

# **TONGUELESS**



Last June, my tongue was removed. My tongue, as in the entire thing. Removed, as in the first Tuesday of the month I skipped breakfast, drove by taxi to the hospital, turned in my clothes for a patient gown, took some blood tests, climbed onto an operating table, and tried not to think of the next unconscious hours, hours when my throat would be open to a doctor who might, with a slip of the hand, kill me.

*My doctor might kill me*, I thought.

Usually this wouldn't be a worry, doctors killing me. No doctor has tried to kill me before. Partial glossectomies are routine, since most pathological tongues are only partially diseased. A white spot here, a lump there. But my tongue, the ambitious organ it was, took on its disease in full. The glossectomy would be complete and dangerous.

The danger and its complications had two causes: denial (mine) and a vacation to Hawaii (my doctor's). I'll get back to both of these causes, but neither of them mattered on June 12, the day my doctor presented to me the very possible possibility that my tongue would be removed. When he spoke I could only feel my tongue in my mouth, its tip pushing against the upper palate, filling my throat, endangering my lymph nodes, jaw, stomach, and body.

My tongue, partner in a lifetime of amusements and gratifications, had turned on me.

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I was a happy hypochondriac. It's strange to see those two words next to each other, sharing some letters. If someone told me losing my hypochondria would bring me more suffering than the hypochondria itself, I wouldn't have believed

## A REPORT ON THE CITY

him. And if this person told me that this suffering wasn't suffering at all but was happiness, I wouldn't have believed this either. (I don't know who this person telling me this might have been, though I picture him looking like my otolaryngologist, who resembles a childhood friend long dead from leukemia, a friend I'll forget about for the moment so I can stick to what I wanted to explain: the marriage of *happy* and *hypochondriac*.) It was a union I was aware of after the divorce, so to speak; a divorce caused by a single sentence, a death sentence spoken by my doctor, who didn't know he was taking not only my tongue but also my singular and complete happiness.

It didn't cross my mind until now that happiness could be singular and complete. It didn't feel like it at the time. Last May, April, and the hundreds of months before, it wasn't happiness I felt, singular or plural, complete or unfinished. I was a hypochondriac—that's all. Now there are those two words with their eighteen letters—*happy hypochondriac*—the first pleading to be crossed out and replaced with another word like *satisfied* or *content*.

Every year I told my French-lit students never to use dictionary definitions in their weekly essays. I said, *If you are writing an essay for my class on the subject of the body in literature, for example, don't quote the definition of body in Larousse.* They did it anyway, taking the definition from Larousse. One grade demotion each. I don't teach that class anymore, and now I don't think using a dictionary definition is such a bad thing, especially if the word is frequently misused. *Body* is rarely misused. *City* is rarely misused. *Hypochondria*, though, is often misused. But I won't get my Larousse. Larousse isn't up to defining *hypochondria*. There are better definitions out there, definitions written by serious scientists, men and women who study disorders like this, scientific men and women in laboratory coats whom I trust more than Larousse's literary academics.

I thought about what book I could trust more than Larousse and decided to take a nap. I nap a lot these days. Napping is the best way to not let this get to me. When I woke up on the patio two or three hours later, my neighbor Sandra looking at me from her window, I put on my jacket and walked to the English-language Benjamin Franklin Library near the American Embassy. Given my health, every walk is a challenge, and short walks are best, this one being the shortest: four blocks. (I'll get back to these walks around the neighborhood later.) After showing my passport to the teenager holding a machine gun at the front door, I walked to the library's reference section. There I found a perfect definition for *hypochondria* in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, aka the *DSM-IV-TR*. It's a fantastic book, especially the fourth edition, right up there with the *Norton Anthology of American Literature*. The *DSM* is a work of epic poetry by madmen doubling as psychiatrists. In the fourth edition, the authors list every mental illness known to mankind, not including listing-mania. If you find a copy, you will discover an entry titled "Hypochondriasis"—what sane people know as hypochondria. Six letters list what it takes to qualify: *Fears of having . . . a serious disease . . . based on the misinterpretation of one or more bodily symptoms. . . . (Criterion A) . . . The unwarranted fear or idea . . . persists despite medical reassurance. (Criterion B) . . . The person can acknowledge the possibility that he or she might be exaggerating. . . . (Criterion C) . . .* Criteria D through F follow; I won't bore you with them. In my amateur experience, Criterion B is optional, and I'm not sure *serious* is needed in Criterion A—both minor points, but after reading this you should know where you line up. Common health worries are not mental pathology. Everyone fears disease at times in his or her life; most of us are paranoid about symptoms not alleviated by medication. These fears are rational, not hypochondriacal.

## A REPORT ON THE CITY

Hypochondria isn't a sideline; hypochondria is a kind of passion. (I first accidentally wrote *possession*. Yes: it is a kind of possession, too.) A sufferer possesses hypochondria as much as hypochondria possesses the sufferer. A nice formulation—though a little grandiose. Illness has a way of doing that, making you grandiose. After surviving a serious illness, everything seems bigger, more colorful, like what recovering alcoholics say about the first months of sobriety. Actually, I don't know anything about alcoholics; I hardly drink. But hypochondria, which I do know about, was a full possession. Granted, some people do have phases of hypochondria—days and months of worry—but that's not true of me. I had one phase. It began when I was a teenager and ended the morning I signed my name at the surgery ward's front desk.

