

Somehow

By Michael Fine

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A woman developed a stomach-ache.

The woman wasn't old. She was in her late fifties but was already withering. Her face had wrinkled. Her eyes had dulled. Her flesh began to droop. She'd lost her sense of purpose in life. She drifted from place to place, from pursuit or task to pursuit or task without finishing anything, and she experienced no pleasure from being alive. Her hair, which had long been grey, was thinning, and you could see the outlines of her skull beneath it. Her hair was flat and brittle where it had once been lustrous, chestnut, thick and full bodied. Once you would have wanted to touch her hair and smell her hair, men and women alike, because whenever she came into a room, she exuded liveliness and excitement, even arousal. Once.

But no more. Now she was declining, almost fading, and everyone who knew her felt her to be a shadow of the woman she once was. She herself sensed that her time on earth was shortening, and that there wasn't a place for her or a purpose for her anymore.

Every part of her body began to hurt.

Her knees hurt when she got up in the morning and whenever she walked a few blocks. Her fingers and knuckles enlarged and ached whenever she used her hands, whenever she went to the garden to weed or whenever she cut vegetables in the kitchen, whenever she typed at work, and her back hurt whenever she was on her feet for more than a few minutes. Her husband, an old man who rarely spoke and never complained about his own aches and pains, listened to her litany of suffering with detachment, understanding that there was nothing he could do to change this slow slide into oblivion, that there was nothing anyone could do for the woman or for anyone who was aging, other than for each of them to grin and bear their own aches and pains with dignity.

So it came as no surprise to her husband and children or even to herself when she started to withdraw into herself. She went to bed early and slept late. She rarely left the house. She no

longer listened to music or walked in the later afternoon. She stopped going to the theatre or meeting friends after work for a drink.

Her husband and the woman herself didn't pay much attention when her aches and pains began to worsen, settling in her lower back and abdomen.

The pain began in the morning and lasted until the woman laid down to sleep. It was a mild pain at first, barely more than an ache, and it made the woman want to stand when she was sitting, to put her hands on her hips and flex backward at the hips, stretching her back muscles. It was a boring kind of pain, and more heaviness than pain itself, at least at first. Stretching or changing positions shifted the pain and sometimes relieved it, but nothing made the pain go away.

Over a few weeks the sense of heaviness grew more intense, as if there was a growing weight, a greater burden to carry. That burden pressed into the woman's back and pelvis, a weight deep inside her that changed her center of gravity, lowering it so that her center seemed to be in her low back and her pelvis and no longer in her heart and chest. The boring and the weight together, which felt like someone had put a lead anchor inside her, pulling her down, seemed to make all her tissues sag more than before. She became nauseated, and then her complexion, already pale, became wan and yellow.

A few more weeks passed. The woman who had accepted that the pain was just more of the same, the aches and pains of her body wearing out, groaned with this new burden and began to wonder if there was something more to the pain, which had become impossible to ignore. She pushed that worry away and went about her business. Her husband, who was accustomed to discounting her complaints, didn't look alarmed. He didn't acknowledge that anything was different, or anything appeared amiss, so the woman assumed that it was all in her head, that she was making a mountain out of a molehill, that she had made the routine discomforts of life into something else in her imagination. She was still able to eat. In fact she ate and kept eating. But she got no enjoyment from her food, and consumed it as if it were a responsibility, a chore, what was required of her if she were to go on living without pleasure, like coal that is loaded into a furnace to keep a house from freezing up at night, in places where people still burn coal and put up with the soot it puts into the air, and the bitter smell that hangs over any town or city in which coal is burned.

The woman began to read about the causes of abdominal and low back pain in adults, and what she read worried her. Cancers. Diverticulitis, some kind of inflammation and infection of an outpouching of the bowel, whatever that means. Appendicitis, which apparently can occur in older people. Ovarian tumors, malignant and benign. Even tuberculosis of the spine, which is called Pott's disease can cause lower back and abdominal pain. All these diseases had bad outcomes, all could lead to cancer that spreads throughout the body, overwhelming infection that causes shock and death, or tumors the size of footballs or pumpkins. So the woman stopped reading about pain and diseases altogether.

It was fall. The days grew short. Cold winds blew up the coast or blew in from the north and west. The light grew dim and the sun never rose that high in the sky. The leaves flashed red and then turned yellow and brown, fell from the trees and swirled in the cold winds. The woman turned up her collar whenever she stepped outside and took to wearing heavy wool sweaters against the cold, even inside her warm house. The air smelled of woodsmoke, maple sugar, and rotting leaves. Pumpkins. Children in costumes. Now, the thought of answering the doorbells to hordes of children holding paper bags and crying "trick-or-treat" was almost more than the woman could bear.

