly they must have made some very fortuitous choices. Of course, these individuals were not all unique -- some of them filled multiple roles in my personal ancestry tree (my maternal grandparents were first cousins, and so there are only fourteen distinct great-great grandparents in my ancestral tree, rather than the requisite sixteen). But each of those ancestral roles was filled by a survivor.

Given all the ways any of them might have perished prematurely, this sequence of events was, a priori, extremely unlikely. I have been very lucky in my choice of ancestors.

And so has every human, and for that matter every other living creature, on the face of the earth today.

So, we, each of us, has had a good long genetic run. Whatever happens now, we can't legitimately complain about our biological persistence.

January 27, 2013

A dubious award

I was a boy scout. One of the activities of boy scouts was to obtain merit badges. I use the term "obtain" rather than "earn" because that's really all it was, at least in this one instance. It's the only merit badge I can still recall after all these years. It was for cooking. We had to prepare a hot meal including a meat and two vegetables.

My very practical mother suggested beef stew, which could be pre-cooked and then just heated up. She guided me through all the preparation -- maybe she just did it all while I watched -- the memory is now too dim, and perhaps too embarrassing, for me to be certain.

The next day was to be the test, when I would go into the woods and "prepare" the meal for Chip, an older boy who was testing me, and myself. It was raining hard, and I was unable to get a fire going, so by mutual agreement we ate the stew cold.

At that point, the meal wasn't half bad. I received my merit badge. If I felt bad about it, I managed to repress those feelings until now.

I later heard by the grapevine that Chip died sometime in the sixties, alone in a New York apartment, of a drug overdose. He had been a nice guy.

January 28, 2013
Aversion

The nurses have to touch me to sample my blood and to infuse me with toxic chemicals. Close relatives provide the occasional perfunctory hug. Beyond that, no one touches me anymore. My cheek remains unsoothed. The top of my balding head, which a few have said was cute, has yet to be rubbed.

I see myself in the mirror, and I continue to be stunned by the sight. I wouldn't touch me either.

But I miss it.

Negligence

My friend Sidney succumbed to breast cancer in 1994. While she was dying, she suffered from shingles. She would cry pitifully whenever she had an attack.

I had never known anyone with shingles, before or since, but last year my primary physician told me that it was now common, especially among the elderly, and that I should get vaccinated for it, as well as flu.

I got the flu shot, but never got around to the shingles. Then, when the lymphoma was diagnosed, it was considered too risky. So now I'll have to take my chances.

Dental work was similarly neglected. I had let my union-subsidized dental insurance lapse because it was too much of a nuisance to write the premium check every month. That being the case, I also let the dental work itself lapse, for maybe a year or two.

Then came the cancer, shortly after which I felt the bare beginnings of a toothache.

Of course.

Well, it turns out that dental work is risky when you're undergoing chemotherapy. If you bleed, you can get bacteria injected into your bloodstream, at a time when your natural immunity has been artificially suppressed by drugs.

So now I'm having it done during several narrow windows when my white cell count will have been temporarily restored by an injection I receive following each cycle of chemotherapy. I'll require an antibiotic as well.

I've feared the dentist ever since enduring the dental torture chambers of my childhood, but now there is a rational basis for my fears. Still, I have no choice.

In so many ways, I've been an idiot.
January 29, 2013

What caused it?

As I noted earlier, I was a smoker for 46 years. But the type of cancer that has visited me is not believed to be caused by smoking. If I recover, of course, there is still the specter of lung cancer or other monster waiting down some dark corridor, completely unrelated to my present troubles. That will be as it will be.

Meanwhile, there is the question: where did this lymphoma come from?

A side story: forty years ago, I was the Director of Technical Services (head computer person) at the Survey Research Center at what is now the University at Buffalo. The Cancer Control Bureau of the New York State Department of Health had us conduct two studies that were collectively designated the Acquaintance Network Studies. The purpose of these studies was to determine whether certain diseases heretofore not thought to be transmissible might in fact involve a contagion factor with a very long incubation period.

The first of these studies involved lymphoma, Hodgkins Disease, and leukemia. The second focused on multiple sclerosis.

We conducted in depth interviews with three groups -- cases, a marched sample of controls, and contacts -- people who had been intimate contacts of cases, controls, or other contacts at any time during their lives.

The cases were all living people with the disease(s) in question residing in a particular county. To select the controls, we could not use a multistage cluster sample, as is customary, as that would have resulted in excessive contacts among the controls. Instead, we conducted a full enumeration of adults in the geographic area under consideration. This required that we use a rural county. For the first study, we selected Allegany County, but midway through the enumeration process, there was a terrible flood that destroyed many of the homes in the county and made our work there impossible. We had to begin again, this time in Orleans County. For the second study, we needed a more populous county in order to be able to identify a reasonable number of cases. We selected Niagara County. As I recall (this was a long time ago), we used a random digit dial telephone sample to select households.

My role, in addition to designing and selecting the control samples, was to design and implement a non-standard computer analysis of the interview data. The method was a generate a Monte Carlo simulation of possible pathways from case to case and control to control, via the contacts, and to compare the rates at which we could connect cases versus controls. This analysis was highly parameterized, based on assumptions about the duration and
intensity of contact required to effect a transmission. For the first study, we also varied whether or not we analyzed each disease separately or all together -- on the theory that they might be different manifestations of the same agent (virus?) or agents.

For the second study, the one dealing with multiple sclerosis, we refined the analytical model, this time allowing not only for a simulated transmission from case to case or control to control, but also for the possibility that a common source (a contact) was the initial source for both cases or both controls. This refinement allowed for many more pathways, and made the analysis more robust.

For both studies, there were positive results, i.e., the cases could be connected more often than the controls. The results of the first study were published in Peter Greenwald, Joel S. Rose, and Paul B. Daitch, "Acquaintance Networks among Leukemia and Lymphoma Patients," American Journal of Epidemiology, Volume 110, Issue 2, Pp. 162-177, <http://aje.oxfordjournals.org/content/110/2/162.abstract>.

It turned out that the second study was marred by a few misdiagnosed cases. The decision was made not to publish the results; we could have reanalyzed the data without those cases, but by that point the available resources for the project had dwindled. It was a real shame.

So now the thought occurs to me, if indeed lymphoma is contagious, could I have acquired it through that first study? I did not come in direct contact with any of the cases, but I did have casual contact with the interviewers who in turn had contact with the cases. It's a stretch, but not inconceivable.

And once that thought is entertained, there is inevitably the possibility that the people with whom I have close contact now, or with whom I have had close contact on the past, may develop this illness twenty years hence. Should I isolate myself even more than circumstances have already isolated me? Is it too late?

This line of thought does not bear a lot of thought. I just don't want to believe that it could be true. I should call Peter and ask him what he thinks.

Damn.

In any case, I'm glad we did the study. It might help somebody some day.

What else? I traveled to Oak Ridge, Tennessee in 2011 for the 50th reunion of my high school graduating class. Of 435 members, the organizers had lost track of perhaps 100. That's probably par for the course, but what struck me as surprising was that another 125 were known to have died prior to the reunion. I don't know how many of these deaths were from cancer,
but from what I learned anecdotally, it seemed to be very many. Moreover, there were a rash of deaths shortly following the reunion.

It shocked me, because the people I had known who had now ceased to exist were fixed in my mind's eye as the children they had been when we knew one another, and children are not supposed to die.

Were all these deaths statistically surprising? I really don't know, because I haven't compared them with national norms.

But it seems to me that my class is vaporizing before my eyes.

And why not? Is Oak Ridge not the atomic city? Did we, as children, not make jokes about being radioactive? We now know that atomic waste was sealed in metal drums and dumped in the woods around Oak Ridge.

That's where we played. Did they poison us? If so, this was done by the adults whom we all trusted.

January 30, 2013

What caused it? (continued)

Since 1969, I have lived in Western New York. This is an area with a rich industrial history and a correspondingly high cancer rate. There are waste dumps -- active and abandoned -- everywhere. I cannot imagine that anyone who lives here has escaped exposure to toxic chemicals altogether.

My wife, who grew up in this area, played in the Love Canal as a child. She has a long history of unusual manifestations of whatever health risks that may have entailed. She is unusually sensitive to medications of all sorts, and she has dermatographic skin. Fortunately, she takes very good care of herself and has thus far avoided any life-threatening illness.

One dramatic illustration of the danger of living in Western New York occurred a little over twenty years ago. I became aware of it when a young faculty member at the University at Buffalo, Janice Hastrup, consulted with me about a problem in statistical analysis. She had noted a cluster of cases of Hodgkins Disease -- a form of lymphoma -- among people who had worked in 4230 Ridge Lea Road. Most of these people were affiliated with the Psychology Department, but that was also the building that housed the Survey Research Center, where I worked. When Jan first came to see me, there were about five known cases, but she continued to investigate during the time of our interaction, and she uncovered a number of additional cases when she included people who had been in 4230 at one time but had since moved on.
Jan wanted to use a simple binomial test to deal with the issue of whether the cluster was statistically significant or just a coincidence. The problem was that standard statistical tables assume an underlying distribution that is not horribly lopsided. Here we had a very rare disease, which put the binomial test well outside the range of standard tables. I wrote a program to compute very exact binomial probabilities for lopsided distributions, and did all the computations in quadruple precision. The result was that what Jan had observed was way out in the tail of the distribution -- a probability that began with five leading zeros after the decimal point. We were both convinced that this phenomenon could not possibly have been coincidence.

