

Anne Kaier

MAPLE LANE

Sitting at the end of the library table, I bend into my yellow pad, covering the photo with my left arm. If I can keep her hidden, I can just push my pen across the lined paper, copying out clinical details from the April 1955 Archives of Dermatology, noting the page numbers so I can cite the quotation correctly. Anything but look again at that terrifying picture and consider what it means to me. That this newborn, who might have been left for the vultures on an ancient Greek hillside or tossed in a dumpster, looked very much as I had looked when I was born.

The pages of the Archives are sleek, the photos, taken under glaring lights, shine in glossy black and white. But this is no fashion photograph. I see a baby covered by a shiny membrane like an extra skin. It breaks in deep fissures along her arms and naked torso. Her lips and labia protrude in astonishing scarlet folds. Her fingers curve in glossy, immobile fists. Her flat ears seem glued to her scalp, held back by the tightening layer of skin. A black band is superimposed across her eyes to protect her identity, but it only makes her look more like a thing, not a real baby who has a name and parents.

At the end of a sentence, I put my pen down, slowly nudge my elbow

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aside a few inches and glance at her again. The flesh of her arms seems to burst like a cooked sausage. A ridge of skin stands up with razor edges from her thigh. I want to see her eyes, even though the photo caption tells me that her eyelids, raked back by the constricting skin, roll outwards. I want her to have eyes so she has a personality, so she will fight to stay alive, as I had fought. I want her to have eyes so I can see into her, feel the skin tighten around her, understand how even breathing tears at the cracks in her chest. I need to feel how she clenches and unclenches her tightened hands, pushing against the iron grasp that grips her as she keeps on breathing.

I push the journal away, lean back in my chair. My eye catches a brilliant red yarn painting covering the opposite wall. The palms of my hands, slick with skin still slightly thickened, want to touch the yarn. It isn't a print. No glass protects it. I get up, walk over, and run my thumb along the edge of the prickly fiber. I admire the way the artist has curled the threads to make a village, a hillside. As I look, my mother's words come into my head: "I could have let you die when you were born. No one would have blamed me." She told me this when I was fifty years old, when yet again she had been telling the story of my beginnings, a story she had made her own. She would never elaborate on her comment, never disclose the mix of emotions that tempted her to simply let me fail to thrive.

Back in my chair, I think how the arrogance of her statement still bothers me. It wasn't just you, I think. Dad was there and I was too for that matter. We might have had something to do with whether I lived or died. I move my hand across the picture of the baby in the journal. Before today, when I have come to the Biomedical Library to learn more about what afflicted me at birth, I have never seen a photo of an infant such as I had been. Her stark vulnerability frightens me – yet deepens my desire to understand more about the first weeks of my own life.

What do I do to find my way back there? Some fragments of my medical record – the hospital registration card and a few legible entries in my chart – survive. My father, long dead, left a short, lawyer-like history of my skin condition, full of medical facts. Although my mother still lives, at ninety-eight her memory is too far gone for me to talk with her about her motives. Over the years, she's retold the story of my birth again and again; her narrative has both the drama and the rigidity of myth. In her version, it's her story. I need to make it my own.

What my parents and doctors did in the fall of 1945 helped save my life – but I want to know more about the complexity of their motives and actions when faced with an extremely sick newborn. I want to take the camera of my research back into the corridors of Allegheny General Hospital in Pittsburgh where I was born and to the nearby suburb where my parents lived, to overhear what they talked about, to understand more fully what they and the doctors knew and what we were all up against.

I

According to my fragmentary medical record, I looked swollen, "generally edematous," when I came into the world on a white metal delivery table. The obstetrician reached his forceps into my mother's pulsing womb and pulled me out feet first at 11:07 on the night of September 23, 1945, in the final stages of World War II and seven minutes after my twin brother, whose skin was normal, first cried spontaneously.

The nurse, Blanche Smith, RN, looked at me and thought I wouldn't live. She knew my family was Catholic. A bold "Cath." fills out the entire line for "Religion" on the hospital registration card. My mother lay unconscious with ether. So Nurse Smith baptized me. She didn't give me a name, of course, not even "Patricia," after my mother. She just used ordinary tap water in one of the two deep porcelain sinks that stood against the tiled wall. It's a baptism which stands to this day.

