

For whom the ball rolls

Jonathan Bock

Mr. Bock is a third-year medical student at the Mayo Clinic Alix School of Medicine, Rochester, MN.

I.

A shimmering black globe glides down a reflective paneled lane roaring wildly like a train ready to jump from the rails. Opposite are ten shapely pins standing with backs to their fate.

Onlookers gape as the massive globe hurtles toward the right gutter tipping over the precipice before an invisible string is pulled, drawing the mass into the left flank of the leading pin. The only sound is the baritone thunder of the charging globe. Now, a falsetto crash accompanies a splintering of white pins, echoing and blending with a symphony of slapping palms.

The bruised pins lie in ruin in the dark where thoughtless arms and gears greedily round them up and get them back in formation, backs to the coming strike. Another drum of thunder, another flash of white, more applause.

All this reproduced on pixels that meet the stare of a man being swallowed by a hospital bed. His impossibly sunken eyes marvel at the parabolas on screen. The story of each ambush told in a welcome foreign tongue: velocity, spin rate, break point, trajectory, angle of impact.

The tale of destruction changes with each retelling, demanding attention. A soothing editorial distracts from the bolded front-page headline: "64-Year-Old Man Diagnosed with Metastatic Lung Cancer!"





Illustration by Sarah Riedmann

II.

When I checked the patient's chart before I went to bed last night, I saw the headline tactfully worded in the radiologist's report. Its 11-point Arial font had been tattooed in searing orange ink on the inside of my eyelids, persisting even in my sleep. Now, with every blink, I see the glowing red masses in his brain, rising out of the tranquil blue background like volcanoes on an elevation map. Thoughtless arms pull me through doors and up flights of stairs. Unseen strings tug on the corners of my mouth as I greet the resident doctors who, by now, know what I do. We have all read the news printed in our secret language on the report, and one of us must tell him. His name is Randy, though it could as well be Mark, or Joe, or Ricardo, and he will be only one on a list of 14 patients today.

Our senior physician steps into the room and a deferential sea of blue scrubs parts, clearing a path to the chair that is always left empty for him. The same unseen strings tug on the corners of his mouth into a grin that is all lips. Icy green eyes betray his own knowledge of the news, and his attempted pleasantry is only part of the pretense. The time has come to "run the list," as it is called, and with a few practiced heaves on the starting cable, our machine sputters to life, pistons and gears firing obediently at first, then automatically.

Randy, the man with volcanoes in his brain, was second to last on the list. When his name was finally called, I had wanted to announce, "Randy has cancer, and it's worse than we'd thought." Nonetheless, I had to tell his story in the same order, and by the same formula, as the 11 patients who came before him. Everyone on the

team had already heard the news yet listened attentively while I reported it in a familiar tone. The predictable flow is comforting, hollowing out a nook where we can process the words first read hours ago.

The radiologist had been the first to see the fiery colors blooming from the tectonic underbelly of Randy's brain, translating those images into words in a final report before moving on to the next. Randy, however, had yet to be diagnosed with cancer. All of the doctors on Randy's team had read the radiologist's report—some over dinner, some while in bed, others with their morning coffee—but Randy still did not have a diagnosis. Nor did Randy have one after I reported to the other doctors what everyone in the room, except for Randy himself, already knew. Randy would only have a diagnosis of cancer once one of us said: "You have cancer."

We carry these three words with us like a heavy black bowling ball. Walking into the patient's room, we spin the ball round and round in our hands, polishing it with a dirty rag until a hazy reflection stares back at us. But there is only space for one bowler at the stripe. The senior physician will lurch back and hurl the ball down the alley, bending it with precision into the patient's left flank. The pins will shatter, and the patient will at last have cancer.

III.