There were nuances, namely exactly what population to include in the analysis -- only people who had worked in 4230 for a long time, or everybody, including students, who had passed through. For that larger group, tracking them all down was a major hurdle. Jan coped with such issues as best she could. Any way we did the analysis, the conclusions were dramatic -- something about that building was causing people to contract Hodgkins Disease.

Jan went public with her findings. Eventually the New York State Health Department was bestrirred to initiate an investigation. It sent teams that took dust samples from the ceilings and soil samples from the surrounding grounds. They did not, however, drill through the asphalt in the adjacent parking lot or through the concrete in the floor of the building. They found no current contaminants.

They took this absence of a positive result to be a definitive negative result. While they conceded the existence of a cluster, they concluded, incredibly, that it was unrelated to the building.

Moreover, since the cluster was being investigated after the fact, they insisted that it was coincidence. This was based on nothing more than their authority; certainly there was no science presented to support their conclusion.

The reaction from various concerned University at Buffalo faculty was swift. They concluded, correctly in my view, that the investigation had been a whitewash, conducted by an agency whose primary motivation appeared to be the avoidance of any conclusion that could support a claim of liability against the state.

After that, the issue just seemed to die out. As far as I am concerned, the Hodgkins cases were victimized twice.

For anyone interested in whatever outcome may have resulted, I would suggest tracking down Janice Hastrup.
I'm left wondering whether my lymphoma may be a delayed manifestation of whatever caused all those Hodgkins cases.

January 31, 2013

What caused it? (continued)

Aside from my poor choices of where to grow up, what to put in my mouth and lungs, where to work, and where to grow old, what else may have caused my lymphoma? My wife, who is a medical librarian and quite well-informed on all matters medical, insists that it was none of the possibilities I have discussed. Instead, she points to an incident that happened maybe 25 years ago.

I was stripping the paint from our big oak front door. It was a messy job, with a century of paint layers yielding to my efforts with great reluctance. I was using some caustic paint stripper -- I forget which one. Of course, I wore thick rubber gloves, but paint stripper eats through any gloves eventually, so some of my fingertips were being exposed. The gloves interfered with my work. In my old Victorian house, the wooden surfaces all have grooves and notches that cannot easily be handled while wearing gloves. The gloves inhibited my sense of touch.

Pamela went to bed, while I continued my work on the door. Frustrated with the gloves, I finally removed them. Hours passed. At about 3 a.m., I was roused from my fixation on the door by Pamela, who, descending the stairs, was horrified to see my arms, bare but for a coating of stripper. "What are you doing?!?!!" she shrieked calmly.

So I quit for the night and cleaned up as best I could. The stripper was not bothering me at that point. But in the days that followed, I lost all sensation in my fingers, and this condition persisted for some days. Ultimately the feeling in my fingers returned, so I put the incident out of my mind. Pamela, however, has been fretting about it for all these years, and she now tells me that not only did the ingredients in the stripper I was using include known carcinogens, but they are specifically implicated as a cause of lymphoma.

Here's my theory: Lakeland wants it to have been the paint stripper because in that case it's my own fault for being stupid. After all, stupidity should not go unpunished. It's all a morality play.

And I'm okay with that, first of all because it's entirely plausible, and second because if it's not my own fault, it must be somebody else's. And that would really piss me off.

February 1, 2013

Why wasn't it diagnosed sooner?
On December 16, 2011, I was suffering from pain in my abdomen that persisted for many days. Finally, I phoned my physician's office to see if he could see me. As it was late on a Friday afternoon, his office suggested that I just go to a hospital emergency room. I went to one of the major hospitals in Buffalo.

The entry area in the hospital is a huge waiting room with about a dozen triage rooms off the main room. Great, I thought, they'll evaluate me right away. Unfortunately, only one of the triage rooms was staffed, so it was well over an hour before anyone talked with me at all. But then I was admitted right away, which mollified me somewhat.

I was given nitroglycerine, which did abate the pain. By that time, I was having sporadic chest pain along with the near-constant abdominal pain. The hospital staff therefore entertained the possibility of a cardiac issue, rather than a gastrointestinal issue. I still felt that the latter was more likely, given the locus of most of the pain, but they wanted to focus on the cardiac possibility on the grounds that this class of problems could well be life-threatening. I wanted them to pursue both possibilities at once, but that was not to be.

In the morning they took me upstairs to their cardiology unit, where a doctor was waiting to conduct a stress test. He asked me how I was feeling, and I foolishly answered honestly that I still had a slight amount of pain -- about a 2 on the ubiquitous 10 point scale.

I'm not going to do it, he informed me.

What?

I'm not going to do the stress test, he insisted. You could have a heart attack.

I'm thinking, well, if I do, isn't this the best place to have one? But I said nothing.

He persisted: You need an angiogram.

Some of the nurses confided to me that this particular physician was well known for a CYA mentality, which confirmed the obvious but also restored some degree of trust in the overall hospital staff. At this point, I was still inclined to put myself in their hands. When I later told Pamela what had happened, she felt I should leave and go to another hospital, but at this point I didn't want to do anything drastic.

They didn't do angiograms on Sunday, so I would have to wait until Monday, December 19.

So for two more days I sat around, with abdominal pain ebbing and flowing, eating unappetizing hospital food, waiting for Monday and my angiogram. Meanwhile, the hospital staff, convinced that my problem was heart-related, continued to postpone any other diagnostic measures until cardiac factors had been ruled out.
On Monday, my regular cardiologist appeared, took a brief look at my charts, and said, "You don't need an angiogram. You should have a stress test."

Now why hadn't I thought of that?

He could come back and do a stress test on Wednesday December 21. Since that's normally an outpatient procedure, and since the hospital had made exactly zero progress in three wasted days toward diagnosing my problem, I decided to leave.

The nurses told me that if I left without permission from the hospital my insurance might not cover my stay. At this point there was no way I was going to pay for what I considered to be ineffective care, but I didn't want to create new problems for myself. They wanted me to sign a form acknowledging that I was leaving against medical advice.

Since I had not seen a doctor since the one on Saturday who refused to administer a stress test because I was not totally pain-free, I wasn't actually getting any medical advice. I pointed this out to the nurse who was giving me a hard time about leaving. She paged the doctor (intern) on duty so he could come advise me, but two hours later he had not responded to the page.

Finally, my patience exhausted, I took the form, crossed out the phrase against medical advice, wrote in in the absence of any medical advice to the contrary, and left. They can sue me if that doesn't meet their administrative needs.

I had the stress test on Wednesday, December 21, in my cardiologist's office. It was fine -- I had no cardiac problem.

By then, the pain had gone away, and I failed to pursue the matter further. The hospital folks had failed me miserably, and I compounded the failure by pretending none of it had happened.

Later on, in the summer of 2012, I began experiencing gastrointestinal problems (that need not be described). I didn't want to think about what it might mean, and since they were intermittent, I ignored them.

I also ignored several instances of severe back pain that each lasted only a few days.

I now believe that my abdominal pain in 2011, as well as these more recent gastrointestinal and back problems, were the lead indicators of my cancer. It could have been diagnosed as early as December 2011. That it was not is a reflection of poor judgment (borne of laziness or incompetence or indifference?) on the part of hospital personnel and of equally poor judgment (borne of denial?) on my part.

The actual diagnosis came about as a result of several unrelated medical problems.
In October 2012, I had a high PSA reading, and my urologist wanted to consider a prostate biopsy. Following a new protocol, he first wanted to do an MRI. While I was waiting for that, I had some pain in my side. For that, a CT scan was ordered. Both were conducted on October 14.

The CT scan showed that I had a kidney stone. This was my third stone, and this time it was a big one -- six millimeters in diameter.

The stone was surgically removed, and a stent was installed. This was done within a day or two following the scan, since the stone was very painful.

The stent was equally painful; my urologist said it was necessary to prevent the ureter from collapsing. That too was surgically removed a week later. Meanwhile, the MRI did indicate dome irregularity in my prostate, so that was biopsied -- a third surgery in as many weeks (I think -- it's all kind of a blur at this point).

Initially, the biopsy results were incorrectly described to me by a nurse as negative. When I spoke with my urologist on November 7, he explained that they in fact showed was no cancer, but two of the twelve samples displayed atypia, which I now understand to be a kind if precancerous state.

I later learned, from viewing the laboratory report itself, that one of the twelve samples was unaccounted for altogether. Who knows what that one might have indicated?

I suppose, assuming I survive the lymphoma, I'll need to deal with prostate cancer somewhere down the road. But that's a worry for another day.

Great.