In the waters of the womb, the membrane that covered me moved with moisture, its stiffness made more pliable by amniotic fluid. But as the harsh air began to wick liquids from me, fissures started to break my skin into scaly plates. Even as Nurse Smith measured and weighed me (a sturdy five pounds, five ounces, at full term), deep cracks began to appear in my skin, cracks which bled through to the flesh across my heaving chest, at my elbows, in my groin, at the corners of my mouth.

Nurse Smith noted I showed a "poor expression." No wonder, given the state I was in, but perhaps what she meant was that the stiffness of my skin clutched my face, held my lips tightly open so I couldn't move them as I cried, couldn't yawn as babies do. She surely had never seen a baby with a "collodion" membrane before. The name comes from the Greek word for "glue," mirroring the shiny surface of the children. Only fifteen such newborns were reported in the medical literature from 1892 to 1955; 46% of them, by my count, died. They may have died from rapid dehydration because of the water loss through the cracks in their skin. They were also at risk for sepsis, an infection in the blood which starts when bacteria creep in through those fissures in the cracked skin. The infection can cause dangerously low blood pressure so the internal organs receive too little blood. Eventually, the infant can go into septic shock. Everything happens faster with a newborn. Within hours of birth, the colloidion baby's heart can stop beating.

When my mother awoke from the ether, she saw my father, still in his business suit, leaning over her on her gurney. He kissed her

softly, and said, "We have two babies, Pat. A boy and a girl." Years later, she still remembered the joy in his voice, her delight. In their mid-thirties, after five years of marriage without a pregnancy, now they had twins – a complete surprise since even in her regular visits to the doctor, no one picked up a second heartbeat. My father didn't tell her the doctors had told him something was wrong with me or that he'd heard Nurse Smith baptized me, or that my brother's skin was normal. Perhaps he wanted to wait until the fog of ether had left her or until he knew more about what my actual problem was. Then he could reassure her, give her some answers. He never liked to confront powerful emotions head-on and he knew her well enough to know her fiercest feelings would be aroused if something afflicted their baby girl. For now, he let her simply absorb the news about their twins.

Dad left her asleep on the gurney and walked down the packed corridors of wartime Allegheny General to find Nurse Smith. In his lawyerlike way, he intended to quiz her. He often interviewed witnesses. As an attorney for the Pennsylvania Railroad who worked on cases involving rates for moving freight, he spent his days developing arguments for why those rates should be as high as possible. Part of his professional success lay in his ability to get experts to lay out the facts for the defense on the witness stand.

He often retold the story of interviewing Nurse Smith. He remembered knowing she was an honest Protestant; however, on that day in Allegheny General, he probed her intentions. Driven by unfamiliar emotions of confusion and even panic for the daughter whom he hadn't yet been allowed to see, he grilled Blanche Smith. He asked if she knew I was from a Catholic family. She told him she'd seen "Catholic" under "Religion" on my mother's chart. He asked what she said when she baptized me. She told him she spoke the usual words: 'I baptize thee in the name of the father and the son and the holy spirit.' At the end of the interview, he asked her the crucial question: "Did you intend the child to receive a Christian baptism?" She assured him that was exactly what she had in mind. He nodded his head, thanked her. He felt satisfied, thinking he'd done something to help me – and he was convinced that if I died, my soul would go to heaven.

A sophisticated man, he was nevertheless root and branch a Catholic, a believer all his life. They both were. Throwing back her head with pleasure, my mother would tell the story of how, after they met at a dinner party with Protestant friends on a Saturday night in Chicago and liked the look of each other, she wondered if this handsome man were Catholic, so she could get serious about him. The

next morning, she saw him striding down the street a block from her church. He tipped his fedora hat, stopped and chatted for a minute, and complimented her stylish red dress. *Oh he's just going to get the newspaper*, she thought. *But maybe not. Maybe he's coming from Mass.* She didn't remember when she found out that he was on his way home from St. Mary's that morning, but she knew it left her free to love him.