If there was a definite end—9 am—then the beginning is less easy to pinpoint. Forced to think about it, and I have nothing else to do but think about it, my hypochondria started when I was fourteen or fifteen. I choose those ages, fourteen and fifteen, because I definitely owned the book then. I don't remember where the book came from; I probably bought it for less than a dollar at the used-book store in San Diego. (That's it: from around the ages of eleven to fourteen, I browsed the bookstore while my mother shopped at the nearby grocery. The bookstore was called—I don't remember the name—and I bought the book with my allowance.) Considering that my parents and sister didn't read for pleasure, or for any other reason, no homeland censor policed the printed word. My family's ignorance was my bliss. And at age fourteen, or however old I was, I didn't know what *pathology* meant, so I probably grabbed the book by accident, mistaking it for a book of fairy tales, maybe, or an art catalog, therefore nudging the encounter closer to providence. The book came to me.

The second edition of *New Clinical Pathology* was organized into bodily territories—head, skin, genitals, etc. In alphabetical order with two columns of type per page, each section

outlined medical pathologies affecting the region named in the section heading. There were pictures, too: eight or nine centimeters square, no wider than the columns of text, full color. The quality of the photos—or their lack of quality, because of artless medical photography—is important to my memory of those diseases. A dark mouth opened to show a knot of black blood. A leg disappeared at mid thigh, ending in a swirl of green mess. The photos were unfocused, underlit, as damaged as their subjects. Everything good happens in the dark, and those photos let loose whatever morbid creativity an adolescent might have. Here was a textbook as thick as a briefcase that, when opened, contained every diagram of death’s advances—death organized and cataloged, a tribute to its unlimited resourcefulness, a bestiary of decay.

At home, I kept the book on my shelf alongside my young-adult fiction and comic books. I didn’t need to wedge it under the bed or in the back of my closet. It hid in plain sight. My friends ignored it; they didn’t care about words like *scleroderma* or *proptosis*. I wonder what my family would have thought about the book’s playground of convoluted spines, erupted skins, impaled eye sockets, and ruined legs. And they wouldn’t have known what to think of the dozen pages of diseased mouths—a section that interested me a lot at the time. I, of all people, didn’t know how much this section titled “Oral Pathologies” would mean to me decades later while I sat in my apartment and tried to remember what was in that short chapter. I did recall the wounded faces and how I looked into the green-black ink of absent teeth and tongues, wondering what lived there. Nothing did. It was like looking down a drinking well, these gaping stains becoming a staging ground for my fantasies.

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## A REPORT ON THE CITY

To others, hypochondria might not seem pleasurable; it probably seems exactly the opposite. That's because most people, people who don't know anything about hypochondria—Jean-Pierre, for example, whom I'll get to in a minute—focus on the distracting depths of a hypochondriacal episode. They, the nonsufferers, know hypochondria can be debilitating—and they're right, at least they're partially right. When gripped by phantom symptoms, a hypochondriac is subsumed by worry. Days are occupied with rigorous self-surveillance, a constant scrutiny obliterating every concern except for one's body. Mirrors become magnets. Bathrooms become laboratories. Instead of entering a building and going to my destination, I would run to the bathroom, and when in front of the mirror or locked in a stall I would lean in to investigate a new spot or unzip my pants to prod a recently infected bug bite. During my years as a hypochondriac, I had multiple forms of cancer (all stage III or IV), tuberculosis, MS, stomach parasites, HIV, a detached retina, and not one but two endocrine disorders. Nothing, of course, was wrong with me. Regardless, I believed I knew what these diseases were; I knew their symptoms and their encroachments on the body. I'd been through all the tests: MRIs, CAT scans, barium swallows, a lumbar puncture, biopsies, etc. I'd discussed the options with numerous specialists. I saw down the branching tree of treatment options. I was prepared for the worst, and because my worries proved unfounded, a half dozen times a year or more I cheated death. My hypochondria is—was—the illness that conquers all others. Death avoided, I left the doctor's office with life lifted, above what and to what I'm not sure. Here, then, was one part of the happiness I mentioned earlier—though I couldn't be happy for long. The intermission between hypochondriacal episodes had its limit. The pleasure was impossible to bear, and thankfully, the overwhelming elation was cut off by the next hypochondriacal episode. I returned to



the first state: suffering from imagined symptoms. But this suffering wasn't real suffering. It was happiness, too. Happiness I only now realize was happiness. In this way, the two pleasures were mutually supporting: the first disguised by hypochondria's fictional symptoms; the second brought about by my recovery from those symptoms, producing pleasure so excessive it could only end in suffering. A cycle, regular and predictable, sustaining me for my entire adult life.

For me, pleasure never arrives on time. It is either too early or too late. I could only realize that my hypochondria was my pleasure, my happiness, after it was gone. If I'm writing for someone who has only experienced pleasure that arrives like a punctual dinner guest, then you won't agree with what I just wrote. You'll find it confusing. Or you'll probably think my pleasure, my happiness, was a melancholy fiction made with hindsight. You are probably right. But let me ask you: What pleasure is not made after the fact? Was your childhood, for example, really that memorable? Was it full of wonder and innocence? Was it happy? If you are like me, then your childhood is something you would rather forget. More than that: you *have* forgotten it, and you've replaced it with whatever fairy tale you want. If childhood wonder is something you've invented now, right now, and if you and all of us can pull off that chintzy embellishment on a daily basis, then why can't I do the same for my hypochondria? But if you experience pleasure, happiness, only after the fact, if you realize that the experience you believed terrifying was pleasurable and—not only that—you identify the terror *as* the pleasure, then you might know something about my happiness.