Somewhere in the midst of all this prostate/kidney mishegoss, my urologist mentioned to me that the CT scan had shown a mysterious spot near my spleen. A second CT scan, with a dye, resulted in a characterization of the spot as possibly being a cyst. Then, after the MRI results became available, the cyst became a hemangioma. That was described as a big tangle of blood vessels that don't really hurt anything. In my mind's eye, it was the mating ball from the movie Anacondas, and I wanted it gone.

And incidentally, the urologist continued, a few of my lymph nodes seemed to be enlarged. He suggested that I might want to have that checked out.

On November 12, I consulted with my primary physician, who put me in touch with a hematologist. I think he suspected it might be something non-trivial, because he arranged for me to be seen by the hematologist right away. Our initial consultation was on November 19.
I imagine the hematologist had, at that point, a pretty good idea what was wrong with me. He arranged for another MRI, this time with a dye. That MRI showed that what had been described as a hemangioma was in fact some sort of tumor.

A PET scan was scheduled for November 29.

That procedure required a day of preparation during which I was to consume no carbohydrates. The instructions did not include any special warning about medications, so I took my Metformin, Glyburide, and Lantis insulin as usual. Big mistake.

Feeling awful in the mid-afternoon, I tested my blood glucose level. It was 49 mg./dl. (100 is normal after fasting, with higher readings typical for later in the day). This was a fairly dangerous level, so, disregarding my preparation for the PET scan, I ate an apple. After a brief wait, I retested. Now the level had fallen to 44. Next I tried a handful of chocolate-covered raisins. 42. At this point, I was really worried; I drank some sweet juice that my grandchildren had left behind after their Thanksgiving visit, and that finally did the trick. My reading climbed to 70-something.

Of course, I had to reschedule the scan for a day or two later. I had a candid exchange of views with the laboratory that did the scan regarding the appropriateness of the instructions they provided. The laboratory staff and management expressed the view that it was the responsibility of a diabetic patient to manage one's own blood glucose levels and medication. They did eventually promise to review their policies and instructions on this regard, but made no commitments for specific changes. I felt that they were blaming the victim, and I was pretty disgusted, but my concern over my diagnosis kept me from making a major issue of what I considered (and still consider) to be very unprofessional instruction of patients on their preparation. I went ahead and had them do the PET scan.

The scan showed apparent cancer in the tumor covering the spleen (and possibly involving the pancreas, a development that, in my limited understanding, could be a death sentence), as well as nearby lymph nodes.

On December 3 the doctor took a bone marrow sample (a very unpleasant procedure, by the way). Reluctantly, he planned also to obtain a spleen biopsy. That reluctance stemmed from the likelihood that a spleen biopsy could cause uncontrolled bleeding. Meanwhile, he sent me for an endoscopy and a colonoscopy (a fourth surgery) on December 12.

The endoscopy showed nothing except for a hiatal hernia that I've known about for many years. But the colonoscopy showed a whitish rough area that looked suspicious. It was biopsied, and it turned out to be lymphatic cancer.
On December 14, 2012, the day of the massacre at Sandy Hook Elementary School in Newtown, Connecticut, I spoke with the hematologist again, and was given a conclusive diagnosis: as anticipated, I had lymphoma. The frightening news of that day at the personal level was perfectly framed by the horrifying news of what was happening in Connecticut. For me, it was as if the world was collapsing everywhere at once.

The good news was that the spleen growth, as well as the affected lymph nodes, could now be safely assumed to be lymphoma as well. No further biopsies needed.

So, we now knew the worst (one hopes). My lymphoma is non-Hodgkins, large B cell (whatever that means). Of three levels of aggressiveness, it is in the middle category. The doctor said it was stage 2 or 3, meaning that it had metastasized, but had not been found above the diaphragm.

Before treatment could begin, I needed to take care of a few matters: On December 13, I was inoculated against meningitis, and I received a flu vaccination. As mentioned earlier, it was too late for a shingles vaccination.

Since I had undergone heart bypass surgery in October 2006, I needed cardiac clearance -- a stress test, an EKG, and an echo test. That was scheduled for December 21 -- one year to the day from the stress test that eliminated cardiac issues as a possible cause of my abdominal pain -- but I screwed up the preparation by taking a pill with about a teaspoon full of watered down iced tea at 3:00 a.m. the night before. They did the EKG and the echo test, along with the resting half of the stress test. The stress part of the stress test had to be postponed until December 28. With the holidays, it was difficult to schedule it at all.

My treatment began in earnest on December 26, 2012 -- my 69th birthday, and before the cardiac tests could be completed. The lymphoma treatment could have begun a year earlier, in which case I might have been cured by now. There is even the possibility that delay may have transformed a curable disease into a terminal one. On the other hand, if it were not for an untimely kidney stone, a prostate flare-up, and an alert urologist, I might still be without a diagnosis, today in February 2013. So, this is the situation; it could be better and it could be worse. I have to deal with it as it is.

**Treatment**

The treatment of choice for this illness is chemotherapy. Surgery would not be effective -- the tumor on my spleen (and pancreas?) could not be safely removed. I would likely bleed to death if they tried. My spleen could be removed, along with the tumor, but that would leave me vulnerable to infection and would not address the other loci of the cancer. Radiation would not be effective because of the diffuse nature of the cancer.
My son's brother-in-law, Boris, by sheer coincidence, is an oncologist at Roswell Park Cancer Institute. This is one of the nation's leading cancer research and treatment facilities, and it is here in Buffalo. In a pinch, I could walk to it from my house.

I contacted Boris for general advice. He first assured me that I had a very good doctor, but for the sake of my peace-of-mind, he also put me in touch with Roswell's chief lymphoma specialist for a consultation. I met with the specialist in December 19, just a few days after learning that I had lymphoma. He too assured me, not only about the doctor who was treating me, but about the course of treatment that my doctor was preparing. I asked him directly if, in his opinion, there would be any advantage in switching my care to Roswell; he encouraged me to stay with my hematologist, so that is what I have done.

The first step in the treatment was the installation of a port in my chest, providing easy access to a large vein in my neck. Surgery number five.

I learned from the printed material that my hematologist had given me that the steroids used with the chemotherapy would disrupt my control of my blood glucose levels. This was particularly problematic, because my hematologist was not equipped to advise me about controlling my diabetes, and the nurses affiliated with my primary physician did not know very much about chemotherapy. I could find no one who had a good grasp of the interaction between the two. It has occurred to me that this situation might have been better addressed at Roswell.

Ultimately, the nurses put me in touch with a dietician with a specialty in diabetes. I met with him on January 4, 2013, after my chemotherapy had already begun. He put me on a fast acting insulin, NovoLog, to supplement my 24 hour insulin, Lantis, and we worked out a system for testing and dosing that, with some adjustment through my mathematical tinkering has worked fairly well.

It did take a week or so to work out the kinks, however, and in the process I experienced one high reading of 417 gm./dl., over four times what is considered an ideal level. There was one other reading over 400, and quite a few over 300. Now I am able to keep almost all the readings below 300, and most below 200. That's still too high.

I worry about the consequences of these high readings. I've had some problems with my ankles swelling, but I have been advised that this may be partly due to sitting for long periods without elevating my feet. Meanwhile, I'm increasing my daily Lantis dose.

There will be six cycles of chemotherapy, each lasting three weeks. I am now at the end of the second week of the second cycle.
In each cycle, day 1 involves a blood draw, a meeting with the doctor, and five hours of immunotherapy injected through the port. I'm not sure exactly what is being injected into me, except to say that I receive a steroid and some sort of toxic chemical that is intended to kill the cancer. It is said to explode the cancer cells.

On day 2, my favorite day, nothing happens.

On day 3, I receive three hours of chemotherapy through the port. This is a toxic brew of chemicals that they hope will kill cancerous cells much faster than it kills normal cells. I believe there is also another steroid in this mix. Following the chemotherapy, I begin a five day course of yet another steroid -- Prednisone. We used to give that to one of our cats.

Day 3 is a nominal designation. In my first cycle, it actually came a week after day 1. Day 1 was on December 26, and Day 3 was on January 2. Since then, however, the actual days have been in agreement with the nominal designations.

On day 4, I receive an injection that is intended to boost my white blood cell count. This has the side effect of sometimes causing intense pain in the bones. In my case, that bone pain showed up in the first cycle, about a week after the injection. Loritabs were able to conquer that pain, fortunately.

On day 8, I stop taking the Prednisone, and thus begin a week of feeling fairly awful. On days 11 and 18, they take a blood sample, mainly to see how my white blood cell counts are doing. My experience so far has been that they're way too low on day 11 but have recovered by day 18. While they're low, I need to be particularly careful about infection.

After 21 days, I start a new cycle. Six times through that cycle and I'm done.

Unless, of course, that treatment fails to effect a remission. We'll burn that bridge when we come to it.

So far it hasn't really been too bad. I was in a lot of pain, particularly back pain, prior to beginning treatment. After the first cycle, most of that pain was gone. I assume the pain was from the cancer itself, so apparently the treatment is working, at least to some extent. I believe that the swollen lymph nodes must have been putting pressure on my spine, and that this pressure was quickly relieved as the swelling was reduced.