Nevertheless, in Allegheny General, after he talked with Nurse Smith, he didn't get back to see my mother before she woke up again, still lying on a gurney. "I was in a hallway full of people," she remembered. "It was wartime. The hospital was full. All those war workers, people making ammunition. Having their babies. They didn't have a room for me. Then a nurse came by. Not a real nurse. Maybe she was Red Cross, a volunteer. Someone. I told her 'Isn't it wonderful. I have twins – a boy and a girl!' But then she said to me, right out of the blue: 'Don't count on the girl surviving.' That stupid woman. I was frantic. 'Why? What is it?' I asked. I don't even remember what she said." My mother told this story of the moment in the hallway again and again. When she told it, her fury at the 'stupid woman' gathered force with each retelling – a fury born of recollected frustration and fear.

II

It's likely that neither the woman who spoke to my mother nor Nurse Smith nor the obstetrician knew what was actually wrong with me. But my mother's lifelong desire for the best and most prestigious medical care undoubtedly helped get expert medical advice on the case very quickly. She had no intention to deliver her baby at the local community hospital five minutes from their rented house. She insisted on going to Allegheny General, a regional teaching institution. This 'skyscraper hospital' still dominates a hill on the north bank of the Ohio River. The dermatologist involved in my case in September, 1945, was William H. Guy, then the Chief of Dermatology at the University of Pittsburgh Medical School. He had trained in New York City with George Miller MacKee, one of the foremost dermatologists in the country. While Dr. Guy was MacKee's student in New York, the older man co-authored a comprehensive article on a rare skin disorder called congenital ichthyosis – a condition of scaly skin that collodion babies often develop. In 1945 MacKee was revising a textbook on *Skin Diseases in Children*. Perhaps the two men spoke on the phone about me, discussed how the findings in MacKee's landmark article might apply to me, and talked about the best ways to treat me.

My mother remembers she hadn't seen her babies when Dr. Guy, a stocky man with a buzz cut, came to her room the day after I was born to tell her and my father what he could about me. My mother was still in bed as she listened to Dr. Guy explain that I had a tight membrane, and that after it peeled, I might develop heavy scales, symptoms of ichthyosis erythroderma – a condition for which there was no cure. She remembers glancing towards my father when she heard this. He stood in the middle of the room, framed by the chintz window curtains. She couldn't manage to raise her eyes higher than the pressed crease in his pants. She heard him clear his throat and take a step toward her. When she tried to sit up in bed, she gripped the metal rungs so tight her rings clanged. She asked where her babies were. Dr. Guy told her Eddie and I were in incubators in a little room just off the main nursery. The incubators kept us both warm and helped to guard me against infection. She wanted to know when she could see us. Knowing how understaffed the hospital was, Dr. Guy hesitated, but said he'd send a volunteer to take my parents to the nursery as soon as possible. Still standing in the middle of the room, my father asked about my prognosis if I did survive. He wanted to know if my disease would affect my general health or intelligence. Dr. Guy reassured them that if I lived, I could be sturdy and smart.

The physician asked if there was any history of dry skin in either of their families. Sitting up in bed, my mother denied this vehemently. "I was so angry," she told me, "that he would insinuate I was responsible. I told him there was no problem in my family. None whatsoever. None in your father's either." Having done what he could, Dr. Guy left them to wait for someone to take them to the nursery. They were lucky to be able to see me so soon. As late as the 1960s, parents of babies with ichthyosis were discouraged from seeing their children at all until it was clear that the baby would survive. My impatient mother bridled at any delay. "It seemed like hours they made us wait," she told me. "I was ready to get up and go find you myself." But perhaps the wait gave her time to absorb what she had learned.

They had no warning before I was born. In those days, almost nothing could be known about the condition of a fetus. Not until the 1960s was a method devised to test amniotic fluid. Even to this day, most parents who have a collodion baby are utterly surprised. Genetic testing for it is simply not done on a routine basis since the condition is so rare – only one in three hundred thousand babies are born with ichthyosis worldwide. My mother had an uneventful pregnancy. She was careful, visiting her obstetrician on schedule. He took detailed notes: "Patricia Kaier's initial physical examination was

unremarkable and her initial weight was 108 lbs. Analysis done at every visit throughout the pregnancy on urine revealed no evidence of albumin, sugar or abnormalities microscopically. Total weight gain was 21 pounds." She took great satisfaction about how little weight she put on. Always an elegant, fashionable woman, she liked to quote the Duchess of Windsor on how you can never be too thin or too rich.