All this hypochondria business was done in secret. I find this strange now, considering how much hypochondria ruled my life. People suspected—my friends and my doctors—but at work it took longer (eight years) for the students and faculty to catch me. The day I was caught, I had excused myself

## A REPORT ON THE CITY

to go to the bathroom three times while teaching my class at the Liceo Franco Mexicano, assigning a pop quiz or inventing an urgent phone call as an excuse each time. In the past, it had always worked. I could duck out as many times as I wanted to check whatever worrying symptom was developing on my body, and no student, being the good students they were, ever questioned my absences. I thought no one knew the real reason I interrupted my class. I was wrong. A couple of hours after the class, during my coffee break, Jean-Pierre, whom I mentioned earlier, a fellow teacher, portly as a block of meat and as pious as a priest, cured me of my illusions. Unlike most young Frenchmen who come to Mexico for hedonism, Jean-Pierre came here to find God, and a dull Catholic God at that. Finding Him, Jean-Pierre stayed in Mexico. Now he teaches history, the Mexican Independence, and does everything he can to bring the discussion—any discussion—to his crucified superhero. Looking benevolent as usual, he approached me in the faculty lounge to ask if something was the matter. One of my students must have caught me. Time for a confessional, I thought. I explained to him that I had a worrying skin condition on my penis (his face didn't move), and I needed to check whether it was spreading (a twitch near his mouth). I spoke in detail about the condition: the flaking skin, the red bumps, what I thought was a growth filled with puss. Then there was the hooker, I said. You know, I was drunk and these things happen—right, Jean-Pierre? (Was that a frown I saw?) I said I was safe with her, used a condom and all (a second twitch), but now there's this creeping thing on my cock. That's the word I used—*cock*—and since he stepped backward when I said it, I might as well have poked him with my cock. The hooker story was invented, but the flaking skin was not, though it turned out to be a harmless rash, not some incurable venereal infection. Jean-Pierre, more perceptive than usual, saw through my story. He immediately understood the cause was hypochon-

dria. The word was never used, *hypochondria*, but he asked me if I had seen someone, and when I said I was seeing a doctor that afternoon Jean-Pierre said to me, switching to French, that he wasn't talking about a physician. I laughed and asked, *What do you mean?* He explained that everyone here, meaning the staff, the school, knew I was facing some difficult issues. When I asked him what difficult issues exactly, he responded by saying I was overly concerned with my health, a problem that was in itself unhealthy. Sensing maybe that I wouldn't agree, he continued to say, repeating himself, that it was a terrible affliction, this concern for one's health. He wanted to know if there was anything he could do, and if I wanted to speak to a professional. I knew he didn't mean I should speak to a doctor or psychiatrist but to his priest, maybe to God Himself. He finished by saying that the worst part of hypochondria, not using that word, was not what it did to me, but what it did to others. It was, in his mind, the worst form of narcissism, and since it prevented us from loving others, it was a sin. I said to him, without thanking him for his insightful advice, that I would let him know what my doctor said, and that this was a probably a minor problem to be cleared up by antibiotics, not brotherly love or heavenly superpowers.

Concern from people like Jean-Pierre for my ability to enjoy life is welcome, if misplaced, though I'm not sure they want me to enjoy life at all. They think I should find pleasure in helping those who have no pleasure. Maybe I should volunteer to help people who are genuinely ill. Is that what you wanted, Jean-Pierre? If it were left up to him I would work in a food pantry or a leper colony. I'd join the missionaries, like Jean-Pierre does every summer, and bring the good word of the Lord to the miserable of Chiapas. I could, like Jean-Pierre, silently congratulate myself throughout, knowing that I'm guaranteed a place in heaven. There won't be any pleasure in Jean-Pierre's heaven, either. I admit it's narcissistic if when

## A REPORT ON THE CITY

I walk into a building the first thing I do is find a mirror, but has Jean-Pierre ever thought that perhaps I'm no different from him? And when these missionaries help the poor, isn't it just another path to pleasure? If you doubt me, then imagine if Jean-Pierre, instead of kissing the feet of an abject beggar, kissed the feet of a beautiful girl. (For all I know, this is exactly what Jean-Pierre does while on his Holy Excursions.) And while we're on the subject: aren't the saints' bodily mutilations—very real, very self-inflicted—aren't their bodily mutilations not unlike the hypochondriac's bodily mirages? (Jean-Pierre's catechism is never far off.) I'm not a martyr, nor do I want to be, but if a martyr isn't the worst pleasure-seeking narcissist, then who is?

It's probably after 9 pm. It's probably after 9 pm because the family downstairs is fighting again, and if they're fighting I know the father must be home, and if the father is home it's probably after 9 pm. Occasionally, around 10 pm, the fights will spill out of the house into the courtyard: father versus son, wife versus husband, sister versus brother, and all remaining combinations of the foursome. The maid is never involved. I can't understand how a family could fight so constantly. Or maybe it's not the constancy that's incredible, since the house is quiet during the day, but the regularity. The fights seem to make no improvements, ever. They don't resolve anything, they only repeat.

It's time for bed. I'll put in my earplugs and try to get a good night's sleep. Maybe I'll dream about Jean-Pierre and his missionaries, maybe his heaven, too.

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Friends asked: *If you were so rigorous about identifying your symptoms, how could something like cancer slip through all the warning signals?* The question showed how little they understood hypochondria. Hypochondria uses fiction as a distract-

tion from real illness. It doesn't tell you what you should know; it makes nothing but small talk.

My health is generally good. I have few reasons to worry about tongue cancer, but when symptoms did present themselves I was too busy with a possibly spastic colon to notice. The colon turned out to be the opposite of spastic, and I was set again on the elated second half of a hypochondriacal episode. Meanwhile, my pained throat and mouth went almost unnoticed. I did sense a pain there, but I thought it was a routine sore throat. (Observe, as I didn't, how some symptoms are let past the censor, while others—all decoys—are held in inspection for days.) Misjudged as friendly, the sore tongue worsened over a period of months, eventually erupting into an enemy.

