

## Fourth Floor

THE FOURTH FLOOR ALWAYS SMELLED . . . LIKE CHEMICALS. It assaulted her the moment she stepped off the elevator onto the faded, hard linoleum. There it was: rank and caustic, overwhelming and pungent enough to make her nostrils burn. Her stomach lurched, took a tumble, remembering, recalling that . . . bitter stench. It was permanently inscribed, as Oscar Wilde would say, in the diary that she carried about with her.

Was it the chemotherapy that she smelled? It was a familiar, sinister odor that brought her back to her own oncologist's office five years before. There she was, the weary patient, sitting motionless and too terrified to move. She quickly turned away (*Don't look!*) as the nurse slowly punctured the bulging, bluish vein in her right hand with a needle. She had never seen a needle so large! It reminded her of the needles used to hook rugs! That determined nurse's eyes narrowed as she insistently pushed the needle further and further into her hand, until she swore it would come out the other side. Overhead, like a hawk scoping out its prey, loomed the chemo IV solution; the tonic promising to keep away the boogiemens. A mixed bag full of toxins to make her well: gleaming red like Hawaiian Punch, fierce in its hectic flush, slowly dripping into her body. She would never forget that smell. It was in her mouth, it bore its way deep into her pores, it snuck its way into her urine. It surrounded her like a noxious cloud, weighing her down like a lead blanket.

Five years ago, it was she who had to bargain (*Please, oh please, let me survive this cancer, let me see my children grow up, let me live!*) . . . and now, she was the person who was here for her best friend, the friend who was doing her own sort of pleading (*Don't let this kill me; for God's sake, I'm way too young to die! How could it be?*).

March on, good soldier, march on to room 225. Enter room. Stop at sink. Scrub twice with purple disinfectant soap. Remember to scrub under nails with nailbrush provided; move up to elbows, like the nurses showed you the first time you were here.

Quite an initiation that day! So many instructions it made your head swim. Don those surgical gloves, place mask firmly over face, making sure to cover nose . . . (*But I can't breathe!*) . . . This is not about you, it's about your friend! And before you enter the room, don't forget the booties, because who knows what kind of germs your shoes might carry in? Now, take a deep breath (*It's rancid, vile!*). There now, relax. Before you go in, make sure you are prepared. Because you know, as well as anyone, what you will find.

Battle stations, please!

You will find someone who looks vaguely familiar. *Sarah, are you up?* She might not have her signature jet-black, thick hair you so admired—*It's me. Sheryl. I'm here.*—and her deep, almost violet eyes will appear to be a lackluster, muddy gray instead. *So, how's the patient today?* Her eyebrows will be gone, as will her eyelashes, which used to be so full that mascara was never needed. *It's a beautiful day, why don't I open the curtains?* It's possible that she will be sleeping, or just so drugged that she will *appear* to be asleep (even though her face hardly looks relaxed, like it has surrendered to sleep; but instead, looks suspended precipitously above the pillow), but don't you dare wake her! *Don't mind me, I'll just sit in this chair . . .* because this may be the only time she's managed to find sleep in days; she's been regularly vomiting in between attempts to find a comfortable way to place her body—*You're looking better than last time, you are!*—which looks as if it wants to find a hiding place in a deep, dark hole.

There's unyielding mayhem and carnage exploding beneath the surface, the evidence becoming more and more apparent on the outside. (*I can't stand to look! I want to run away. Please, I just don't think I can . . . do this!*)

And if you're lucky enough to find that she is awake—*You're up! Hi!*—don't be surprised if she doesn't give you one of her warm, winning smiles that you are so used to seeing because she may or may not be happy to see you—*I've missed you, it's so good to see you!*—in fact, chances are while she *did* want you to come and visit frequently, she will be either too weak or too sick or too depressed to want company.

"Is it Tuesday already?" She'll probably turn away from you, unable to look your way, unwilling to talk much. "Close the curtains. The light bothers my eyes." Her voice is practically unrecognizable, yet frightening in its uncharacteristically angry tone.

Forget about bringing flowers, because there cannot be any in her room (bacteria! pesticides!). *There were some flowers at the front desk for you—Peter sent them. I told them to hold them. What do you want to do with them?* "Flowers? I don't really care about flowers right now!" You don't have to stand there and hold that frozen yogurt that you brought up from the cafeteria—*How about a nice treat?*—just put it down on the table but make sure there's a napkin beneath it because it's going to melt. "I can't even look at food." After all, you can't expect that she will actually eat it, now can you?

It's understandable that you want to be helpful. *I can't just stand here. Isn't there something I can do?* Go ahead and prop up her pillows, straighten her blankets, especially the one you carried over from her apartment, the one she brought all the way home from her trip to Santa Fe last year, go ahead and offer to help her walk to the commode beside her bed. She's struggling to get up, to steady herself, trying to shove her swollen feet into her slippers—Don't you see? "Would you leave so I can go to the bathroom? I can walk over there myself." You withdraw your hand shamefully from her elbow. But don't be hurt if she refuses your help, insists she doesn't need any, sounds irritated, even. (*What did I do? She's so angry!*) Don't blame yourself; she's despairing of the world, of her circumstances. Only 40 years old and plummeting away from life. It all began with a promising diagnosis . . . and just one year later, it is down to a matter-of-fact directive from her physician to "Get your affairs in order." You heard him the day you took her in to get her latest test results; you thought you'd vomit before you made it out of his splendidly elaborately decorated office.

(*I can't stand seeing her like this! Is this how it all ends?*) Even though she may not be able to tell you exactly what is on her mind, the anger surrounds her, consumes her. Her heavy-lidded eyes, though mostly dull and somewhere very, very far away, still convey a hint of fury; you somehow feel them cut into you when they gaze your way. How can she not be livid? She has not even had a chance to marry, to have children, a family of her own. (*I want to tell her I love her . . . want to tell her that what is happening is horrific. But I mustn't! It will only make her angrier!*) That's what she always wanted, you know. That's what she's always envied about you, found it difficult in the past few years to come and spend time at your house, around your family, because every time she returned home to her

empty apartment, she was greeted only by the sound of the bell on her cat's collar.

*I've got to go. The babysitter can only stay 'til six. I'm sorry.* "What makes you think you're so indispensable? I can manage—just go!" And when you drive home after an hour or two at the hospital (you swear your bladder might burst because instead of going to the bathroom, you just made a beeline for the exit, fleeing as you would if your house was on fire), feeling frustrated and angry and helpless and sad all at once (*What is happening to my friend? Why is she acting this way?*) remember to concentrate on the road. When you lose one of your hubcaps after your car dips into a deep pothole on the Henry Hudson, don't stop to retrieve it. Keep driving. Keep going! *I feel like I'm never going to make it home. I've got to stop crying and concentrate on the road!*

Go ahead and pull off the exit to use the bathroom; go ahead, stay there in the stall and pull on the toilet paper to wipe your eyes and blow your nose. It's not surprising that you are crying as hard as you did when you yourself were diagnosed. But you must compose yourself so you can get back into your car and finish the drive!

Stuck in rush hour traffic, the cars inching forward, you sit and stare and think about your best friend, Sarah: the friend you shared your childhood, and later adulthood, with, and how the two of you used to enjoy dinners out, movies, shows, museums, the beach, miles of bike riding through Central Park, lots of laughter and some shared tears too (*She's already gone, she's gone, she's gone*). Resist the urge to think that she is probably looking at you and saying Why is she alive and I'm dying?

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