Although in 1945 physicians thought the problem might be hereditary, they did not understand the actual genetics of it. In fact, scientists did not map the structure of the DNA double helix until 1953 at Cambridge University in England. Remember the double helix – the spiraling ladder of genetic material that encodes instructions for all cells? As the rungs of the ladder, four chemicals make various combinations which encode instructions for skin cell development. The ladder includes literally billions of rungs attached to its sides, which are themselves composed of a combination of sugar and phosphate. Each rung actually has two parts, two of the four chemicals. These two parts fit together like pieces of a jigsaw. In my genes an extra chemical has somehow made its way onto one of the rungs of the ladder. In another group of three rungs on my ladder, one chemical has been wrongly substituted for the chemical which should be there. As a result, the enzyme that helps make the outer layer of the skin is malformed and misinformed; it gets the wrong instructions.

Surely, the design of human skin is deeply flawed if three and a half wrong codes could cause such disruption in my entire epidermis. In addition, the mutant gene for ichthyosis is recessive, like the gene for blue eyes. My father and my mother, one raised in coal country in upstate Pennsylvania, one in Indiana, had to meet in Chicago and marry. Even then, I had a one in four chance of getting both the recessive genes. I got them; my twin brother didn't.

What am I to make of this colossal piece of bad luck? I can't blame anyone. My parents conceived children in ignorance of the genetic inheritance they might pass on. My brother has been a friend and support to me – although, inevitably I've wondered what it would have been like if he got the wrong genes and I didn't. What if I had been more attractive to accomplished men and what if Eddie, who is a successful lawyer with a wife and three children – none of whom has ichthyosis – had wooed his girl and practiced law with a reddened face?

Some people in my position may take a religious or philosophical perspective, but I am not really a believer despite twelve years of Catholic education. I can't bring myself to accept my disorder as some kind of blessing or to curse God for it. It's the implacability of the genetic miscode that gets to me. Even though new, powerful drugs have significantly helped me, my skin still flakes like torn lace. In the end, nothing I can think, or say, or write will make any

essential difference to my skin. It can only, perhaps, make a difference in the way I feel about it.

III

When my parents finally got to the room full of incubators where infants were guarded against infection, a student nurse met them at the door and my mother asked where the Kaier babies were. With Dad following her, she walked down the aisles of newborns, her stiff, full-skirted bathrobe brushing the metal legs. She barely looked at the other infants. When she got to Eddie, she leaned down, searching for his face. When she saw him yawn underneath his knitted hat, she caressed the glass top, then put her hand in the round opening and patted his head. She turned to my father and smiled her wide, joyous smile. They lingered there for a few minutes. Then Dad put his hand on her back to steer her toward me. She remembered how shocked she was when she first glanced at me and saw me lying naked. "Why doesn't she have any clothes on?" she asked, outraged. No one had told her Dr. Guy feared the open cracks in my drying membrane could get glued to the fabric of a diaper or blanket – and then ripped open when an overworked nurse quickly changed the cloth – increasing the danger of infection. My mother remembered my eyelids were pulled down to expose bulging mucous membranes, making me look, as my father later wrote, "very sore and piteous." She remembered not knowing what to say or what to do. She wasn't allowed to touch me, much less cradle me. She just looked, her eyes measuring every inch of cracked skin, every zigzag of raw flesh. Behind her, my father swallowed, then leaned in close to my mother's cheek. Years later, she still remembered what he said: "Talk to her, Pat, talk to her." It's as if he didn't really know what to do himself, but he understood my mother needed to do something I might respond to with some kind of sound – something that would comfort us both. She leaned in toward me, saw my hand trying to flex even though it was constricted by the parchment like membrane. She began to talk in the attractive, deep voice I've always loved. With those first words, perhaps she began to feel she might be able to do something for me and that this frightening looking child was in truth hers.