Then there is the question of my doctor's vacation. This is only partially true—the doctor did take a vacation, and the vacation did delay the operation, but it hardly gave the cancer enough time to spread throughout the tongue. In fact, I hate my doctor, as I do all of my doctors, and will blame anything I can on him. My relationship with doctors always has the same arc: at first I worship the doctor as a toddler does a parent. In my mind, he is made not of my genetic material but of something purer. He is a flawless ratiocinator, knowing the secret language of every symptom. Even if this deity-doctor does not specialize in the problem at hand, even if he sends me to another specialist, and that doctor then sends me to yet another specialist, I'll be optimistic and hopeful every time I enter a new waiting room with new magazines, new fellow patients, one or two of whom, like myself, are probably under the spell of some nonillness. When I enter the new doctor's office and I begin my well-rehearsed narrative describing how I discovered the black dot on my cornea or the strange raised vein on my calf, or whatever warning has surfaced on my body, I'm immediately put at ease, and the first wave of bliss comforts me. Once or

## A REPORT ON THE CITY

twice, I began tearing up at this point because I know this person in front of me in a white coat with a frazzled look in his eyes is here to care for me. Before my visit, I've researched my symptoms, sometimes only online, but often also at my local library, and when the doctor has questions for me, I know where he is going, I can anticipate every move. I admit I'm proud when the doctor and I share a terminology, when we both know the facts and probabilities. My description of symptoms is accurate, and I'll submit to any test that might be proposed no matter how costly or painful. The only reaction I will not accept, under any circumstances, is a refusal to run any tests because *the chances are low of anything being wrong*. If probability is ever brought up, I insist someone must fall into the sliver of unfortunates, and although I'm most likely not among them I'd like to know for sure rather than take chances. Probability being what it is, the test results are usually negative and I am sent home. With every return visit to the doctor's office, his enthusiasm for discovering the cause of my symptoms decreases—he begins to catch on—and without any good reason other than that he would rather be spending his time with someone who is ill, he begins to ignore me or prescribe unnecessary pills. It's then that I begin to hate him. Unlike some hypochondriacs, I have no interest in obtaining large quantities of drugs from doctors—as I said, I barely drink and have never tried any illegal drugs. Once the prescription pad comes out, I know our relationship is over.

No doctor has addressed my hypochondria directly. None ever told me to seek psychiatric help. But it's not difficult to sense a doctor's suspicion. Occasionally, the suspicion will manifest itself as inattentiveness while I explain my symptoms or by his repeating back to me my last statement with a questioning tone. Now, due to the operation, there will be no repeating of my statements not only because hypochondria does not send me seeking doctors' offices but also because I make no statements at all.

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Don't come to the wrong conclusion about my being mute. My larynx wasn't removed, so I can technically speak, albeit in an unintelligible murmur, and my doctor claimed that with a few years of therapy my voice could sound similar to how it sounded before the operation. The truth is I didn't want therapy, and I didn't want a voice, whether the damaged voice awaiting me after therapy or my healthy voice silenced by the glossectomy. My voice, like my tongue, is finished.

It might look like I'm avoiding the hard work of physical therapy and the shame of social embarrassment. The opposite is true. I felt this was the more difficult option, giving up speech for writing, forcing me to make my wants understood in a way completely alien to me. Previous to the operation, my writing was confined mostly to emails, writing on the board at school, coming up with two- or three-sentence assignments, scribbles in the margins of students' papers, the occasional letter, notes left on doors and pillows, answers to customer surveys, illegible grocery lists, and a few dozen journal entries made during a lonely summer spent in upstate New York. Although I knew enough time had passed for my writing skills to atrophy, I had no idea how little was left of my literacy, despite my years in the classroom teaching literature. I discovered, for example, during the first week in the hospital that not only had my penmanship deteriorated to a promiscuous mixture of script and print but I had completely forgotten how to write more than a few sentences without a keyboard. My first communications—if I can call them that—were written on Post-its discovered in the drawer of my hospital nightstand, a collection of needy missives full of juvenile scribbling. The Post-its were perfectly sized for disposable short statements, as well as for more permanent notes like “NO TONGUE—CAN'T SPEAK,” which was scrawled on a pink pastel three-inch-

## A REPORT ON THE CITY

square note and stuck on the wall above my head during my first week of recovery as I lay in a semicomatose state. When I recovered and was writing notes on a daily basis, the Post-its were too small for what I wanted to say, and it became clear I should find a more permanent solution to my communication problem. After learning that I didn't want physical therapy, doctors suggested digital devices. I first tried using a small college-ruled notebook with a black-and-white speckled cover, similar to those my students used in school. I wrote out a number of reusable sayings on various pages and memorized their order, my thumb and index fingers finding the necessary phrase in a few seconds, but while the notebook satisfied the basic needs of communication, it didn't satisfy much more. Every day was spent in silence surrounded by speech—hospital nurses asking too many questions to hesitant patients, nervous conversations between patients overheard in the hallway, intercom messages filled with innuendos and in-jokes, and, worst of all, the relentless LCD chatterboxes fixed above every bed. During these first silent weeks, I learned language exists not, as some scientists claim, for the frictionless exchange of information but for something more excessive and important. I learned I didn't need spoken language to communicate, just a few grunts and a jabbing index finger work nicely, as anyone who has traveled abroad might have learned, and as was my experience during my exchange year in Berlin in college, a year during which I picked up almost no German. It's not that I didn't try. I took German classes every day for months and even had a private tutor for the remainder of the year. Words entered my vocabulary—it's inevitable—but as for sentences, complex phrases, even the ability to read signage more than a few words long, I was lost. Most of my time was spent pointing and speaking in English to uncomprehending service people, but since the natures of taxi rides, restaurants, grocery stores, and bars are



clearly established, actual words were unnecessary. German friends thought my inability to master or even serve the language was cute, that I was not unlike a child reduced to basic gesticulations, and after the first six months, when it became obvious I was not going to learn German, my friends and my environment became tormentors, not by their own fault, but simply because they were engaging in an activity in which I couldn't participate: speaking German. Outwardly I tolerated them, while inwardly, their speech was a reminder of what I lacked, and not only did I lack it but the people surrounding me possessed it in surplus: an overflowing of what sounded to me like painful needlessness.