On days 1 and 3 of each cycle, I've had a driver, just in case I'm too debilitated to drive after the treatment. That has given me an opportunity to have a good visit with whoever has volunteered to be my driver -- so far, my wife, my former wife, and my daughter.
After the third cycle, the doctor plans to evaluate my progress, presumably with another PET scan. Regardless of the result, the treatment will continue.

Day 1 of the first cycle occurred on December 26, 2012, but day 3 did not occur until January 2, 2013. The delay was partly due to the delayed completion of my stress test and partly due to the holidays. The rest of the first cycle proceeded normally from that point, so day 1 of the second cycle was on January 21. The third cycle will begin on February 11, the fourth on March 4, the fifth on March 25, and the sixth on April 15. On May 6, the treatment will have been completed.

Unless, of course, progress is unsatisfactory and further treatment is needed.

There will be a progress evaluation after three cycles. I suppose that could delay the start of the fourth cycle. I hope not.

I am told that the six cycle treatment could cure me altogether. I hope so. It could just put me into a partial remission, and I suppose it could fail altogether. If the results are not what we hope, other alternatives will be considered.

I know there are experimental treatments available. The Roswell lymphoma specialist said that at this point I wouldn't be a good candidate for those, especially given my age and general medical condition. However, if this course of chemotherapy treatments fails to effect a cure, all such alternatives will need to be revisited.

A minor peeve

Okay, this doesn't really have anything to do with my cancer, except by virtue of my watching entirely too much television lately.

Generally, I despise commercials. But there's one group now that really has me looking around for something to throw at the television.

I'm talking about those ads for the National Car Rental Company. You know the ones I mean. The begin with "You are a business pro.". You then becomes the visual focus -- a thirty something with a smug smirk on his or her face. I immediately fantasize that they die of AIDS. They get a bigger car than they paid for, and the deserve it, because they're so much better than the common people.

What should happen is what happened to me, and my former wife Jacke, the last time I rented a car from National. It was in Chicago, in the early seventies. Jacke and I had gone there to attend the funeral for our friend Chuck, who died of simple infection following a kidney transplant, due to the anti-rejection drugs he was taking.
Chuck had been an assistant professor at the University of Missouri while we were graduate students. Chuck and I used to face off against his wife, Beverly, and Jacke, in a sort of standing bridge game we had going for a while. We drank and listened to the Jefferson Airplane.

We knew Chuck's kidneys were sub-par, but never thought of it as a life-threatening situation. His frequent dialysis sessions seemed more an inconvenience than anything else.

But apparently his condition was deteriorating, and when he had an opportunity to receive a transplant, he took it, along with the anti-rejection drugs that would be needed if he were to accept the kidney as his own. These led to a serious infection, and to death at a very early age for a man who deserved a much better fate.

Now, in Chicago, a blizzard was developing, and attendance at the funeral was therefore sparse. So few people wanted to go to the cemetery afterwards that I took them all in my rental car. That's when I noticed that my tires were bald. Well, I would just drive very carefully.

At the cemetery, burials had been suspended because the grounds were frozen. To find the right burial site, we had to drive around and examine the name tags on all the caskets sitting above ground awaiting burial. We finally found Chuck's casket, held a very brief graveside service, and piled back into the car.

And went nowhere. We had a flat tire. The jack that I found in back was the wrong jack for the car -- it wouldn't fit in the little slot next to the wheel well. I had to gather some rocks to make a little platform to put between the jack and the car.

This in a snowstorm, while dressed for a funeral.

I finally got the tire changed, ferried people back to the funeral home, and dashed for O'Hare. We were now quite late for our flight. Rather than return the car properly, we left it in the roadway and flew back to Buffalo without paying. Under the circumstances, we didn't feel any special obligation to be considerate of National.

They charged us anyway of course, using the signature they had on file from the rental agreement.

Think you're a "business pro"? Want to rent from National? Be my guest. Don't say you weren't warned.

**A major peeve**

People who have not suffered from a life-threatening illness can, on occasion, be totally clueless about what to say to those who do have such an illness.
First of all, you are not obligated to call or write someone just because they are sick. Really, say something if you have something to say. Otherwise, silence is quite acceptable.

If you offer to help out, be aware that we may take you up on your offer. If you then fail to honor your offer, we will be more disappointed than if the offer had not been made in the first place. I know you think you're expected to offer to run errands or walk the dog, but that's not really true. Don't make the offer unless you intend to follow through.

Don't pretend to medical expertise that you don't have. I don't want to hear you'll be fine or in six months this will all be just a distant memory. Maybe I'll be fine and maybe I won't. I don't know and neither do you.

By the same token, don't tell me they never really cure cancer, they just put it into remission. What the hell does that mean anyway? Nobody is selling immortality. What we're trying to achieve is some additional quality time. Is that all right?

We who are seriously ill but not necessarily terminally ill need to be prepared for either eventuality: to live or to die. Respect that; don't try to simplify those choices for us.

However, if you are the religious type and want to pray for our recovery, that doesn't bother me at all. I'm not a believer, but I believe that you believe, and despite some minor evidence to the contrary, I don't see how it could hurt. Actually, I appreciate the sentiment. I should note that other atheists may feel differently. Ask them first.

And don't say that since we may be dying, you'll pray for our soul. Nobody has tried that one on me so far, but I'm just saying it so that we're clear up front.

If you need something from us, just ask. Don't preface it with a lot of solicitation about our well-being, followed by some lame segway to the real reason for your communication. If you want to enquire about our health, do it in a separate conversation. Otherwise, it just seems totally phony.

Similarly, if you happen to run into us out in public somewhere, that's not a good time to ask about our health or express your concern. If you really care, don't make us stand in the cold or delay our own business to show it. And if you don't care, don't try to fake it. We'll manage without those strokes.

Don't lie about why you haven't called or written. I didn't know how to reach you sounds pretty pathetic when we've sent you hundreds of e-mails in the past few years. Look, it's hard to know what to say to someone who is seriously ill. We've all been there. You don't really need an excuse for your silence. Don't insult us; just let it go.
I don't mean any of this to sound hostile or ungrateful. I'm just trying to be candid about what ruffles my feathers.

So with those exceptions, we'd love to hear from you. At least I would. Many people have expressed kind thoughts to me through e-mail, Facebook, phone calls, letters and the occasional visit. All of those expressions are deeply appreciated. I regret that in most cases I did not feel well enough to respond, but I've saved all such messages.

February 4, 2013

Insurance

There is a huge class of problems I have not had to contend with -- paying for all my medical care.

Medicare pays the lion's share of everything. Additionally, as a significant perk of my 2007 retirement from the University at Buffalo, I have Empire Plan (through United Healthcare) as secondary insurance, and that policy picks up most of what's left. I pay a nominal co-pay.

My Medicare premiums are paid out of my Social Security benefits, for which the State of New York reimburses me quarterly. My Empire Plan premiums are paid from my accumulated unused sick time. I pay no premiums out of pocket.

Were it not for these coverages, I would be buried in bills I would not be able to pay. One cycle of chemotherapy alone would run over $9800. Not to mention all the surgeries, CT scans, MRIs, etc., that I've needed during the past few months. Okay, I did mention them, but I cannot imagine how I would be coping if I were not wrapped in the warm cocoon of medical insurance.

Many of my friends, most approximately my age, are surviving on temporary or part time work, without such benefits. It's bad enough that they cannot realistically retire; they cannot afford even to become ill. I've encountered my share of misdiagnoses and haphazard care without a financial element playing a role. Imagine trying to treat a serious illness through visits to the emergency room.

So in this respect I have been blessed. All our people should be thus blessed. We must have true universal health care in this country; we should have single payer health care.

The possibility of death is bad enough without having to wonder how you can afford not to die.

Worst-case scenario

If at some point it becomes clear that the disease will win, then I will need to consider end of life options.
That's a big if. I have never been suicidal. No matter what has happened in my life, I have always been able to envision a better situation developing. Since I am quite certain there will be no afterlife, and in fact know that death will be followed by a complete biological breakdown of my corporeal remains, almost any kind of life seems preferable to death.

But there obviously needs to be an exception.

We are here considering a truly miserable period, to be followed inevitably by death. Assuming that death in the proximate future is truly a certainty, why prolong the miserable period?

I need to research suicide methods just in case. So far, my heart just isn't in it. But I do need to be sure to take care of that while I'm well enough to sit in front of a computer, and mobile enough to procure whatever materials I might need.

February 12, 2013

Why wasn't it diagnosed sooner? (revisited)

I was thinking the other day about this issue and it occurred to me that my mysterious back pains began in the summer of 2011, rather than in 2012 as I wrote earlier. This is a clear memory because up until that time I had been taking Sophie either to Delaware Park or to Ellicott Creek Island Park to walk her and let her run a bit.