When the membrane surrounding a collodion baby peels, the fissures gradually widen as the entire sheath cracks and sheds. The medical literature is full of descriptions of this first emancipation for babies like me. As far back as 1884, George Henry Fox, MD described

a case in the *Journal of Cutaneous Diseases*. The infant was a boy "red at birth, smooth and polished as if coated with varnish. The eyelids were fixed and everted. Cracks appeared at the flexures and after two weeks, the skin, now scaly, peeled and left soft, pliable skin underneath. Plaques later developed at the head, trunk and flexures and the child was subsequently exhibited as an "Alligator Boy" in an itinerant side show." Fox makes no comment on the cruelty of this unknown child's exploitation as a freak.

More than sixty years later a baby girl was born at Parkland Hospital in Dallas, encased in a shiny collodion membrane. In the *Archives of Dermatology*, J. B. Shelmire MD reports what happened: "Three days after birth, peeling began. A tough translucent membrane separated in large sheets. . . . The extreme constriction of this membrane was best illustrated by manual peeling for the tissues underneath immediately relaxed and became mobile. As the process progressed, the general condition of the child improved."

It's not surprising that babies like me felt better when they could kick their feet and smack their lips. Their doctors felt the temptation to help them by manually peeling the membrane off. But this process can be extremely painful for a child, because the membrane is not really like plastic or the parchment surrounding a turkey in the oven. It adheres to the flesh underneath. As my mother told the story, someone – a male doctor – tried to pull part of the membrane off me, sometime within the first few weeks. Although she wasn't there when this happened, she heard about it. She says that for days afterwards, every time a man came near me, I screamed. "You were afraid," she remembers, "something had happened and you screamed and screamed."

What can I make of this scene in which my only voice was a scream? How can I protest loudly enough? Perhaps the best way is simply to reimagine it as the skin was pulled away, inch by inch, from raw flesh already swollen and enflamed. I lay in my incubator while hands gently but implacably tore the fibers of the membrane out of the pulsing flesh of my arm. I screamed, but the hands, warm to the touch, turned me and pulled another sheet of skin, cracked and dry at the edges, but alive in the center, from the side of my chest, like you pull a Band Aid off too early and the bits of flesh come with it.

I want to believe that the near presence of my brother comforted me – if, each in his or her own incubator, we could hear each other's familiar sounds above the machines' hum. We had kicked each other in the womb, pushed and shoved as we moved about, as later, when we were kids, we would chase each other around the kitchen when we did the dishes, cracking towels at each other with cocked hands. As I lay naked in my humid incubator, his voice

was the only one I knew in that nursery. If we lay near enough to hear each other, we would not have been alone.

Meanwhile, I did what all newborns do: sleep and eat. "Frequent feeding is encouraged in these cases," writes Dr. Albert Yan, chief of pediatric dermatology at Children's Hospital in Philadelphia. Dr. Yan, who has treated collodion babies, explains that frequent nourishment is necessary to "maintain fluid balances." In a newborn with ichthyosis, this is particularly critical. Because the ichthyotic baby's skin cannot hold water as normal skin does, she is at high risk for dehydration. Dr. Yan told me that dehydration can have "a concentrating effect on normal minerals such as sodium which can cause imbalances leading to kidney dysfunction or seizures." In severe cases, the child can suffer brain damage and die.

My mother worried about how well I could suckle. Since the restricting membrane pulled my lips back, how could I get them around a bottle? She had little experience with newborns anyway. As the youngest child in her own family, she never had smaller siblings to play with as infants. Her brother and sister-in-law, who also lived in Pittsburgh, had four sons, the newest of whom was born a few miles away only three weeks before me. Her littlest nephew could clamp his lips around a bottle. As could my twin brother. But a collodion baby's lips can't latch onto a nipple very easily. A child born on Long Island in 1960 had a similar problem, but, according to her doctor's notes, "her suckling reflex was active." This baby rooted around and then suckled with the inner part of her mouth and her tongue. Like all babies, she was programmed to find food and to feed. Babies are not easily deterred. When my mother told the story of my birth, she insisted I played a part. "Even as an infant," she said, "you were determined to survive."