One day the woman went for a walk, achy and uncomfortable as she was, a short walk to change her position and distract herself from the pain. She walked for a block or two, turned a corner, and saw that a neighbor had placed an uncarved pumpkin on a cement pillar that stood at the entrance to her driveway. The pumpkin was an odd sort, not pumpkin-orange and round, but squat, misshapen, dark green and tan striped with orange, as though someone had poured the makings of a pumpkin into a mold, but those makings melded the mold and oozed out of it as they cooled. Even so, this pumpkin was large, bigger than a basket of fruit, and looked heavy, as if it were made of concrete itself, and too heavy for the woman to lift, so heavy that the woman knew she would call her husband if the pumpkin had been hers and she needed to move it and that her husband would struggle to lift it as well. The pumpkin was a mistake. A mutant. A cancer.

That's when she knew. That's when she admitted it to herself. The pain was real and was dangerous. Take me to the hospital, the woman said to her husband when she got home. Take me now.

They almost ignored the woman after she arrived at the hospital, after she went in while her husband was parking the car. The hospital felt routine, anticipated, dull and without intensity or fanfare, like going to the grocery store or the airport. You report in. They tell you to wait. After twenty or thirty minutes a nurse, or at least a woman in scrubs, asked the woman to come forward and take a seat. The woman in scrubs put a monitor on the woman's finger, wrapped a band around her arm, and waved a gadget in front of the woman's forehead. Then she started asking questions -- bored, solicitous questions -- which were rote to the woman in scrubs asking them. She repeated the woman's name, date of birth and address for the woman to confirm. Do you take medicines every day? Have you ever been hospitalized? Had any surgery? Have any allergies? Did you take your medicines today? a silly question since the woman had already said that she took no regular medicine. When was your last menstrual period? also a silly question because the woman was in her late fifties and her periods had stopped five years before, more or less, so long ago that she no longer remembered the hassle of having periods at all. Is there any chance you could be pregnant? Another silly question, which got the woman to look at the nurse over her half-glasses, the half-glasses she used to read, as if to say, are you sure you see who is in front of you and have heard what I told you so far?

What can we help you with, the woman in scrubs said? The woman described the pain in the abdomen. How long has it been there? What kind of pain? Always present or comes and goes? What relieves it? What makes it worse? Does it wake you at night? Keep you from sleeping? Do you have fever or chills? Nausea, vomiting, or diarrhea? Why do you consider this an emergency? And so forth. The woman felt like she was being labeled, wrapped and packaged. This one, not that one. One of those, not one of these. No emergency. No urgency, really. We'll call you when it is your turn, the woman in scrubs said, after many of the others, the ones that are coughing, moaning or clutching at their chests.

So the woman, sat, her husband now at her side, too uncomfortable to read one of the old newspapers that had been left on the chairs, and too proud and strong to moan. Her husband read, however. Her husband had a book and he involved himself in it. The woman watched people come and go, and thought, with each person, is that one as sick as I or sicker? When is my turn coming? What does that one want? Can't that mother control her kids? How can I be

polite to that man who has been drinking, is loud, and can't sit still or stand still? Who are we, as people? And who have we become?

When her turn came, the woman was brought into a large room with low ceilings, harsh lights, glass and curtains, and murmuring. There were thirty or forty people in the room. Patients and one other person, sometimes, sat in small spaces divided by glass and curtains that surround each person, curtains that were often pulled back and forth, the sound of the metal chains that held those curtains windy and harsh, like the sound made by a line that holds a dog running below the overhead cable to which the line is attached. People speaking. Speaking softly, for privacy, but then loudly and clearly from time to time, to make sure they were heard when speaking to a person who seemed a little hard of hearing, or louder yet, speaking to someone who didn't speak English, as if raising their voice could help them break the language barrier. The beeping of monitors. The whirring of wheels. Of pumps. The strange sound of air being forced into tight spaces, rushing and popping, as the automated blood pressure machines turned on and then released air which rushed out, a forced sigh.

A nurse came in. She was more alert than the first nurse, a take charge person. She attached a device to the woman's finger, wrapped another device around the woman's arm and asked all the same questions that the first nurse asked. Someone will be in to draw your blood, she said. And then she disappeared. The woman's husband sat with her, first standing next to her, and then in a chair next to the bed. He read his book. The woman closed her eyes and dozed.

A short round man came in to draw the woman's blood. He was quick at it and was done and gone before the woman noticed. Just a pinch he said. It was more than that. A hard sharp twist of her flesh. But over before it started.

The woman's belly continued to hurt during all this, a full, gnawing pain. Then her low back ached more. Hurt more. Lying on a gurney was not a position her body favored. She moved all day long. Moving was how she distracted herself from the pain.