So when I was again unable to speak, this time completely and permanently, I panicked and eventually reconsidered my doctor's suggestion to use a computer program *to join the conversation*, as he put it. A program had come preinstalled on my laptop that could read aloud whatever I wrote in a halting and fragmentary voice without intonation. I knew the program wouldn't let me join any conversation, no matter how polite the conversation might be. After a few Internet searches, I discovered a company that could reconstruct my former voice from previous recordings and replace my English-accented computer program with something supposedly close to what I sounded like only a year ago. For the company, a small Canadian outfit called Voice Incorporated, to construct my voice, I would have either to record the company's phonetic script—an unworkable option—or to supply them with a large quantity of recordings of my voice. I remembered there was a box in my sister's attic of Hi8 videotapes containing close to twenty hours of footage shot by my former girlfriend. I thought this was enough material and contacted the company and my sister. My sister immediately FedExed the tapes to Voice Inc., and Voice Inc. wrote me a week later saying that because the Hi8 recordings were very dated, my case posed a new technical problem for their

## A REPORT ON THE CITY

team. My case could also double as research, so Voice Inc. offered a deep discount for the service. They promised to have a test voice for me in two months. I tried not to imagine my new-old test voice, predicting I would be disappointed because even if the voice were perfect, if it sounded exactly like me, it would not be me. My voice was never me, just as it wasn't me when I heard it on my outgoing voice-mail message before the operation or when I watched myself on television the time a local news crew asked me my opinion about a national food recall. (Back then, I stopped eating peanuts due to the scare, but today I would gladly eat all of the peanuts in America if I could.)

The test voice arrived by email a week earlier than I'd expected it to, along with instructions on how to install it on my computer. I opened a document in Microsoft Word, typed a sentence, then opened the program, pushing a large red button labeled "READ" that dominated the program's drab interface. A voice spoke, and although the programmers at Voice Inc. did a convincing job of creating a voice sounding somewhat like a human voice—it had intonation, expression—it would have done as much good for me to use the ready-made English-accented voice shipped with my laptop. True, I don't have an English accent, but I also didn't have the voice of Voice Inc.'s program or the voice heard on those obsolete videotapes. So it was no use to ask Voice Inc. to improve anything, because asking the company for corrections would have put into motion an endless series of adjustments, each nudging closer to my self-image, but none making me sound anything like myself then or now. Like the subject of a painted portrait who is allowed input into the painting's creation, I would be aiming at an ideal image of myself, an image that is not mine. I might as well choose a portrait of a celebrity or of a historical figure to whom I've always felt some strong attraction, someone I would prefer to look like, be like, or—to forget painting for a moment—

sound like. Voice Inc. forced me to conclude that my voice was unrecoverable since it never had been *my* voice to begin with, and—even worse—the very idea of that voice, like those Hi8 videotapes, was obsolete. When the voice on my computer finished reading the draft, I closed the program and emailed Voice Inc., thanking them for their hard work and commending them on how perfect it sounded. I haven't used the program since.

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Inability to speak being a serious problem for a teacher, I resigned from El Liceo. I received cards from students and faculty, including one with a nativity scene on the cover sent by you-know-who. I'm on disability now—from the U.S., not Mexico—which supports me here through a complicated and not completely honest system I won't bother to explain. In six months, the disability runs out. I'll go back to the U.S. soon, and I'm not sure what life will be like there. I came here fifteen years ago to finish my thesis, which was on . . . I don't want to talk about my thesis. But after finishing it, I stayed longer, got a job teaching at El Liceo, and remained until today.

I enjoyed teaching. Mostly because I liked my students—maybe Jean-Pierre would appreciate that fact. My class read French literature from the Renaissance to today, some in translation, most in the original. Two classes. Twenty-five to thirty students in each, juniors and seniors. Ages sixteen or eighteen. Sons and daughters of the Mexican and French middle and upper classes—weighted slightly toward *upper*, though there were exceptions. When I think of them now, I remember one of our last classes, the class where we discussed Alexander the Great's sweat. Alexander's sweat smelled like flowers, wrote Montaigne, whose essay "On Smells" we read during a week we spent on the French essayist. It was

## A REPORT ON THE CITY

a mystery, the sweat's smell: when the King of Macedonia removed his armor, the attendants were greeted with floral aroma unaided by perfume. It was a mystery to Plutarch, too—Montaigne wrote that the Greek historian researched the sweat several hundred years after Alexander. Plutarch came to no conclusion about the sweat. For Montaigne, Alexander's sweat was an interesting story. To my class, the story was a myth. No, that's not right. It was a joke. The smart boys and girls, when faced with the myth of the Macedonian's perspiration, laughed and asked why they had to read anything so absurd. I said in response—tautologically, maybe—that it was because Montaigne was a great writer; though, like my students, I asked myself why we were discussing the legend of a dead king's secretions. The students had a point. I told them that Montaigne thought the sweat's sweet smell was impossible and that he related the anecdote because, given enough time, thousands of years, a lie became a legend, then became a poetic image. (Sorry, a teacher needs to say things like that to buy time.) After all, I said, who debates the facts of the *Iliad*? The students, their bodies and minds conflicted, shifted. Giggles and cross glances. They moved in on the details, looking for explanations. How could a man who had just been in battle smell so nice? How exactly did that work? And if Plutarch wasn't there, since he was born a couple hundred years after Alexander, then how did he *seek the cause*, as Montaigne said?