In 1945, although Dr. Guy kept me in my incubator's hot house atmosphere, frequent feeding was another thing altogether. Wartime conditions, exacerbated by the inflexibility of hospital routine, conspired to keep me and my brother Eddie from the many bottles we needed. According to the 1946 *Annual Report* at Allegheny General, more than 2000 babies were born at the hospital the same year I was. This happened before the "baby boom" because these babies were not the children of returning GIs, they were the children of war workers who caused a population explosion in Pittsburgh starting in 1943. They came to the city to work in the mills and shipyards that poured coal dust into the air 24/7 because the area was a massive production center for ammunition and Navy landing craft during the war.

The babies born in Pittsburgh hospitals during 1944 and 1945 had few nurses. Because many trained staff served in the military, state-side hospitals scrambled to cope. At Allegheny General, the Superintendent of Nurses, Mrs. Louise Carlson, reported her team of general nurses down from seventy in 1944 to twenty-two by 1945. The over-worked women wanted to feed newborns on a strict schedule. They didn't have time to wander among cribs and incubators noticing if an individual baby cried because he or she hadn't eaten at the appropriate time. Although the nurses kept me clean and free from infection, the odds were not good that even a child as sick as I could be fed often – even if frequent feeding were critical to my survival.

IV

Tall deciduous trees, beginning to turn yellow, swayed over the sidewalks on Maple Lane on October 5, the afternoon my mother came home to a suburb downstream on the Ohio River, twelve days after giving birth to her twins. Two blocks away, the main line of the Pennsylvania Railroad ran parallel to the river, carrying troops home from the European war. My father brought her into the green shingled house and they waited to see what would happen in my incubator at Allegheny General.

What went on in that house during the long October weeks? My mother has given me no detailed reminiscences. So I have to root my way back into my parents' emotions and thoughts as they waited. Although nothing is more mysterious than the inner workings of a marriage even to – perhaps especially to – a child of that marriage who has never married herself, I imagine these scenes because I want to know how they felt about me when I was an infant. Because I'm pursued by my mother's comment about being so ambivalent she could have let me die when I was born – her feeling that no one would have blamed her. Scenes flash before my mind's eye, set in a house I visited in May, 2011 and which I know from vintage photos and home movies shot in the 1940s.

*Monday night, October 22, 1945
431 Maple Lane, Sewickley, PA*

Facing the only window in a gabled room, she pulls on the metal wheel of her sewing machine. As she feels the needle puncture the seam of an infant's sleeve, she hears him come in from the bedroom. He pauses in the doorway. "Sewing burial clothes?" he asks. He leans

against the door frame and ties his flannel bathrobe around his compact hips.

"Oh, Ed, really." The comment surprises her. Is he making a bitter joke? If so, it's not like him. By nature he's an optimistic man. She depends on it. "What am I *supposed* to do? Why even think about burying my children? Nobody else does."

He regrets it immediately. "Oh Pat, I didn't mean . . ."

She remembers walking past the mothers and fathers at showing times when volunteers hold up healthy babies to a picture window. "Don't you see those mothers?" she asks him. He thinks briefly about how he flinches at fathers in uniform. *Could have been me*, he thinks, if *I hadn't had the ulcer, if I'd gotten my commission*.

The night air, blowing across her table, ruffles her pattern. "What would her life be like anyway? Anne's?"

He lifts his eyebrows, clenches his teeth. He can't answer her. "Don't pay any attention to those mothers, Pat."

She pushes the pedal again, feeling the motor thrum on the sole of her foot. Looking down at the blue sleeve, she says, "I don't know why this had to happen to us."

He notices scratch marks on her left hand. When she's nervous she sometimes rakes it till it bleeds. He's never sure how to comfort her but he knows the doctors will never let her handle Anne with an open wound.

She waves her left wrist, making no attempt to hide the marks, and asks him to hand her some silk thread. He walks behind her, smelling her face powder, a hint of cologne. *What's the brand?* he thinks, *something French*. She was the first woman he'd met who wore real French perfume. He hands her the thread, then sits in the deep corner chair under the eaves. There's no way to make her care that thread is rare in wartime.