The first time I felt this back pain, we went instead to the Bark Yard (which everyone calls the Dog Park) in LaSalle Park, near the Lake Erie shore just south of the Peace Bridge. There I could just sit in a lawn chair while she ran around, wrestled with the other dogs, and hit the other dog owners up for belly rubs. It hurt too much to have to walk anywhere, especially with a very strong 80 pound dog straining at the leash -- there are squirrels who need to be chewed on!

I continued going to the Dog Park through the winter of 2011-12, but it gets very cold there with the wind blowing off the lake. This current winter, when I have not been going anywhere with Sophie, would have been our second winter in the Dog Park, so I am quite sure of the time frame.

Assuming these back pains were the earliest symptoms of my lymphoma, that means I had it a year and a half ago.

Of course I didn't seek any medical attention for it at that time. I've reached the stage in my life where running to the doctor with every ache and pain would be pointless. The probable diagnosis: you're old; everything hurts. Deal with it.

The intractability of stupid
Yesterday was day 1 of my third cycle of chemotherapy. My hematologist wants me to have another PET scan prior to my next meeting with him in three weeks.

So I went back to the radiology laboratory that he recommended -- the one that he had recommended. Recall here that the PET scan instructions provided by this laboratory last time made no reference to adjustment of medications for the day before the scan, when carbohydrates are forbidden. This oversight put me in a life-threatening condition, and I complained bitterly about that. I received assurances that they would "look into it."

Well, nothing had changed when I made the new appointment yesterday. Same negligent instructions. I await a call from the general manager of the facility to discuss this. If that phone call does not materialize, I need to determine to whom I can report this kind of problem.

February 13, 2013

Cycle 3, day 3

I'm receiving chemotherapy as I write this. I came alone today -- Pamela has some sort of meeting, my daughter Jennifer is sick, and my former wife Jacke is sick as well.

I could have called a friend, but actually I don't feel I need a driver at this point. This is my sixth chemotherapy session, if you include the immunotherapy that takes place on day 1 of each cycle. I really haven't felt unable to drive after any of the previous five sessions, although they have left me very tired and it was a nice treat to be able to sit back and be a passenger. Nice, but hardly necessary.

I'm not the only one; there are probably a score of people receiving chemotherapy at the same time, and I would guess that at least half of them are alone. Of those who are accompanied, a number are quite elderly (not like me, right?) and/or infirm, wheelchair-bound, etc. In other words, they have good reason to require a companion. I don't. The truth is, I just like the company. There is too much solitude in my life as it is.

Chemotherapy was, until recently, a form of chemical torture. I had a friend (about whom more later) who died of breast cancer in 1994 -- nineteen years ago. She dreaded her chemotherapy sessions, as they invariably left her violently ill. In the intervening years, this form of treatment has been improved dramatically. The chemical brew now includes medicines to counteract the side effects of the poisons, so that the torture has been reduced to a mere inconvenience. I hasten to add: that has been my anecdotal experience, at least.

Not only that, but it seems to be working, judging by how I feel. My constant pain began to diminish following the very first treatment, and now is almost completely absent. I do suffer
from physical weakness and exhaustion, but those are trifles compared to the pain that preceded treatment.

**February 14, 2013**

**Valentine's Day**

I must be getting better. Remembered to order flowers (but not to use the discount code :-( ). The dog and the cats left cards for me, and Pamela ordered me a huge box of Godiva.

I think she's still afraid I'm not getting enough calories, although I disagree. I've stopped losing weight and am actually beginning to gain. Yesterday my morning weight was 176 -- too high in my view.

**On tap for today**

Today is day 4, when I will receive an injection designed to boost my white cell count as well as other components of my natural immunity (I think).

After that, a CAGNY conference call at which I anticipate a contentious debate over what I believe to be an ill-considered proposal to revise the bylaws. These kinds of circumstances always upset me, physically as well as mentally, and give rise to an impulse to withdraw altogether. I am reluctant to do that, as I still support the cause of opposition to predatory gambling, so this internal struggle will just have to play out a bit.

If I feel better later on, I hope to take Sophie to the Bark Yard. That's a big if, so don't tell her. She gets all excited, and then if it doesn't materialize, she becomes morose.

**February 15, 2013**

**Progress, of a sort**

Following a very contentious conference call, I did in fact take Sophia to the Bark Yard yesterday afternoon. It was late in the day -- maybe 5:30, and it was cold and rainy. There were only two other dogs present, and they were of the ankle biter variety. Sophie had to stay on the big dog side, so there was no one for her to play with (yeah, yeah, I ended a sentence with a preposition, so sue me). She seemed happy enough just to be there, but gave me no grief when I suggested it was time to go home.

This was our first outing since I took her to a dog-friendly camping/clothing store at Eastern Hills Mall quite a few weeks ago. On that occasion, I had a difficult time controlling her. Yesterday was easy in that respect, but I'm pretty sure the difference was all Sophie, not me.
Still, I'm determined to try again, soon and often. Sophie needs it, and there's no question that I need it.

Maybe we'll go out again today. It's cold and very windy, but I'm really feeling isolated; need to get out and see people. It's pretty muddy at the Bark Yard, so maybe we'll do Ellicott Creek Island instead. That would be more strenuous for me. And if she decided to go into the creek this time of year, I'd have to go in and rescue her. Suddenly that's not sounding like such a great idea. I can put up with a little mud.

Later, same day ...

Well, we did go to the Bark Yard. Again no one was there, which disappointed Sophie and surprised me, as the weather had not conformed to the dire predictions for today.

I asked Sophie if she preferred to go up to Ellicott Creek Island (maybe a twenty or thirty minute drive) or just wait in the car to see if anyone would show up. In response, she whined. I had trouble interpreting that, so I followed the path of least resistance and waited.

While I was waiting, I gave Jacke a call to see if she felt okay today. She has had some health problems the past few days. She was indeed feeling better and we chatted for a while.

While we were talking, my friend Walter drove up in his elderly maroon Cadillac with Ellie, his Belgian Shepherd. A wonderful dog, lovingly trained by a master of the craft.

So he and I sat in the little wind barrier for a while, and our dogs played -- sometimes together, more often each off in her own little world. The air was brisk, but the wind was tame. The mud had dried out some from yesterday's rain.

For me, it was a treat to be out in the fresh air, talking with a friend, watching the dogs play. A year ago, that would have been just another routine afternoon; today it was special.

February 16, 2013, 5:15 a.m.

Insomnia

Still can't sleep. Just watched a very depressing movie, The Proposition. That did not help.

Simba, the cat who never stops doing whatever he is doing, is off somewhere trying to goad the other cats into playing his game. Sophie, my constant companion, is off-duty, in dreamworld. Nothing on television at this hour, and my eyes are too tired to read.

That's a snapshot of the moment, but a long road, devoid of attractive possibilities, stretches out ahead of me.
I have nearly withdrawn from all my community activities. It began when I realized how much I was neglecting our own home. Then my illness made it impossible for me even to sit in front of a computer for half an hour. So I guess that part of my life is over, at least for the near-term future, but I have not the strength or energy to return to the homebuilding tasks I set aside so long ago.

It is too cold, and I am still too frail, to walk the hills with Sophia, as I had dreamed of doing when I retired from the University five years ago.

Pamela has her own life of work and volunteer activities, of which I am but a peripheral part. My daughter Jennifer has a new life with Michael, her man, and I am happy for her, but there is only an occasional bit part for me. My son Nathan, his wife Cia, and grandchildren Hannah, Peri, Tyche, and Jonah live in Maryland, so we don't see one another very often. My sister Barbara lives in Connecticut with her new husband, Richard, whom I barely know. Barbara and I correspond by e-mail in fits and snatches, but then months go by with nothing. I have friends, but no one with whom I just hang out on a regular basis.

Well, I still have lunch twice a week with Reb, a long-time friend from work. We have both long-since retired, but we still go out to lunch together when we are both in town. Buy for whatever reason, that is the boundary of our friendship. We rarely see each other other than for lunch.

In short, I have managed to arrange the parts of my life in such a way that I have nothing more that I both want to do and am able to do. What am I going to do with the rest of my life, whether it is a few months, a year, ten years, or twenty?

Time for a reboot.

*February 17, 2013, 3:42 a.m.*

**Again, sleep eludes me**

It is the middle if the night, and again I cannot sleep.

Pamela took Sophia to agility training this afternoon; that was her second outing, so there was no need for me to take her out again. No need for *her*, that is. I could have used it. Instead, I dozed off after supper.

Pamela tells me that insomnia is a known side effect of the Prednisone. Great.

**Comparisons**
The night before last, I took issue with a Facebook post by an old friend of mine from my SDS days in graduate school. These days Ralph is a nationally known political writer for a conservative newspaper. Go figure. His other Facebook friends appear to be his groupies.

Ralph was going on about the people who had been trapped on that Carnival Cruise ship that lost power and had to be tugged across the Caribbean to Alabama. He thought they were whiners -- *discomfited vacationers*, as he put it. During the exchange he compared their ordeal in disparaging terms to that of the pioneers who crossed the country during the nineteenth century.

