LAURIE CLEMENTS LAMBETH

The Interior

To look: at everything which overflows the outline, the contour, the category, the name of what it is.

—John Berger

SUN IN AN EMPTY ROOM

When asked what he was trying to get at in his painting, "Sun in an Empty Room," Edward Hopper is reported to have said, "I am after me." This interior appears clean at first, like most empty rooms, and large, like memories of a house from childhood. As with most empty rooms, the walls in the painting glow until a flaw is noticed, until the organic grime that always forms on walls begins to shade the paint's bright pallor in spots, streaked and falling, a little darker near the baseboard. My eye is drawn to the dark corner, just off-center in the picture: a place for a desk if this were a room one were moving to; in this room, it's a place for mystery, where dirt has collected and the floor holds damage—no, indiscernible secrets.

Surprisingly luminous, this room. The only window visible, the room's waking eye, is an average sash revealing a dark wilderness rising right up against the wall, poised to enter, to disrupt. There is a darkness beneath the green, the arboreal swell and crest of a wave. Both spaces—exterior and interior—occupy the same plane, of course. But there is this threat I see, this apprehension, as I sit below the painting on the museum's motorized wheelchair. I watch for it, call that exterior into this room, direct it toward the damaged corner. How else to really know what's inside?

PICTURES

On the day we dissected kidneys in Anatomy and Physiology, Marnie brought her camera. The dissection trays, dull, metal frames with a black, waxy substance lining the inner surface, had accumulated, in their years of use in Dr. Dock's lab, the scent of stale formaldehyde that oozed from every pin-hole in their unruly constellations. I don't recall watching the knife split the kidney. What I remember is the faint smell of urine mingled with formaldehyde that released

68

when the knife was inserted. It impressed me to think that despite the preparations the organ distributor had gone to—the draining of fluid, the injection of dyes to highlight certain functions I have long since forgotten—the olfactory evidence of the kidney's work in life lingered and fought scientific inquiry.

With our forceps we arranged the halves of the kidney in a composition that attempted to balance the organ's uneven shape, a sort of fleshy yin-yang. Marnie carried the tray to the lab-room's door. She looked back over her shoulder.

"Come on, let's pick some daisies," she said.

Perhaps this is a good time to mention that Marnie Castor sang Aretha Franklin's "Respect" and Janis Joplin's "Bobby McGee" during Marymount's Wednesday afternoon Mass, or that later that year she was fired from her job waitressing at TGI Friday's for ceremoniously depositing her own chewed gum on the table when a customer asked for a breath mint.

We laid the daisies alongside the kidney halves, making sure the stems and angles of the petals complemented the kidney's main arcs. Within the kidney itself: a tight, red wheel with petal-shaped spokes, almost floral. The plucked daisies fit. Marnie removed the lens cap from her Olympus, adjusted the focus. Still life.

Dr. Dock was surprisingly good-humored about our art project. Marnie usually succeeded in making him laugh, and I think our response to dissection was somewhat refreshing compared with the queasy reluctance of our classmates. We were not science geeks. We were not girly-girls. We were simply fascinated with these organs' shapes and textures, their former life within a body. This was one way to the interior.

Sixteen years later I will be closing my windows for the night, lowering the blinds, when the impulse to urinate will grip me so suddenly that I refuse to believe its urgency. I will move to the next window. I will pull the sash down, slide the brass lock into place. I will click the cord to lower the blind. I will twirl the plastic rod to flatten the slats. I will tighten whatever muscles I can to stop the liquid warmth I feel filling my panties. It will literally pour through the cotton crotch and down my thighs, soaking my new trousers. I will not run to the toilet; I will hobble, arms swimming through the air, as if that could make me faster.

Sitting on the toilet, I will unravel the paper to dry my legs. I will remove my wetted pants and shower. I will wash my clothes.

Urinary urgency was the first symptom of Multiple Sclerosis I ever had, and the first one I ever denied. At seventeen everything was either funny or deadly serious; my first MS symptom that year was both; fits of laughter sent me running to the bathroom. By the time we created our kidney and daisy still-lifes, just two years later, these brief moments of incontinence had been shelved as unspeakable memory.