Time to switch subjects, I thought. *What about this passage here?* I asked. The one where Montaigne quotes Plautus: *A woman smells nice when she smells of nothing*. And Montaigne didn't stop with women. He says later: *all people, all good-smelling people, are suspect*. Perfumed people were *smothering some natural stench*. The class giggled again, and I said to them that when Montaigne lived there was no deodorant available; there were no regular baths, no hygiene in any contemporary sense. In explaining disease, Montaigne had

to resort to Venetian *bad air* and the *goaty smell of hairy arm-pits*. For Montaigne, smell ferried disease, magically, across putrid air. The best smell, then, was no smell.

The classroom changed. The titters ended. A consensus spread. Ignore the Alexander anecdote, and the class agreed: no smell is the best smell. For these fourteen teenagers, inheritors of Mexico's increasingly antiseptic future, Montaigne was oracular. These students, too, hated smell; it was a product of their ages—teenagers with bodies gone monstrous—and it was a product of their country's age: a country now overrun with American chain stores, immune to odor. Progress is deodorizing.

Before my operation, I too wanted everything to smell like nothing. The supermarket should smell like nothing. Highways should smell like nothing. Rivers, dogs, table-tops, hospitals, cities . . . even the smell of flowers, food, old books, and perfume should smell like nothing. I preferred noises to smells, no exceptions. For me, like my students, fragrance and pheromones were a superstition, as unreal as Alexander's perspiration.

Someone else teaches my class now. He or she fidgets before the twenty-five to thirty, making requisite eye contact, grins, and encouragements, fabricating excuses for Montaigne. A year ago, I agreed with my class: the best smell was no smell. Then, after the class, after the glossectomy, things changed. Without a tongue, without a direct line to taste, my sense of smell was promoted to a new high office. It governed my day. Every previously unwelcome odor became an incentive to an investigation. I would open the sliding door to my patio, the one I normally kept closed, and inhale whatever was on offer, good and bad: the smell of smog, the sewers, neighbors' cooking, cigarette smoke drifting from the street-corner hustlers. I let smells visit my apartment for a few days, but after I became aware of a schedule—the sewage in the morning, the neighbor's flowers in the afternoon,

## A REPORT ON THE CITY

cooking in the evening, smoking even later—I decided to leave the house. I can't say why a routine was so unwanted; it's not like I had one. I spent most days in bed, writing, drinking protein shakes, reading, or taking naps. A routine should have been welcome, but when a routine presented itself, even in the form of a timetable of smells, I broke it off by leaving the apartment as quickly as possible.

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Walking in Mexico City is mostly a neighborhood-by-neighborhood job. Multilane avenues segment every ten or fifteen blocks here, virtually walling each neighborhood off from the next. If you aren't happy to run through six lanes of traffic—as I wasn't, considering my health—you can only circulate around in your neighborhood. And initially that's all I did: circulate with undirected velocity. I didn't feel like taking a cab. Taking a cab would have involved speaking or signing or notating for other people. I left my notebook at home and walked.

It took only one walk for me to realize that not only was my neighborhood boring, but that I had always found my neighborhood boring. I was bored with it fifteen years ago, and I was bored with it now. My neighborhood was devoid of everything that someone might need or want from a neighborhood. Whenever I needed or wanted anything, I went to another neighborhood. My neighborhood didn't have a shopping center. It didn't have public parks or street markets or a single interesting street vendor. It had some OXXOs and 7-Elevens, scattered newsstands, and kilometers of concrete housing—that's it. I knew that if I were going to find anything—whatever I was looking for—I had to leave, walk north or east, and cross one of those no-man's-lands I wanted to avoid. If my walking killed me, maybe it was for the best.

It took a couple of days to decide which avenue to cross. I weighed the opportunities offered on the far side of a given avenue against the danger braved in crossing that avenue. Reforma, which bisects the city, was the biggest challenge. It offered the most on its far side, but it also was among the busiest and the widest avenues in the city. Farther south was Chapultepec. Chapultepec was smaller; it could be used as training for Reforma, but Chapultepec didn't offer very much to its north other than Reforma. There was Insurgentes to the east, but it was farther away, and I would have been too tired before I got there. This kind of thinking went on for at least two or three days while I circulated my boring neighborhood. I thought over the comparative advantages of each route and came to the conclusion that Chapultepec would be the avenue to cross first. After Chapultepec, I could try Reforma. After Reforma, I would be ready to try anything.

Crossing Chapultepec was less difficult than I had imagined, though the journey across had grown to such death-defying proportions in my imagination that anything other than vehicular murder would have been less difficult than I had imagined. The traffic light changed. The cars stopped (not always a guarantee). I crossed. Arriving on the north side, winded, I sat near a street vendor selling electronics, and he offered me his handheld fan to cool myself. The following day, I crossed Chapultepec with more confidence, more energy. My walks improved, and my nose—the original reason I left the apartment to begin with—began following the smells I had previously ignored. I walked unconsciously, a blind drift across medians and parking lots with smell being the only the sense that moved me. To an observer, I would have had no direction. I would have looked stoned, stumbling from sidewalk to street to empty lot and back to sidewalk again. I covered stores and markets, women and men holding out slices of cheese for tasting, digging their spoons into piles of spices—gold, orange, red, brown—all

## A REPORT ON THE CITY

of which I could taste only by proxy. Taste, a poltergeist sense, infatuated me, leaving me permanently dissatisfied. I stumbled like the glue huffers I would see downtown (what do they smell?), their eyes red, hair overgrown, faces expressing states of being off-limits to the sober. A whirligig of aroma pushed me from block to block as I was handed off by the smell of sewage to the chemical buzz of exhaust, relayed on by the pines in Bosque de Chapultepec, then toward the street stands in Zona Rosa, smelling corn and frying tripe and perfume shops, letting my thin body tell me how much farther I had to go, getting stranded once or twice, eventually slumping like the vagrants with whom I shared a park bench, closing my eyes and falling asleep.