The woman had a sense of dread, of impending doom. The end was coming. She didn't want to know. She didn't want to hear what the end was called, or about the tortures that they would say were necessary to forestall the end. The end was coming. That was the plain truth. It

didn't matter what the end was called. The woman knew she'd undergo the treatments and accept the tortures, not for herself, but for her husband, children and friends, because that was what they would want. But the woman also knew all this was pointless. Human beings start in dust and end in dust. Bargaining with God, fate, nature and history makes no sense. But she would endure it all anyway – the tests, the diagnosis, and the treatments, however futile. There is no value to long life if there is no joy in life every day.

Then finally, when the woman had to get up and walk, when her belly and back wouldn't let her sit one more moment, a doctor came into her cubicle. A woman herself, about forty, tall, with glasses and short black hair streaked with gray. White coat with a green name badge hanging from it, wearing a thick red stethoscope. The doctor asked her the same questions the nurse had, and then a few more questions. Have you lost or gained weight? Gained, a little. How are you sleeping? Uncomfortable, but okay once I fall asleep. Diarrhea or blood in the stool? No. Vaginal bleeding? None. Pain with intercourse? Not for a long time. Not for weeks. The idea of it is repulsive now because of the back and belly pain. I don't relax. Can't relax. Haven't relaxed in three months.

The doctor listened with the stethoscope and then mashed on the woman's abdomen. The woman squirmed when the doctor did that. More pain. More discomfort. The doctor moved something that felt like it didn't belong there. Very strange, the doctor said. Let's get a CT. No, better, let's get an ultrasound. Quicker. Doesn't make sense, the doctor said, as if talking to herself. And then she was gone.

Then they sat. The woman shifted on the gurney, trying to find a comfortable spot. Her husband read, attentive and oblivious at the same time. He was used to the woman's discomfort and knew that there was really nothing he could do to help. The woman searched for, found, and used the call button for the nurse.

The light was still too bright. There was too much chrome and glass. The murmuring and beeping continued – a containerized, industrial existence. Bodies wrapped and marked and waiting to be shipped out. The air smelled of electricity, of ozone, like the air after a lightning strike, but also of bodily fluids, disinfectants and bleach.

The nurse came. I need to use the toilet, the woman said, and was grateful when the nurse helped her to stand and arranged things so she could walk to the bathroom in her hospital johnnie, wheeling an IV pole and the machine that controls the IV drip, grateful that the nurse didn't try to make her use a bedpan. Grateful to stand and walk. Out and back. The change in position helped a little. Then the nurse helped her return to the gurney, with its thin mattress and strange tipped up position, head up, legs stretched out in front of you, which hurt her back but was no worse than lying flat. It was just that the mattress was too thin and the gurney felt so hard to sit on – that bothered her.

An orderly came carrying a clipboard. He wheeled her off for the sonogram.

The sonogram room was cold and dark. The sonogram technician was an officious man in his forties, a good-looking man with olive skin and graying short curly hair who wore tinted glasses even though they were inside. He didn't look at the woman. He moved a machine close to the bed, a machine with a video screen and some thick white cords coming from it. He covered the woman's lower body with a sheet and then squeezed a cold green gel from a plastic bottle onto the woman's lower abdomen.

"Be over in a minute," the man said. "Point to where it hurts. You had a CT or MRI yet?"

The woman pointed.

"No," she said.

"Any blood in the urine?" the man said.

"No," the woman said.

"Vomiting or diarrhea?" the man said.

"No" the woman said.

"Vaginal bleeding?" the man said. He placed a gadget the size of a flat soda can on the woman's abdomen, a gadget that was attached to the man's machine by a thick cord. Then he began to move the gadget around.

“We get lots of people with belly pain from the emergency department,” the man said, talking to himself, answering a question no one had asked. “They must be having a sale on abdominal pain. Pretty busy today. Busy but not slammed. There’s no...”

He paused and looked from sideways at the woman.

“How old did you say...what’s your date of birth again?”

The woman told him her date of birth. He hadn’t asked for it before.

“When was your last menstrual period?”

The woman told him it had been at least five years ago but also could have been eight years ago. She’d lost count. Her periods had stopped. Thankfully. That was all that mattered.

The man shook his head.

“Okay. We’re done here. Pretty impressive,” the man said. He placed the gadget he had been using back on the machine that was next to the head of the woman’s gurney and wheeled the machine out of the way. Then he wiped the woman’s abdomen with a towel and replaced her hospital gown. She was covered again.

“I’ll call transport,” the man said, and turned to leave.

“That’s it?” the woman said. “What is it? Aren’t you going to tell me what you saw? Did you find anything?”

The man picked up a telephone, punched a few of its buttons and spoke for a moment, his back to the woman. When he turned around, he looked out the window on a far wall and not at the woman at all.

“Your doctor will discuss the results with you. I’m just the technician. The radiologist has to read the scan,” he said.

“Great,” the woman said. “More waiting.”

“Policy,” the man said. “Rules. Good luck.”

She was five months along. The woman was pregnant.