Looking at those kidneys, however fascinating they were, taught me little about the blood and waste running through my own body. Hell, if we had dissected a bladder I wouldn't have had a clue. But it did teach me something about beauty, which is, as Keats claimed, wrapped up in truth, but also entangled with the truth of its artifice. Think of his Grecian urn, how it is precisely stopped in time, carved, yet proclaiming its truth. Laid bare and open, outside its natural house and pressed up against white petals, the kidney insisted upon its form, both organic and unnatural. There was no fluid inside it, only that haunting odor, and the solid colors—like melted crayon—injected into tubes for the purposes of identification and education. We made it art, all the while our own kidneys chugging away within each of us, unnoticed.

The body's interior is beautiful, I hope, if only because it taunts us with a presence solely visible with the aid of machine or knife. It is with us at all times, alien and familiar, functioning and malfunctioning, accessible only through attention to sensation, to pain. Feeling: another way to the interior.

THE NEEDLE

Every week I give myself an intramuscular injection of Interferon for MS. The form of Interferon I take is biocompatible, as opposed to synthetic, in that it is derived from the ovarian cells of Chinese hamsters. I've checked; no hamsters die for my weekly shot. The cells reproduce in the lab.

After I swirl the medication with saline, I draw it up into the syringe through a blue plastic tip called a micro pin. I flick the syringe with my middle finger or a pen to release any air bubbles back into the vial. Then I unscrew the micro pin from the syringe and twist on the 23-gauge needle. It's long, as far as needles go: it darts

through approximately 1¼ inches of my flesh, sometimes cleaving muscle fibers. At these times the muscle jumps involuntarily.

One holds the syringe like a pen: thumb and forefinger. However, if one breaks through the page with a pen, it's a mistake. Throughness is the goal of the needle.

Usually my hand stops the needle short of the skin about five to seven times before I push it in. It gleams cleanly above my thigh.

I wonder what the needle sees on its descent.

CHALKBOARD ANATOMY

Dr. Dock kept a box of colored chalk on the side of his desk closest to the skeleton affectionately known as Charlie (aren't almost all classroom skeletons called Charlie? Aren't all IV poles called Charlie, too? In the hospital I named mine Gimp). Marnie and I stayed in during the lab period's fifteen minute break. She pried open the box of chalk with her stumpy fingernails, her shoulders hunched up by her ears, a mischievous smile erupting across her face.

"Let's draw something."

I started laughing. "What do you want to draw?"

Marnie picked up the purple. "Some body part. You choose."

"Okay, how about the eye?"

Marnie proposed we make it a contest. Whoever could draw the parts of the eye fastest would win. Dr. Dock was there, trying to get some grading done. He could be our timekeeper, Marnie suggested. She asked him, and he laughed.

"You guys are so weird. What do you want to be doing stuff in here for? Go outside."

"I know we're weird. Just humor us," I said.

"Well, if you want to use my chalk you have to label your eye. Whoever correctly labels the diagram wins." He checked his watch, waited for any giggling to stop. "Are you ready? Go!"

We drew wide circles, hers purple, mine orange. My diagram had a small opening at the front for the pupil, with a bubble extension in front of that for the cornea. I erased a little of the iris and drew in the lens. Iris, pupil, retina, macula, sclera, vitreous humor. I tried depicting the vitreous with spots of shading through the bulb of the eye. When I added the optic nerve, my eye looked like a lumpy orange pig with a fat tail and words for clothing. I left the optic nerve open-ended because I had no idea where it went. If my profes-

sor had asked me where it goes, I'd say, "into the brain," and that would be enough. With a smile, Dr. Dock judged both our drawings "terrible but accurate: you both win."

OPTIC DISK

The pallor and size of the optic disk can indicate current or past damage to the optic nerve. The ophthalmologist or neurologist can see the optic nerve only through an MRI or, with the aid of an ophthalmoscope, from the front, where it displays itself as a disk. Imagine a stack of plates. From the side, the pile might resemble a long tube. But if you're looking down on the stack from a great height, it just looks like one plate. Any part could chip and you'd barely notice.