My feeling was that we can have compassion for those whose woes do not rise to historical pinacles. I also told Ralph that I liked him better when he was young. I'm sure it's mutual.

The other day I finally got around to watching the movie *In Darkness*. I hadn't expected to be able to get into it (two hours in the sewers), but in fact I found it riveting. I then ordered the Kindle books *In the Sewers of Lwov* and *The Girl in the Green Sweater*, upon which the movie was based. This is a true story about a handful of Jews who managed to survive the Holocaust by hiding out in the sewers of the eastern Polish city of Lwov for fourteen months, with the help of a Polish sewer worker with a criminal background, whose initial motivation was limited to financial compensation. I've devoured *In the Sewers* and am well unto *The Girl*.

Seeing this movie, and reading these books, has been deeply depressing. It is ultimately a story of triumph, as those who were on the brink of doom become unlikely survivors, and their benefactor achieves personal redemption through his personal sacrifice on their behalf.

But I was thinking about it in personal terms: Throughout my ordeal with cancer the people around me have all been trying to help me. They all want me to live. My only enemy in this struggle is a betrayal by my own body. Even if the efforts to save my life are not ultimately successful, I take comfort in knowing that I am surrounded by people who want me to live.

The people whose ordeal I am learning about had one true friend. Other than him, they were surrounded by Germans and Ukrainians who wanted them dead, who wanted their children dead, and who had already succeeded in obliterating almost all of their fellow Jews in Lwov. To live in filth and deprivation, in darkness, for over a year, knowing all the while that to emerge even briefly would have meant almost certain death -- this is something that far exceeds my meager powers of endurance. It saddens me deeply merely to think about what it must have been like.

At the same time, it makes my present circumstances seem very cozy by comparison. My surroundings are clean, no one is trying to kill me, my pain is gone, and while I am isolated,
always there is Sophie to share my days. The people on the sewer had to abandon their dog. And when a baby was born, his mother felt she had no choice but to kill him.

**February 20, 2013**

**Rough days**

Today is Wednesday of week 2 of my third cycle. These past few days have been pretty rough. I've had some pain in my side and occasionally in my chest. Food has been a problem -- it has no taste, unless powdery cardboard is considered a taste.

Today I forced myself to go out for lunch. I went to Country Buffet -- it's hardly gourmet food but there is a wide variety available, so I thought I would enjoy *something*. I really didn't, and that's no reflection on the quality of the food. The pickled cucumbers and the beets were okay, but everything else just tasted flat. And beets can cause kidney stones, which I really don't need right now.

**Movie**

I finished reading *The Girl in the Green Sweater* and began watching the movie *In Darkness*. Even having read both books upon which it is based, I'm having trouble following it and keeping all the people straight. I may have to watch it several times.

Reading the books, I was struck by the horror of being forced to accept a situation in which the people around you could, and often did, cease to exist at any moment. Particularly the girl, who may still be alive to suffer with her memories but was only seven at the time of the events described in her book. No one should have to endure such a childhood. I hope the intervening years have been kind to her. She wrote her memoir in 2008, so very likely she is still alive. She refers to herself as the last survivor, so apparently her younger brother has predeceased her. How sad. He would be only a few years older than me if he were alive today. She must be about 76.

**February 22, 2013**

**Waiting**

Jennifer called me yesterday. She's going to try to come over and visit me, but she needed to try to get an appointment with her doctor if possible, so I'm waiting to see if this is going to work out.
As had happened so many times in her difficult life, Jennifer had developed a sudden medical problem that requires prompt attention. Of course that will take priority over my need to see her, as it should.

Meanwhile, Sophie is bored. She wants to go somewhere, but it's bitter cold outside and I'm just not up for that yet.

I have to go to a play written by Anna Kay, the other co-Chairperson of CACGEC, this evening. Don't really feel like it, but I need to be supportive.

Poor Jennifer. Poor Sophie. Poor me.

In the time of my grandfather

I am watching Son of the Morning Star, a not very good movie about General George Armstrong Custer and his final battle. That battle took place in 1876. My grandfather Barney Mostowitz was then three years old and his family, as near as I can determine, had not yet made the move from New York to Charleston. His cousin, Ida Schultz, who would later become his wife and my grandmother, was also three years old. She would continue to live in her little village of Wegrow, Poland with her family of peasant farmers until 1891, when as a teenager she would emigrate to America, under an assumed name, accompanied by her Uncle Solomon.

My grandparents met then, in 1891, in a relatively young country still actively engaged in driving its original inhabitants off the land. Geronimo had surrendered only six years earlier, in 1885, and the last Indian battle was still a year in the future.

The country was still reeling from a fratricidal conflict, the scars from which have yet to heal completely. Communication was by written message delivered by hand and travel was by foot, horse, and train. Lighting was by oil lamp, and heating was by wood or coal. It was a world we would not recognize today, and yet I can reach back and touch it through them. My grandfather died young, and I never met him, but I knew my grandmother. I remember the big wood stove she used in her kitchen in Jersey City, a huge black monstrosity that no one would dream of using today. She was, surprisingly, a terrible cook, unlike my other grandmother.

Jennifer again

Finally heard from Jennifer around 4:00. She needs to get a script for a urinalysis and then to get herself to a laboratory. Obviously she won't be coming to visit me today. I'm disappointed, but not surprised. I just want her to take care of herself.

Food
I had breakfast at one of my favorite Greek restaurants this morning. I ordered a Western omelet. The waitress offered me hot sauce, as they always do, and out of habit I declined. But then it occurred to me that perhaps with that extra kick I'd actually be able to taste it, so I called her back and asked for the hot sauce. She brought Frank's Hot Sauce, a Louisiana concoction used on chicken wings hereabouts that I've always steered clear of, preferring to settle for the amount of chest hair that nature provided. Well, it did add some taste -- the eggs tasted like very hot cardboard, but it burned my tongue. My mouth has been sore anyway -- a common side effect of the chemotherapy. This did not help.

Later on, I decided to have some microwave popcorn, one of the few things that still tastes more or less normal. I had a hard time eating it, because now my tongue is sore.

Note to self: ixnay on the anksfray.

February 23, 2013

Visitors

My friend Harvey came over today, as planned. We spent a lot of time talking about cancer -- diagnosing it, treating it, and dealing with medical practitioners. Harvey had a bout with bladder cancer many years ago.

While Harvey was still here, my old friend John came by. John is a well-known researcher in addictions, especially gambling addiction. So we talked about our respective medical conditions a while, and then about gambling.

While Harvey and then John were here, I was happy to have the company, but I felt a little stressed just from conversing for several hours. But after they were gone, I immediately felt alone and isolated again.

Pam came home from Sophie's agility class shortly after Harvey left, while John was still here, but she hasn't been feeling well lately so she went upstairs to take a nap.

A little later, Jennifer's fiancé Mike called to tell me that Jennifer is not up to a visit today, but maybe they would come by tomorrow. I hope she's up to it, but that would surprise me. She hardly ever feels well, and given that she's in pain now, it would be a minor miracle if she felt well by tomorrow.

In any case, tomorrow I'll likely be lousy company anyway (how is this day different from all other days?), because I'll be on a no carbohydrate diet in preparation for my PET scan on Monday. Urgh.
February 24, 2013

Meat, anyone?

Tomorrow is my PET scan, so today I am on a no carbohydrate diet. Don't mess with me.

Could be worse: I could be vegan, in which case I would be limited to vegetables with a dipping sauce with no dairy component. That would be tough. As it is, I'm completely sick of meat, eggs, and cheese. I woke up that way, and it's only gotten worse.

For the uninitiated, sugars in the bloodstream are soaked up by cancer cells preferentially over normal cells. In a PET scan, the patient is fed an obnoxiously large dose of a sickeningly sweet concoction that emits positrons. This swill goes right to the cancer cells, which then appear bright to a recording device that captures the emitted positrons, provided that the positron-emitting swill is not crowded out by other sugar in the bloodstream. This awful diet assures that the swill will have the field to itself.

Somehow this procedure does not blow up the universe. A true triumph of science living on the edge.

Entertainment

Pamela watched the Oscars tonight while she wrapped overdue presents for the grandchildren. I didn't watch -- I never do. The whole concept appears to me to be that making movies is the most important endeavor in life, and that the people who make them are the most important, the smartest, the most moral people on the planet. Really, get over yourselves.

Beyond the flawed concept, the Oscars are lousy entertainment. Jokes in poor taste, schmaltzy music, self-indulgent speeches.

And yet, people care about these awards. I don't get it. Maybe Americans feel deprived without a monarchy, and this is compensation.

Personally, I love not having a monarchy, and I don't need a Hollywood fix.

I did go to see Lincoln, and I thought it was terrific. By which I mean that the movie dramatically demonstrated that our country was very wise and very fortunate in 1860 and again in 1864 in its choice of a leader for those tumultuous times.