The walks almost killed me. I relapsed into a condition like that of the first few days after the chemo ended, and I spent a week or two in bed trying to find some way back to my full health. I waited for some resolution to my situation, either an awakening of my interest in recovering my voice or a need to leave the house again. Smell then began to annoy me. I closed the windows to the house and stuffed towels under the front door. I stayed home for a couple more days watching television, looking out the window, occasionally masturbating, realizing that chasing after smells was a completely ludicrous project, if anything so disorganized could be called a *project*. Television was incredibly boring; soccer matches didn't keep my attention for long, so I tried to watch some news, anything that would help me focus on something other than whatever smell was still leaking through the cracks in the apartment. I watched CNN International, trying to make sense of what I was seeing, watching debates over topics on which I had no opinion. I switched to local news, again not being able to follow the narrative, wherever it had gone since I stopped paying attention years earlier. The rectangle on my dresser spoke to me for a while, informing me about plane crashes



and far-flung mobs of protestors, before I finally got out of bed and shut it off. I decided that if I were going to look at the news, I would buy a paper, something I could pace a little better, letting in only the information I wanted to let in, avoiding the excess of gibberish that rushed out of every channel on cable. Physically, I felt better. I thought this would be a way to leave the house again, holding my nose, being able to walk to the corner stand and back, a simple little procedure, just an exercise, nothing much, like I used to do, but didn't, every morning before the glossectomy. So I got out of bed, figuring that the twenty-five meters between my front door and the corner newsstand was not very far; at least I could go back to my apartment if I felt too terrible. While determining what my next project would be, I cleaned myself up, shaved, put on a laundered shirt and pants, including a suit jacket, and left my apartment to wait for the elevator in the lobby.

When I arrived at the newsstand, I didn't want to go back to the apartment, but I also couldn't decide what to buy. There were all of the important papers—*Reforma*, *Universal*, *Excelsior*, etc.—and several international—*El País*, the *New York Times*, etc. But I didn't want any; I wanted them all. I thought I maybe should buy all of the papers, all ten or eleven of them, and decide later which to read. Instead, I walked to the next stand. Maybe the choice would make itself clear to me somewhere in between. When the next stand didn't offer anything more interesting than the first stand, I made my way past Chapultepec to Reforma, the city's main thoroughfare, to find a third stand. I didn't cross Reforma (those lanes) but stuck to my side, where I began browsing the newsstands. I paced myself, unlike on my first walks. For the rest of the afternoon, the newsstands were rest stops, recovery zones breaking up an aimless pursuit. The next day, I did the same thing: I looked at the stands. I walked. I bought nothing.

## A REPORT ON THE CITY

By the end of the week, I was spending an hour a day at newsstands. Not one continuous hour, but one hour broken up over many short visits. A newsstand, sometimes more than one, anchors every major intersection, so I had plenty of opportunity for browsing. I would stop at ten or fifteen stands during a single route. I paused at each, scrutinizing them, and though all were nearly identical—selling the same sweets, the same glossies, drinks, newspapers, magazines—I greeted each as a discovery. My Spanish is fluent, more than good enough to comprehend headlines, though my comprehension was without full enjoyment. I never followed popular culture and youth culture, even though I taught students for so long, so I only understood the headlines' literal meanings, missing the double entendres, cultural echoes, jokes. It didn't matter. I wasn't there to read. I was there to look. And what I looked at wasn't the perfumed pages of celebrity ephemera with their smiling telenovela stars and adolescent models—they were irrelevant. Or, rather, they were surrounded by what was more relevant: the patchwork of gore-washed tabloids and the thickset pornography, two genres responsible for transforming newsstands into shacks of terrifying flesh. For weeks while walking, I could look at nothing else except these sex-and-death periodicals, each stand becoming a chapel to an Unholy Trinity of Celebrity-Prostitute-Corpse. Each kiosk was a daily-updated collage of flesh turned inside out. At first, I only glanced at the *horror vacui* of fucking and murder, fugitively and embarrassed, as if unseen eyes scrutinized me.

There are other subjects at the newsstands. Soccer, for one. Soccer, alongside a bound woman in stilettos. Soccer hovering over a headless couple crashed on the Periférico. Players snapshotted in midkick, sweat haloing outward, faces ecstatic. Healthy and achieving—as I wasn't—soccer appears to be the exception to what crowds it out. But even soccer collides with the Unholy Trinity. The players are

also celebrities—they are ur-celebrities—and their wives and girlfriends are, as expected, centerfolded into the softer end of the pornographic spectrum. Unlike the porno models and cadavers, the bodies of the players and their wives are intact. No cropping. No fixated close-ups. They fold out of magazines in full splendor, undamaged. Wholeness is a celebrity privilege. It's the working class, the street dealers and street women—it's their bodies that remain in pieces. Like the body of Diego Mendoza, Chihuahua resident, who several months ago was left in seven pieces at various locations across Ciudad Juárez. The press mentioned the positions of each of the body parts—skull, arms, legs, torso, etc.—every paper agog with details and revulsion. But it wasn't the dispersed body that fueled the headlines. It was the face. The drug cartels that kidnapped and murdered Diego Mendoza removed his face from his skull and sewed it onto a soccer ball. How this was done, and where the face-ball was discovered, I'm not sure. I haven't seen that face, alive or dead, and I hope I won't. The press printed no pictures of the face on his living body or off his dead body. Instead of the face or the body, the tabloids printed two kinds of pictures. The first kind showed bulging tarps spotting a road and sidewalk. Each tarp covered a different body part. The second kind of picture was a variation on a theme: a stock image of a soccer ball, usually on a green field with empty stands behind. It's this second kind of picture that conjugated the murder with sport. Scan the article without reading, and one could easily think this was another in the avalanche of soccer stories.