I have no idea what chipped and when. The pallor of my left optic disk is lighter than the right. One doctor claims it's inflamed. On the right, the disk appears normal, but the pain I have felt on that side indicates there is damage behind the bulb of the eye, somewhere in that pig's tail that extends to regions unavailable to the physician's eye. This is the one symptom of MS I have feared most: optic neuritis, or going blind. In addition to incontinence, I have, at times, temporarily lost sensation in my hands, feet (right now portions of both feet are numb to the touch), legs and torso; muscles (like my left quadriceps) have weakened because the nerves controlling them are damaged; I have encountered dizzy spells and fatigue; an electric shock-like sensation called L'hermitte's Sign repeatedly courses through my body when I bend my chin forward, especially when I am tired or tipsy. I have always had my sight. MS, until this bout of optic neuritis, has brought me numbness but not pain.

The absence of feeling—numbness—is similar to the loss of vision in that one can lose the sensation by degrees. Blindness implies complete loss of vision: utter darkness or blur, or something imperceptible by those who can see. When the pain in my eye refused to leave and I began to perceive changes in vision, I worried about going blind: when will the lights go out? When I'm driving the freeway? Will lights go out at all, or will there be an excess of light? What objects will I need to gaze at before sight goes into hibernation? I have not gone blind, and if my recent course of IV steroid treatment worked, I will not. Still, my vision has altered,

and the eye has weakened like any part of the body controlled by muscles and nerves.

Sometimes numbness brings with it an extra sensation that, like a palimpsest, covers and masks sensation, so that I may feel fabric, a bandage, a glove, or wind against my body when nothing is there. The layers of a palimpsest cover an original document. In the realm of sensation, what would that be? Could I even remember what is normal? Layers now coat my vision, too, beveling the edges of the seen or brightening spots of dazzling light on a page or screen.

FILM

The first film I saw after the hospital was William Wyler's *The Best Years of Our Lives*. I had seen it before, but it was playing at a college theater with a real silver screen, and though most screens were too bright to look at without sunglasses, I wanted to see it again. One of the film's main characters, Homer Parrish, has lost both arms in the war. One sequence shows his father helping him out of his prostheses for the night. In another, Homer tries to break things off with Wilma, the next-door girl who loves him. He doesn't want to burden her with his new body's edges.

The film was different for me this time. Maybe it was the way the image slipped from its frame, silvery dust blurring into the curtains, then back, hazy. Or maybe it was the stream of tears down my cheeks, reflecting the screen's light.

THE BLIND GIRL

Her petticoat is amber with the texture of raw silk. Sitting on an embankment in an enormous field—a field named for her and preserved in paint—she inhabits the visual field and has none of her own to see. A small fabric patch is visible to the side of her right knee, and slight snags, holes, and stains prevent the garment from appearing extravagant. The old woman who loaned the skirt to the painter's wife was paid a shilling for her trouble, but still wondered what they could want with her "old coat."

Amber is the color that best neutralizes blue light, which the ophthalmologist describes as a cause for some of my orbital pain in bright light. He suggests crafting glasses with amber-tinted lenses. Not exactly rose-colored. The artist had originally painted his model

in a red petticoat, but thought it too violent. He scratched it out and wished for amber.

I've heard that John Everett Millais achieved luminosity in his paintings by first applying a coat of white paint to the canvas, and then adding color while it's wet. The field in *The Blind Girl* glows behind the figures in the way grass is often brighter after a rain. In the foreground, two girls form a triangle, sitting close, presumably sisters. It is the older sister who is blind. She wears a bright brown shawl with a single butterfly stitched on. The girl's means of earning money, a concertina, rests on her lap. Pinned at the throat, a sign reads, "PITY THE BLIND." It looks like it could choke her.