I wasn't thinking about what a terrific actor Daniel Day-Lewis was, because I didn't see Daniel Day-Lewis. I saw Abraham Lincoln, using his modest talents to great effect, to become a giant when nothing less would do. Had the acting, or the direction, or the script been sub-par, I would not have seen Lincoln, and so the fact that I did see him does say something positive
about the skills of the people who created the movie. But that does not put me in awe of the cinematic art or its practitioners. It puts me in awe of Lincoln. Isn't that what it's supposed to do?

February 26, 2013

PET scan

I had my PET scan yesterday, as scheduled. This procedure should show whether I'm getting better or worse.

The scan requires the consumption of about 18 ounces of a sickeningly sweet barium swill. This is what is soaked up by cancer cells and emits positrons. When someone from the radiology laboratory -- you know, the folks who couldn't be bothered to inform their diabetic patients that they may want to consult with their physicians before going off carbohydrates for a day -- called last Friday to remind me of my appointment, I happened to mention that it might take me longer than the allotted half an hour to consume the swill. She responded that they had an alternative available that was less viscous, less sweet, and less voluminous. It was a thin lemon-lime flavor, also available with a raspberry tea overlay. That sure sounded a lot better. I'll take it, in the tea version. Wondering why that hadn't been offered the last time, I asked if it was new. *No, we've had that available for quite some time.* Why didn't anybody mention it to me last time? *Well, we only offer it when somebody asks.* I resisted the temptation to ask how someone would know to ask, and instead simply asked why. *Well we have to mix it up ...*

I couldn't quite believe the conversation I was having, but I asked one final question. I asked whether the alternative to the barium swill was equally effective and was assured that it was.

Time to say goodbye.

Okay, now it's Monday and I show up for the scan. Of course, there is no record of my request for the alternative to the swill. The receptionist goes into a song and dance about *there's no notation and the computer and our records indicate.* I wasn't in the mood to hear any of that and simply told her what was going to happen. Really, I can be a very difficult patient on occasion. You may have noticed that.

While I was waiting for the alternative to the swill to be mixed up, I inquired again why it wasn't just offered to everybody. The cashier/intake person with whom I was talking didn't know but speculated that perhaps it was less effective. The receptionist didn't know either, so I asked to speak with someone who *did* know.

By this time they had already brought me the swill alternative, but I put it aside until I could get my question answered.
Finally a very nice woman came out and explained to me that some people have a problem with the swill alternative because it passes quickly. Huh? It may give you a sense if urgency. Oh I get it; she meant it made you have to pee. But not necessarily. Oh, and it costs more. But it's just as effective? Absolutely. Okay, I'm satisfied.

I drank the swill alternative and it was actually quite palatable.

The rest of the procedure is fairly straightforward. They insert an IV to give you something that interacts with whatever form of swill you've been given to start the positron emission process. Then you lie still for 45 minutes to give it time to spread through your body. You have to be as nearly motionless as possible; otherwise whatever muscles you use (as if I still had any) absorb the sugar and mimic new metastases. Not good.

So then you go lie still on a bench for another twenty minutes while you're shoved in and out of an imaging device, similar to an MRI machine, except the patient moves rather than the machine.

If I have enough of these scans I'm going to develop a PET scan competency. Maybe earn a merit badge in PET scanerry.

And if I'm a very lucky man, I will indeed have a lot of them.

When I left I went straight to that same buffet restaurant I visited a few days earlier and stuffed myself on carbohydrates. Let's get our money's worth (well, Medicare's money's worth) for all that insulin.

Then I came home and dozed while Sophie stared at me and my blood sugar undoubtedly soared out of sight.

Hey, nobody lives forever.

**Speaking of mortality ...**

Today would have been my mother's birthday. She would have been 107, except that she died 48 years ago at the age of 59. She died suddenly, with no warning.

My father told me later than when he was taking her to the hospital, she said Morry, I'm dying. He replied, Don't be ridiculous. I think he felt very guilty about that, although he had no way of knowing that she was right; given his generally brusk nature, his comment wasn't really out of line. He certainly said many things to her over the years that were much, much worse. I guess it seemed like a terrible thing to have said as a final utterance.
Well, we can't live as though each sentence we speak to someone would be the final word. At least he couldn't. And I know I couldn't either.

**A sniglet**

Remember sniglets? A sniglet is defined as "any word that doesn't appear in the dictionary, but should" (Google it). Here's one:

I posted my tale of no carbohydrate woe on Facebook, and there ensued a lively discussion. My friend Kathleen posted "I feel your carbagony.". Perfect.

**March 1, 2013, 3:30 a.m.**

**Aggravations**

I had my appointment for a teeth cleaning today (well, yesterday). It did not go well.

I had packed a bag in the morning with my diabetic test kit, insulin, toothbrush, and floss. Of course I left the bag on the hall tree when I left, late as usual, to meet my friend Reb for lunch.

Since I wasn't able to test my blood sugar level or take any insulin at lunch time, my blood sugar spiked. I had a late dinner, by which time it had climbed to 412.

After lunch, I had to go directly to the hematologist's office for my day 18 blood draw. I have to have all dental work done on day 18 of my 21 day chemotherapy cycle, since that blood draw is required to determine that my white blood cell count is high enough to proceed safely with the dental work.

The dentist's office is closed on Friday and over the weekend, and on Monday I start the next cycle. So the window for dental work is reduced to a single day during any three week period.

Absent my bag, I could not brush my teeth after lunch, for which I apologized to the hygienist. She waved off my concern, saying it didn't matter.

As my mouth is still somewhat sore, presumably from the chemotherapy, I kept jumping when the pick would stray to my gums. I think the poor hygienist had just about reached the conclusion that we'd have to schedule several more appointments and do it in sections, with Novocain, when I realized I had forgotten to take the antibiotic that the hematologist had prescribed for the dental work. The cleaning came to an abrupt halt.

So now I've got two more appointments to complete what previously has always been done in a single visit. And I'm going to need four or five Novocain shots during each visit. I hate Novocain.
Around midnight it occurred to me that perhaps I should have taken the antibiotic as soon as I arrived home around 6 p.m., since they had worked on me for an hour or so, and I had bled a little. Well it is now almost 4:00 a.m., so I guess it's too late for it to do any good if I took it now.

All of these little problems reflect a kind of brain fog. I've heard about a phenomenon called *chemo brain*; I guess this is it.

Before I left the house to meet Reb, I noticed that I had something in my left eye. Without thinking about it, I was rubbing my eye all day, making it worse. By evening, I had something in my right eye as well, and this new discomfort had escalated to a minor agony. I'll need to go see someone about it later today. I hope they can get it out.

I'm out of the short needles for the NovoLog, so I need to go visit my primary physician anyway -- they give me free samples, but they only have a few at any one time. If they'd just give me a prescription, I'd get them free with my diabetic supplies. Well, I won't need them after the chemotherapy is over.

**A death**

My cousin Florence died the other day. She was 89, but her mind was still sharp. I had come to know her really only since about 1998, when I became interested in our family history. She was my oldest living cousin, and knew the story of my mother's family better than anyone else. I should have mined her information more completely, but the fragility of life is a lesson I never seem to learn.

Moreover, Florence was a nice person. I'll miss her.

*March 2, 2013*

**Barbara**

Today is my sister Barbara's 74th birthday. The last few years have been tumultuous for her -- she went through ovarian cancer in 2007. Then her husband Irwin died suddenly and unexpectedly a few years ago. She met and married Richard. She became a great grandmother last summer, and then just a few weeks later her son Jonathon, or "Rick," as he was called -- the baby's grandfather -- died suddenly at the age of 47. Rick smoked and didn't eat well, but was young and strong. In any event, nobody should have to bury a son or daughter. This is the second time this has happened to Barbara; her daughter, Deborah, died in an automobile accident in 1994, right after her 30th birthday. Now Barbara has three grandchildren but no children.
I do hope this is a good day for her. I haven't found a gift for her yet, but that's par for the course for me.

The one time I was on time for a birthday was for my mother's 59th, when I uncharacteristically sent her flowers, on time. She died two days later.

In some ways, I live a charmed life.

**Eyes**

I was seen by a colleague of my primary physician yesterday. He couldn't find anything in either eye, so he's treating it as dry eyes. He prescribed eye drops. So far they haven't helped.

What a nuisance.

**March 4, 2013**

**Midterm grades**

I had a PET scan a week ago today, halfway through my chemotherapy treatments. The report came through today. It said that there has been significant reduction in the visible sites in my lymph glands and on my spleen. My hematologist considered this a very positive development.

Unfortunately, the report is completely devoid of any quantitative information. E.g. The growth on my spleen was previously about 7 cm in diameter. It would be nice to know how big it is now.

My hematologist is going to contact the radiology laboratory to try to get more precise information.

Still, this is good news, unless you're one of the people I've ticked off along the way. :-]

**Cycle four**

I learned about my PET scan results when I went for my day 1 treatment that marked the start of the fourth cycle. I'm halfway done, assuming no further treatment is necessary after the sixth cycle.