Although I don't remember playing the final note in the hypnotic melody of the hand sanitizer procession, I'm sure I was the one to play the concluding note. I am always the last one in the room; my plastered smile always the final smile to greet the patient after the snap

of the closing door. Usually, I look for the remote to mute the television because the doctors are here now. This time I do not turn the sound off, for Randy is about to find out that he has cancer in almost every part of his body and head—the parts of him that hurt and the parts that do not. He may eventually want to digest this announcement in silence and to sit in that silence for a while afterwards. For 15 minutes or so, however, the scenes on his television will still demand a voice, and he won't need to reach for his remote to try to re-enter the world of moments ago.

The familiar sounds of the charging ball, the scattered pins, the careless applause, and the broadcaster's words will taunt Randy like the soundtrack of an earlier life, a better life. He probably has had cancer for years, but really, he has only had it for 16 minutes. When he turns the television off, he will be forced to face a reality that he will hardly recognize, one as unfamiliar to him as the voice of a child who has matured in his absence. As long as the sounds of the television continue to drone on in the background, the past and the present will differ little to him, as little as the changing voice of a child calling to him every day.

IV.

The senior doctor had been the one to keep talking as he placed his left hand on Randy's hospital bed. The doctor's wedding ring made a plasticky click-clack as it tapped the rail of the footboard. He made a point of ignoring the television, where over his right shoulder, men in baggy slacks and early 2000s Polo shirts were bowling. From my position in the darkest corner of the room, I could see that the doctor's head was blocking the television screen. The rhythmic toss, curve, and smash were interrupted only by the focused looks on the faces of the competitors.

The sights and sounds of bowling carried on as the doctor recited an empathetic introduction to the terminal diagnosis. Randy lay there wheezing, helpless, glued to his bed. The massive weight of the word "cancer" had hit him, but he did not shatter, shout, or sink deeper into his bleached white sheets. The only proof of the strike was a blink that lasted twice as long as usual. The doctor took this unshaken silence as an invitation to explain further. He talked of Randy's diagnosis and prognosis in lofty medical jargon, then descended the ladder of enlightened vocabulary one rung at a time until he spoke in monosyllables like a caveman. Even here, Randy

met him with resigned nods from a withered head with glazed eyes fixated on the television. Randy's family followed his lead and assumed a reverent silence. We had expected an explosion of unanswerable questions and unnamable emotions; instead, the pins in the room simply tipped over like dominos as one by one the stubborn silence claimed a brother, a sister, a son, a nephew, drawing their gazes first to their shoes and then to the screen above.

The room of ten people had inexplicably become a forum for watching a bowling match on a hospital television. Over and over, the parabolic arc would leap into a sea of white pins, and the bowlers would nervously walk to the stripe and confidently strut back to their seats. The sole sounds of the affair were the slow silence, the long thunder, and the split-second crash; the statistics and scoring to follow a system that nobody could understand. Everyone besides the senior doctor watched, only occasionally diverting glances to Randy or to one another to see if the absurd gathering was to continue. The doctor begged Randy with his eyes for some sign of understanding, for some proof that the globe which he had rolled to Randy had connected. The plasticky click of the doctor's wedding ring then resumed, and in due course he craned his neck around like an owl to see what everyone else was seeing on the television. All of us were now watching the bowling match on a hospital screen, listening to the song of the game, the three-note melody punctuated by the steady tapping of a bewildered doctor.

V.

We left Randy's room to the melody of the same hand-sanitizer procession in reverse, concluded by the same snap of the closing door, albeit with the question "Who wants coffee?" hanging in the air. Ten minutes later, caffeinated and marching in a V-formation back down the sterile hall, we passed by the members of Randy's family standing outside his room. They were huddled furtively around the hand-sanitizer machine. It was then that the coffee in my right hand started to burn as if a trophy in the hand of a player who has cheated an opponent. I lowered my gaze to the linoleum floor and shifted the trophy to my left hand, hiding it behind my thighs.

VI.

Ask not for whom the ball rolls; it rolls for thee.

The author's email address is bock.jonathan@mayo.edu.