Neither girl will exchange looks with us, nor will they, like some other Pre-Raphaelite subjects, gaze forever out their canvas window into the interior of the museum. Despite their proximity to each other, the girls occupy separate spaces of possibility. The smaller one holds her sister's hand and turns to peek, from the edge of her sister's shawl, at the double rainbow rising behind them in the darkened sky. It appears as though this vision is either something she describes to her sister, or a guilty pleasure she conceals, the luxury of seeing something astonishingly beautiful. Perhaps she is simply perplexed as to how she could possibly describe it.

The older sister fingers some blades of grass with her free hand and tilts her face to the sunlight. Her fair cheeks flush. Her eyes are shut. If her sister is describing the rainbow, she might be listening. She might just be feeling the sun on her face, enraptured in the brilliant sensation of it on a cold day. And we, encountering the picture with our separate levels of visual ability or impairment, are reminded of what we lack when we look at the painting: we will never hear their conversation. We will never feel that sun exactly as this girl does at this moment. There is nothing to pity.

CHAMELEON

Because signs at the supermarket or pet store were inscrutable, I grew accustomed to keeping my sight line low. This helped me avoid the pain looking up might cause: movement, glare from overhead lights. On a trip to buy dog food, I watched a chameleon on his perch. Behind glass, under a heat lamp, the chameleon's yellow eyes rolled dryly against inner eyelids. I closed my right hand into a fist, covered it with my left, rotating the right as though it were a

hip joint or an eye on a tether. I imagined the sound its eyes would make, something like the friction of foam rubber against itself. It blinked slowly, and when the eyes reopened, the blade of pupil appeared in the corner, then shifted quickly toward center. I wondered if it felt at all like my eye, pressurized, or if the chameleon perceived this pressure as simply the state of keeping its eyes open. I called my husband over to the terrarium. "Look at that chameleon's eyes. That's how my eye feels. Dragging. As though it's too big for its orbit to hold."

FEATHERS

The tail feathers of a peacock are, in some cultures, considered bad luck when collected and kept in the home. A lavish excess, when we each have two eyes already. Why steal someone else's and place them in a vase? Preservation? Transplant? It was after the death of Argus that Hera plucked out his hundred eyes and set them gleaming in the tail of her favorite bird. Were his eyes as radiant as those feathers, or did they collect light as they were transported?

The neighborhood I lived in during high school and college was populated by a flock of wild peafowl. The original two domesticated birds were given to Frank Vanderlip, owner of the entire Palos Verdes Peninsula south of Los Angeles, in the early twentieth century. Now flocks color most of the peninsula's hillsides and keep the rattlesnake population down. Some see them (or hear them) as public nuisance. Some ignore them, stop seeing. I perfected my imitation of their call.

When they walk on the roof, it sounds like humans trying to find a way in. When they fly, they scream unevenly, aware, I always thought, of their own weight dragging them ever closer to the earth below. In mating season, dull, green females encircle a blue-necked male, who lifts his multiple eyes above his head while he shifts and shimmies the brown tail feathers on either side of his buttocks. It's the backside the females are looking at, not the front. And their tail feathers are oscillating, too. Weeks after, the males lose their long feathers, leaving the eyes lying in the street or on manure, throwing back the sun's blazing light. Luminescent, the eyes at the feathers' ends perform a glorious imitation.

DISSECTION

I had just read *King Lear* before we were scheduled to dissect sheep's eyes in Anatomy and Physiology. Cornwall's line as he plucks out Gloucester's eyes, "Out, vile jelly!" replayed over and over in my mind as my forceps parted the tissues that once held the bulb tightly together. To my surprise, the vitreous humor was a kind of jelly, a deep violet. It struck me that Cornwall's next line, "Where is thy lustre now?" was not only cruel but misspoken: when I removed the vitreous, the retina behind it shone. I carefully turned it inside-out. Swirls of color, like the inside of an abalone shell or the iridescent shimmer on the peacock's tail, asserted themselves under the lab room's fluorescents. The luster was there and within my own eye.

The actor playing Gloucester, performing blindness, enacts a wrenching approximation. Peter Brook, in his cinematic adaptation of the play, cuts to a black screen and then a bowl of eggs. The actor wears a bandage. He carries the luster still behind closed eyelids.