I looked at the magazines, picking up one, then a second, working my way slowly through a stand. I didn't look at every magazine, but I did look at every page of the magazines I selected: scanning left to right, first page to last. And despite the time I spent at newsstands buying nothing, I was surprised that none of the salesmen told me to leave. They didn't notice me, or they did notice me and didn't care. But

## A REPORT ON THE CITY

even though some tolerated me, I still walked in a different pattern every day. Anonymity was the thing. I didn't want people to try to talk politics or sports with me. I didn't want to be discovered as a bad customer. I avoided routine. I let my health and stamina—what was left of them—move me. What the purpose of these walks was, I can't say. What controlled them, what sent me to *this* kiosk instead of *that* kiosk, was unknown to me. I do know that despite being fed by compulsion, the walks weren't greedy. They didn't colonize every hour of my life. They took only what they needed: a few hours a day. The remainder was left for me. I could still make my plans to move back to the United States or run the errands that overfilled my unemployed schedule. Although the compulsion to take these walks was polite, even modest, they appeared like a job, a serious job without a paycheck and with a boss I still haven't met.

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Recently I read a biographical story in the *New York Times*. A human-interest story. (And what story is not of human interest?) It was about an American doctor who, at the age of sixty, came down with a rare nerve disorder. Parkinson's, I think, or maybe it was Lou Gehrig's disease. My old hypochondriacal self would have never forgotten a detail like that.

The former heart doctor was an extremely hard worker, a professional. An achiever. Even the doctor's leisure time was filled with accomplishments. Filled right up like a silo. He sailed boats during the summer. He ran one marathon every other year. He saw Bob Dylan in concert more than two hundred times. It's an impressive number, two hundred times. I wasn't even aware that Dylan gave two hundred concerts. Then, at the age of sixty, fifteen years old than myself, the doctor retired early and moved to a U.S. state with lower taxes. It was when he finished moving into his new house—

hanging paintings and unpacking cookery—that he showed signs of the disorder: tremors, twitching brows, followed by a rapid deterioration in motor function. The rest went after that, including the ability to eat and speak. The disease, Parkinson's or Lou Gehrig's, spared his brain, locking an operational, overachieving mind in an immobile, underperforming body. It was a very sad story. Maybe you read about it, too.

I'm sorry—I really should make an outline—I forgot to mention an important part of the story: the former doctor wanted to become a writer. Writing, for him, was a lifelong dream. He studied literature before switching to medicine, and although the doctor remained a reader, he never wrote while practicing medicine. After leaving his practice and before he showed sign of disease, the doctor joined writing workshops, set up a daily schedule, read books on how to write books. He wrote stories, mostly, but also dabbled in poetry. He applied his industriousness to an activity with no monetary reward. And his devotion began to pay off—figuratively at least. He felt more like a writer each day during that first year, but just as his project ascended, his body declined, and writing became impossible.

For me, a fatal disease would mark the end of a second career, especially if it involves becoming a writer. Not for the man who saw Dylan two hundred times. The former doctor would become a writer, fatal illness or no fatal illness. He wrote a memoir about his disease, which was most likely to become a best seller. As the article put it, and as his memoir probably will explain in more detail when it appears in bookstores next year, writing, rather than being an added burden, was his savior. I'm not sure how he accomplished all this writing; the article described some kind of computer program. I'm sure many of the article's readers will buy the memoir, and I'll look for it when I move back to the States. I also would like to know how that computer program works.

## A REPORT ON THE CITY

I saw Bob Dylan in concert—once—only a few days before he played Woodstock in 1994 during that summer I mentioned in upstate New York. Dylan was surprisingly good after a decade of being surprisingly bad, but I wouldn't see him again, let alone more than two hundred times. I also—if I had Parkinson's or Lou Gehrig's or whatever he had—wouldn't have bothered with a memoir. It's too terrible to think about—his disease. When I finished the article I thought, *Thank God I don't have that*. But there is another difference between the two of us: my writing hasn't changed anything for me. For this doctor, writing was amped up with ambition—just another thing to do better than everyone else. For me, writing is not an extension of anything. It's nothing, really. It's as deficient as my speech.

There's an idea behind this doctor's story. It's an idea that I've learned mostly from American movies and television. The idea involves a successful man who becomes very sick, quickly approaches failure, physical and financial, and by the end of the movie or TV episode he becomes successful again. Then he dies. Along the way, he may learn to do something, sometimes several things. He usually learns how to love, probably the biggest fiction of them all, since we cannot learn how to love any more than we can learn how to be afraid. There's redemption—I think that's the word—and when we talk about redemption we're entering into Jean-Pierre's territory again, unfortunately, walking into a fairy tale where life is cleaned up, repaired—a miracle, maybe.

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A round man in a suit arrived a week ago and took an inventory of my apartment. He followed me from room to room, listing the contents of all the closets and shelves and cupboards and dressers. He measured some of the larger items. He gave me an estimate of how much it all weighed, all my

things, everything I would bring to the U.S., and also gave me an estimate of what all my things are worth, for insurance purposes, in pesos and dollars. The estimate was a lot lower than I expected. I didn't take it personally, the low estimate, but I found myself wanting to argue with him, needing to put extra zeros on the end of the number. There was no argument—I couldn't—and it wasn't until we said good-bye that the man realized I was mute. He said good-bye; I waved.

Yesterday the packers arrived with boxes shaped exactly like my furniture. All of my things fit to the centimeter, each box a cartoon version of what it holds. I'm sitting on a box shaped like my kitchen chair, and my laptop is in front of me on a box shaped like my kitchen table. The boxes will be packed tomorrow into a truck that will drive to the border at Tijuana where they will wait in customs for I don't know how long. Then the boxes will be passed off to an American company that drives them across the border into San Diego.