When I spoke with the hematologist today, I kind of twisted his arm to give me a revised estimate of my prospects in view of these new test results. He's prone to use words like *good* or even *excellent*, but he doesn't like to use numbers. When pressed, he said a 90% chance. However, he was no longer using the word *cure*, but now was speaking in terms of a *remission*. 
What the hell is that? Is he breaking it to me gently that there is no cure, that the cancer will always be with me, deadly cells whirring around in my bloodstream, waiting for the right set of circumstances to rise again? So now we're talking about a 90% chance of a remission.

There is a very good discussion of the difference between cure and remission at <http://www.everydayhealth.com/blog/zimney-health-and-medical-news-you-can-use/category/scambuster-report/>.

Initially he did use the term cure. I would say he wanted me to be thinking in positive terms, and to that end, he manipulated me; i.e., he misled me, or to put it more baldly, he lied, for what he believed to be my own well being. I don't approve of that, and he and I are going to have a conversation about it.

I do like this doctor, primarily because of the energy and initiative he showed in diagnosing and then treating me when I first came to see him. However, nobody is perfect, and I find it frustrating that he can be more than a little vague when explaining to me what's going on. This use of the terms cure and remission interchangeably is but the latest example of that. This is not a deal breaker at this point, but I do need to make more of a point of pushing him for precision.

Anyway, I guess all I can hope for is a remission, but perhaps a very long one. Maybe long enough to get me to that myocardial infarction, or that Mack truck, or that bullet. I guess that would be indistinguishable from a cure.

Well, David did say You're gonna die anyway. And it's certainly true. We're just dickering about the timing.

Pamela met me at the doctor's office today, and after we spoke with the doctor she went out and got lunch for us. She also gassed up my car, which I appreciated because I hate pumping gas in the bitter cold.

After lunch she left for work. I dozed off midway through the big bag of stuff that makes cancer cells explode, and after my treatment I drove myself home. I even stopped to get my reading glasses repaired. Then I came home and collapsed in exhaustion.

But it's nice to know I can get through this on my own if I have to. I appreciate the help that Pamela and others provide, but I hate needing to have help.

March 5, 2013, 2:05 a.m.

Late night anxiety
The night is early, by my standards, but already I'm worrying about something new. Well, it's not new, really, and the people who get paid to worry about such things have been concerned about it since 2004. So let's just say it's something different from my obsessive health concerns to worry about.

I'm referring, of course, to the asteroid Apophis, which on April 13, 2029, will pass within about 19,400 miles of earth -- closer than geosynchronous satellites, about 8% of the average distance to the moon, and a mere whisker by astronomical standards. As measurements of Apophis' orbit have been refined, the estimated probability of impact has been lowered from a high of about 2.7% to near zero. However, the estimated clearance has also been lowered to that 19,400 mile estimate from a previous larger value.

Plans are afoot for various schemes to nudge the orbits of near-earth asteroids so that impact trajectories become near-misses. But what man can do with a tug, a push, or a controlled impact, another asteroid can do with an unanticipated collision or even a gravitational sling. What if this thing gets nudged, ever so slightly, by one of its neighbors? That flyby, of which we are now so confident, could morph into a direct hit.

It wouldn't take much, would it? We know about the orbits of most large asteroids that come anywhere near earth, but I don't think we know about the orbits of the thousands of smaller rocks that approach those orbits. We're just beginning this field of study, and in the present political climate, it's woefully underfunded. There's too much that we don't know, and we're accumulating that knowledge much too slowly to have any confidence that April 13, 2029 will be a nice day.

This thing has an average diameter of about 1000 feet -- a fifth of a mile. Its estimated mass is about 45 million tons, and it travels at some 20 miles per second, 7200 miles per hour. Apophis would make quite a pop if it ever hit us. Could ruin your whole day.

The kinetic energy of Apophis is estimated to be on the order of the yield of all the world's current stockpile of nuclear weapons.

Well, I will be 85 years old on that day, if I make it. That seems very unlikely, given that I have cancer, have had triple bypass surgery, still would have high cholesterol if it were not for Lipitor, and have diabetes, emphysema, and sleep apnea. I have a heavy foot, too, and I'm persistently overweight. My parents lived to be only 56 and 59. I'd be amazed to find myself still kicking in 2029.

However, my wife is a good bet to be alive then, as well as my sister (who is older but much healthier)and some of my cousins, and all their descendants. My children would still he
relatively young, in their late fifties and early sixties, and my grandchildren would still be in their twenties. So I have good reason to care what happens then.

And beyond my family, I'd really hate to see civilization destroyed, and the species reduced to cave dwellers at best. We've come too far.

But then that's probably what the dinosaurs thought.

March 6, 2013

Chemotherapy

Today is day 3 of the fourth chemotherapy cycle, when I receive the toxic chemicals that are intended to slay my cancer. I came alone today, as I now feel confident that I will not require a driver or other assistance.

All the private rooms were taken, so they put me in the big common room, where there were several other people receiving chemotherapy. That gave me an opportunity to share experiences with them, something I always enjoy. Strangers no more.

Now the others have finished today's treatment, so I have this cavernous space to myself. That's okay too.

Hannah

Hannah is my first-born grandchild, and today is her thirteenth birthday. My poor son and his wife are in for a difficult year or two. With the four kids spaced about two or two and a half years apart, they're looking at eight or ten years of being challenged at every turn.

Ironically, Hannah has recently shown a spurt in maturity, becoming more organized and getting her grades up. She may have done some of the thirteen thing when she was twelve. Maybe it won't be so bad after all.

Who am I kidding?

My wish for Hannah on this special day is that she and her middle sister, Peri, will settle their differences and learn to enjoy each other. Nathan says he does see a glimmer of that happening.

It took Barbara and me a very long time to really become friends. My father and his brother Ray never really managed it. These family rifts are ubiquitous, and so wonderful opportunities for closeness and mutual support in times of crisis are lost. I'm hoping it will be different for these girls, who are two of my favorite people.
Confronting my father

It was the summer of 1963, or maybe '64. A beautiful day, and my parents and I went out for a drive, from Charlottesville to the nearby Blue Ridge Parkway. We stopped at an overlook, and my mother, who was never without a camera, got out to capture the moment.

While she was so engaged, she met a young couple. It turned out that the man was a physicist, as was my father. Gregarious Mom dragged the poor man back to the car to introduce him to my father, who was at the time a very senior physicist at the University of Virginia.

"Meet my husband," she said innocently. My father sat like a stone, looking straight ahead. The young man, embarrassed, eventually withdrew his unshaken hand and wandered off.

When my mother rejoined us in the car, my father mocked her: "Meet my husband!"

That was the initial salvo in a tirade that seemed to go on forever but probably lasted only a few minutes. Her crime, apparently, was implying some sort of equivalence between the great man to whom she was married and the wet-behind-the-ears pipsqueak that she had just met.

In the back seat, I looked in vain for a rock to crawl under.

March 8, 2013

An alternate view

At the age of 49 or 50, my mother went through menopause, was diagnosed with type II diabetes, and lost a breast to cancer, all within a very short time frame.

So now it's the fall of 1956. My sister has gone off to college in Indiana. Possibly triggered by her deteriorating health, Mom's has sunk into a well of depression. Dad and I came home from some errand and I found her in a coma. She was lying in bed, completely unresponsive, and there was foam around her mouth. She was rushed to the hospital, where it was determined that she had taken a massive overdose of oral diabetic medication. Her stomach was pumped and her life was saved.

A few years ago I obtained some of my mother's medical records from that period. I learned that when she found herself alive, she was very angry at having been thwarted in her suicide attempt. Dad never explained any of this, which was typical of him. He just dealt with it.

He committed her to a mental institution in Ashville, North Carolina. It was a long drive over the mountains to visit her, but there was nothing suitable any closer.
I remember that during one such visit, Mom was expressing her unhappiness at being confined and virtually begging Dad just to take her home with us, as if she were being imprisoned for a crime that could be forgiven.

At some point my father decided that he didn’t like the care my mother was getting, and had her transferred to a different facility, also in Ashville.

Somewhere along the line my mother was subjected to electro-shock therapy. She always seemed to be something of a shadow of her former self after that.

Finally a day came when she was declared sufficiently well to return home. Dad and I made the long drive to bring her back. On the way home, somewhere on the Tennessee side of the mountains but shy of Knoxville, Dad pulled off the highway on the downward side of a long wooded slope. He asked me if I wanted to stretch my legs. As always, he explained nothing, but I was happy to be able to get out of the cramped back seat.

I wandered down the hill a ways, and then stood looking through the trees at the distant mountains. I thought about how good it was going to be to have my mother back, and whether I dared trust that this change would be permanent.

Eventually I turned and looked back up the hill to where my parents were. To my amazement, they were locked in an embrace, necking like teenagers. That was something I had never seen before.

It brings tears to my eyes to write about this, or even to recall it. Here was this gruff old man, who rarely had a kind word for anyone, who was so anxious to embrace his wife of over twenty years that he was not willing first to drive another 80 miles in order to reach the seclusion of our home.

It was a wonderful moment in a life that had too few such moments.

Strange what we think of as old. That "gruff old man" was barely older than my son is at this moment. Yet somehow he always seemed old to me. Still does.