LIGHT

When I first felt the pain of optic neuritis dig its way behind my eye, grating against movement, I saw a constellation of tiny cobalt lights on the interior of my right eyelid. When I went to bed, I would consciously position my eye to avoid the pressure I felt whenever it rolled to the side, or against the pillow. Once the eye was in place, I watched the blue stars dance for me. I missed them when they stopped appearing, partly because their absence marked the cusp of the next unknown phase of the condition, but also because I missed owning a thing of beauty nobody else could see.

FUR

Tattoos of creatures with flowering horns climb the thumb and shoulder of the Pazyryc Ice Maiden of Siberia. Wild silk blouse, a felt headdress. From these archaeologists have deduced: a shaman, visionary, prophet. Her olive skin, when first thawed, nearly glowed alive, pliable, sutured together with horsehair thread, the body stuffed with peat and bark. Her eyes were removed in the mummification process, the sockets packed with fur. I imagine lengths of the fur extending beyond the ridge of brow and cheekbone, two dark suns.

Preserved with her under ice, her six horses were sacrificed and laid just outside the burial chamber to accompany the Ice Maiden to the pasture world of the afterlife. Scientists opened their bodies. The larvae of deer flies in their stomachs indicate that the burial took place in June.

GLOBES

I am thinking of the murky sheen of horse eyes. How they roll. How the first appaloosa I ever saw frightened me with the whites of its eyes, reversals of its spots. How the positioning of the orbits allows the horse to see to the side, but forces it to fill-in what occurs directly in front. Blinders block the horse's vision of objects to the side, so all a racehorse or carriage horse sees fits into a very small field. And yet the horse moves forward, as always.

I once had a grey gelding who lacked pigment in his inner eyelid and needed protection from the sun to avoid skin cancer. I wonder now if he felt pain with the sun's glare. To help block the UV rays, we daily looped a plush-lined, mesh fly mask over his ears, velcroed it under the cheek.

My optometrist attempted a similar tactic in treating the pain that comes with glare. She handed me a flat, black plastic circle on a handle. Hundreds of holes were punched through, so that when the device was held close to the eye, it cut the glare. I imagined myself carrying around this reverse monocle. Perhaps I could fashion it into a pince-nez? I'd rather wear the fly mask, go to pasture.

THE WAY TO THE CITADEL

Facets, panes of colored glass, cells, parcels of land (farms, maybe? forests? uncharted space?) as seen from a great height, a map that goes nowhere. These are the first associations. Cubism comes next, maybe. And the colors: angular shapes of warm ochre, green, mustard, blues, reds and pinks. Shades of each other. Fragments only. Divisions. At the time of painting, Paul Klee was in his second year with scleroderma, the skin of his fingers growing taut, hard. Across the painting, arrows (what the panel beside the picture describes as "symbols of transcendence")—six of them—start from the lower left hand corner, rise and stumble a path through the painting, across an approximation of the middle. This, as the painting's title

suggests, is the way to the citadel. The arrows end at no destination in particular. The citadel is either impenetrable, or it is nothing.

When you take a color-blindness test, the experience is similar. Shades of colors in cells of varying sizes (either circles or rounded shapes, I can't remember) reveal a numeral or a pathway. I'm thinking of that pathway, winding across the page open on my lap. The nurse instructs me to trace my finger over the path, left to right. She turns the page. Another path. Then one so muted I half-guess as I trace my finger. I think of all the other people who have dragged their fingers across these wavy distinctions. I think of where the paths lead.

I am convinced now that the painting's pathway leads out of the picture.

GEOGRAPHY

When one hears about another person's physical pain, the events happening within the interior of that person's body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.

- Elaine Scarry, The Body in Pain

MRI

Harold wheeled an empty chair into my hospital room. Pat, my day nurse, had detached my IV tube from the pole half an hour earlier, expecting his arrival. She said I could finish the next two hours of solu-medrol after the MRI. I put on my slippers, backed into the wheelchair. He wheeled me to the elevators and we descended. We talked about the weather some, the hurricane hitting Louisiana. Harold's accent hinted he was from the Caribbean, had some experience with hurricanes.

