the eyes, the posturing. There is something bad and unseen in the brainstem: axonal damage. They can do nothing about a lesion they cannot see. The neurosurgeon will put a "bolt" in the vertebrae; there is a slight twist to his expression when he says this. If the big problem does not come right, then he will have done nothing to any avail. But in case the big problem does come right, then this will have been necessary.

The other is a man only a little older than myself. Four years ago he fired a bullet into his frontal lobe, destroying eye and brain. On scan his glass eye is a shallow curve, mounted on an odd stalk. Wednesday night in the drunk tank he beat his head against the wall until the craniotomy plate shattered, arteries tore and his cranium filled with blood. On the pre-op scans, a glowing lens of epidural hematoma fills a third of one hemisphere. This story is told and retold. Doctors smile and shake their heads, not amused, a little awed, a little, necessarily, removed. They can say why bother; why not let him go. But they can say it because they know they will not do it. All they can do — for him, for all the failed suicides — is rebuild what they can rebuild. The exorcism of demons is beyond us. The infernal thing, though, is that we are wilfully letting it go further beyond us still, fostering this illusion of community care when community care is inadequate to nonexistant for the homeless mentally ill.

Have I said before how very vulnerable skulls look, in cross section, the flesh and features effaced and only the thin bones or the thin skin or the thin fluid shell of the brain bright. No matter the age, there is always something fragile and infantile about the skull.

A new word. Levelling. Learned it last week when the radiologists passed around an cerebral angiogram with a huge blot, a huge ink-bag of aneurysm, its image as large as the tip of my thumb. Was she still alive? She'd had a rebleed; the resident phoned upstairs to find out. "Is she still with us?" He put the phone down. "They're going to level her." And then, to me, he explained, "Decrease the level of care until she dies."

Alison Sinclair
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Lost

The phone rings in late evening.

"Hello? Is this Jennifer? Your mother wants to talk. She needs you."

"Jennifer dear? I'm lost. Maybe I'm on Sherbrooke Street."

As I go to her rescue, I think of Mom during the war. Living in the country, away from the threat of bombs. Chopping wood for heat, for cooking. Snowshoeing to the neighbour's over snow-clogged roads. The phone lines down again. Knitting socks, ... and socks, ... and socks — for the soldiers. Playing the piano. "My Bonnie Lies Over the Ocean." No soap. No butter. No new clothes. No car. Her brothers and sister in far-off cities. Chatting on the party line just to hear an adult voice. How did they do it, those women of the war? Waiting five years, never knowing, making all the decisions.

Now her mind has softened. A gentleness shines through. And bewilderment. Sometimes anger. "Look at the way that nurse dressed me! Nothing matches. She just throws the clothes at me."

Dementia, creeping up on her as she fights to hang on.

Her friend Bessie dials the number taped to the phone. "Please come. Your mother is frightened. Will you come? She's lost."

I hurry down the hall while they peek at me sideways; Mom in her wheelchair, Bessie at her side. Sentries at the nurses' station. Waiting for life to happen. Waiting for Jennifer. Holding hands. Bessie's hand strokes my Mom's, reassuring, firm, gentle.

"There, I told you she'd come!"

"Hello, Bessie. Are you the friend who helped Mom? Are you the one who called me?"

Bessie looks inquiringly at the nurse. "Was I the one who called Jennifer?"

"Yes, Bessie."

Bessie has forgotten. But her heart knew to be kind. She wanders off, already putting it all behind her.

I bend to kiss Mom's soft cheek.

She asks timidly, "Are you my mother?"

Damned dementia.

Jennifer Raiche
CMAJ