There was a good bit of dithering among people in the Emergency Department, of course. A fascinoma! What are the chances? TB and sarcoid are the great foolers, but you always have to consider pregnancy in any woman of childbearing age. People kept walking to look at the woman. They would pretend that they were just passing and then would take a quick glance in the woman's direction and then would often hesitate, as if to say, she's so non-descript. Nothing remarkable. Just a woman. Could this possibly be her? Some medical student got sent off to look up the numbers. Unusual, but it happens. A tiny percent of pregnant women are in their mid-to-late fifties. Of course, IVF, in-vitro fertilization has turned those numbers on their head. Women in their fifties and sixties are now getting pregnant with IVF all the time and carrying those pregnancies to term. One woman in her seventies in Italy or Brazil. One woman carried and gave birth to her own grandchild. That kind of thing.

But none of that mattered to the woman herself. How did this happen? She asked herself. In the usual way, she answered. And smiled slyly to herself. None of that virgin birth, immaculate conception nonsense for me, she thought. There isn't much there there. Or wasn't. But apparently enough, the odds be damned. Man plans. God laughs. Or in this case, women laugh. Or this woman does. How do you like that? She thought, grinning a little to herself. Just when you think its safe to go into the water.

Of course the doctor sat down next to her and went through all the options in detail, trying to be dry and clinical but the woman could see that the doctor herself was having trouble suppressing a smile, even a little laugh. How do you like that? the doctor said to herself. Are you sure? The woman said. Couldn't be surer, the doctor said. I knew the moment I put my hands on your belly, but I couldn't believe what I was feeling. I could feel the baby move. I guess you're right, the woman said. I guess I felt it myself, but I put it off to gas. Lots of women do that, the doctor said. Here's a picture of the sonogram. Boy or girl, the woman said. Are you sure you want to know? the doctor answered.

And then, all of a sudden, it was real. Are you sure you want to know? There was a real baby there. Either a boy or a girl, male or female, the option of a difference letting the woman see a baby as a developing person, a child, no, *her* child, for the first time.

No! the woman said, don't tell me. This baby will tell me in good time.

There are some women who would consider terminating an unplanned pregnancy, the doctor said, and I'm assuming this was unplanned, and she found herself grinning despite her professional demeanor and responsibilities. You think? The woman said. No I don't want to think about termination. But maybe I should talk to my husband. I don't know. It's likely very late second trimester or early third trimester, the doctor said, with an increased risk of Down's syndrome, given advanced maternal age. Both women worked to suppress smiles again, to remain serious. Very difficult terminations, the doctor said. But possible in some states. The ultrasound isn't that accurate this far along, the doctor said. We think twenty-six to twenty-eight weeks. Maybe twenty-nine. The doctor smiled again. Which means the baby is very likely viable. That means she or he would survive on her or his own if she or he were born today. And that you'll be holding a baby in your arms in two or three months, give or take.

Holy moly, the woman's husband said. He was grinning, not smiling and the woman could tell he was proud of himself, though from where she sat, *he* had nothing to be proud of, nothing whatsoever, the woman thought. This was an accident of nature, a freak occurrence and that man had nothing whatsoever to do with it. Well, almost nothing. Then the woman grinned herself.

And she and her husband kept grinning. Wipe that shit-eating grin off your face, the woman said. I will if you will, the man said. Their eyes met. There was a sparkle in both their eyes, a light that hadn't been present in either of them in years. Decades. Longer than either could remember. Then the husband took the old woman's hand and squeezed it. He had a look on his face as if he was going to ask her to dance. In the kitchen. In the moonlight. Even though they were in an over-lit emergency department cubicle, with the doctor standing there holding a tablet computer amidst the beeping of monitors and the whishing of cubicle curtains as the only sound, their only music.

The impossible had happened. And more of the impossible was yet to come. Suddenly the world was full of unanswered questions. Would the old woman be able to carry this child to term? What would giving birth again be like, at her age? Was that even possible? How would they manage nights without sleep, changing diapers, and baby food? Did they have the energy for a child's questions? Would they both live to see this child grow up and become an adult? How could they prepare this child for life without both parents, as was inevitable, at their ages? There were wills to consider; paying for college on retirement incomes; guardianship in the event of early deaths, which would not really *be* early; and godparents, to say nothing of their other three children and two grandchildren.

But somehow, none of that mattered. Life had begun again anew, irrationally, in a way that was so unlikely as to be impossible. Except it wasn't. Life had begun again anew. Existence itself is a miracle and consciousness a dream that somehow comes into being, again and again, despite our best thinking. When we aren't expecting it. When we aren't looking. Despite human beliefs, calculation and expectations.

Matter from dust. Something out of nothingness. The phoenix from the ashes.

After sorrow comes joy. Out of decay comes blooming.

Again.

Somehow.

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