It was cold in the basement. We moved—he walked, I glided—through a short corridor until I saw it: the familiar white block with a gaping, circular mouth and unfurled metal-framed tongue.

"Hello, machine," I sighed.

Harold helped me onto the narrow bed, tucked a triangular wedge under my knees, strapped my head in place between cushions. He covered my legs with a folded sheet—"in case you get cold," he said. Then he slid my gurney into the machine.

MRIS make a lot of noise. I remember my first time—when the technology was so new the machine was housed in a truck outside the hospital—it sounded like hammers knocking against the wall. This time I heard techno rhythms. Repeated guitar licks. Industrial fork scratchings on tin pans. Violins rising from beneath it all. I began to breathe with it, long, deep breaths that stretched across bars of music. I felt the rhythm prying open my spine, the magnetic fields wavering against my shoulders like wings. Where would they fly me?

I imagined a documentary close-up of a dragonfly larva climbing a rice stalk. Suddenly, as the dragonfly instinctively climbs, illuminated, wings develop where there were no wings. They unfold, and she flies away.

Harold called from his monitoring station. "Laurie. Laurie. Are you okay? Did you move?"

I wasn't sure. "I-don't think so."

"Try to stay still, okay? There is some distortion of the image."

IMAGES

I asked Harold if I could see the MRIS. He brought me to his station behind the frame of glass. Next to a picture of his grandchild stood a large screen monitor. He cycled through a menu of names.

"This one's a stroke." He pointed out a dark spot on the right hemisphere of another patient's brain. "You see, that's the blood clot. Laurie, do you believe in God?"

"Yes."

"Good. You should. Because these blood vessels—these here," he pointed at some lines in the patient's frontal lobe, "they form before the bone does. So the bone grows around the veins, and the brain can be nourished." He seemed mesmerized, as though this were a recent discovery of something he had been aware of for a long time, but hadn't, until now, fully examined. "We're just such miraculous creatures."

Harold pulled up my images. First, the brain. What was unmistakably my nose—a little long, funny angle—was attached to this brain, which looked like any other brain. Harold showed me the profile, the high angle view, and finally, what one would see if I were decapi-

tated: a slice clean through the cervical spine with the underparts of the brain right above. Then he pulled up my orbital scans, the ones focusing on my eyes, high angle view. I saw the optic nerves and where they led: short, angled paths toward the center of the brain. My eyes were globes protruding from the forehead. Harold multiplied the image. It looked like a grayscale Warhol painting of a gas mask. Later, on the phone, my friend Mark said all MRI images end up looking like bad weather. It's bad weather in a gas mask.

CARTOON

Multiple sclerosis is an autoimmune disease, meaning that the immune system attacks the body. T-cells release cytokines, recruiting macrophages and B-cells to destroy the myelin sheath coating the long axons of nerve cells. Myelin serves as the insulation for electrical conduction. With spots chewed off or inflamed, transmissions slow or don't reach their destinations. These spots may or may not repair themselves over time.

During Dr. Dock's lecture on the immune system in Anatomy and Physiology, I drew cartoons. In the largest one, a huge macrophage floated across the page, devouring small, helpless faces, enemy cells. The mouth of the macrophage gaped wide. Its lips were wrinkled and large, hungry, dotted with spittle. The eyebrows turned downward. The eyelids drooped. The iris settled right below the lid, half-veiled. I added eyelashes. A sort of lazy, dronish determination occupied his fat face of a body. All obedience and appetite. A thought bubble: *Chomp, chomp. Mmmm. Tasty!* I shaded his cheeks and brow with dots of ink rather than clean lines, to emphasize the slimy quality of his snail skin. A few more dots added bumps and pimples. He was hideous.

If you could peel open my spine ever so gently, taking care to pin the skin and connective tissue at the sides and lift the scalp (don't be afraid...this is cartoon), what bloated creatures would be gnawing there? What battles waged between factions of the utmost interior? Would they have families? What would be their names?

Would sparks of light fly out?