She takes the blue spool off the top of the Singer. "They weigh less now than they did when they were born." She taps her cigarette packet. "A month ago."

"Isn't that always true for new babies?"

She jerks her body forward on the red vinyl chair, rethreads the needle. "She looks awful, Ed. Those scales. They wouldn't let me touch her today." Pulling the lamp closer to her work, she tips the shade sideways. "My mother lost her first child. Did you know that?" She sits upright, clacking a wooden spool of black thread with her right hand. He shakes his head. *Like the kids upstate*, he thinks, *in the cemetery at St. Canicus*. She flicks the spool across her sewing table. "The baby lived one day. They buried her next morning. Mother couldn't even go to the funeral."

What day was it, he wonders. A Wednesday? A Thursday? Some day in 1908, probably, the year I was born.

He rouses himself. "I guess the hospital's afraid of infection, Pat. What might be brought in."

"By me, you mean."

He lifts his eyebrows quickly. "Anybody from the outside."

"Eddie makes tiny sounds," she says. "Folds his legs up under his chest." She pushes her chair back, digs her hands into the pockets. "What can we do, Ed? They're our children. Could be our *only* children." She turns and looks straight at him, but he flicks his eyes away. Pretty soon she'll be pacing, asking why this had to happen to her. He hates this kind of mood and the last thing he wants is a discussion about why they haven't had children before. At first he was glad she didn't get pregnant right away. Later, he suggested she talk to her doctor. It was easy to accept the doctor's advice to just be patient.

He watches her change threads and start on a pink jacket. Drumming three fingers on the chair, he remembers how his own mother mourned his two older siblings who died before he was born. She insisted he mention them when she heard his prayers at night in the little room upstate in coal country. She'd tell him he had a look like his dead brother – "only," she'd whisper, "you're a fine handsome lad, yourself, my boy, aren'tcha now?" He can still hear her slight Irish cadence. His father could never console her for the children she lost. *God knows, I don't want Pat to feel like that*, he thinks.

He leans up on his knees and notices how her hair separates at the nape of her neck as she bends over the machine. She isn't going to quit any time soon. One of the traffic guys is coming from the freight yards to meet with him in the morning. He starts to get up. "They'll be alright, Pat. Start to gain weight. It'll work out."

On his feet now, he fiddles the fingers of his right hand as if he were playing an invisible piano chord. "It'd be risky to bring her home too soon, Pat."

"Who said I was thinking that?" She lights a cigarette, inhales, then grinds it out. "I don't know what to think."

He straightens up. "Have you called around about hiring a nurse?" He knows it's always better to give her something practical to do. "When she's better, you could get someone in here to help. Maybe Mrs. Rooney who looks after that flock of nephews of yours. The little hooligans running wild in Squirrel Hill. She might have a friend or something." His hand is on the door knob. "Give it a whirl."

She hears him close the door behind him to blot out the clatter of the sewing machine. *He hates noise*, she thinks. *And he won't fight*. She knows he dislikes anything like a scene. Bending over her task

again, she reaches for the back of the pink jacket. *Heaven knows when I could put this on her*, she thinks. She remembers seeing plaques of thick skin mottling her baby's thighs. *I can't bear to think how it must hurt her*, she thinks, *that tight skin*. She pulls away from the machine for a moment. *Might be better if she died, looking like that. What kind of life would she have?* No man will want her. She leans in again, works the pedal. *I'm only thirty-two*, she thinks, *I can have more children. That's what people say: you can have more.* Then she stops sewing and throws her head back. *But what if we don't?* With the heel of her hand, she polishes a clean spot on the table. *Face facts, Pat, this was your first pregnancy in five years.*

She scrapes her metal chair along the pine floor, gets up, goes down the staircase, out the front door, down the porch steps, moving quickly into the late October evening. She's vaguely aware of shimmering porch columns. A large dogwood tree shakes purple leaves in the wet breeze. She strides past it, twists off a clump of red berries as she goes. *What if I never get pregnant again? What if this is our only chance?* She walks across the grass toward the driveway, kicking up divots with the toe of her shoe. *The boy will survive. I didn't do anything wrong there. All he needs is to be fed.* She scrapes her open-toed shoe back and forth along the bricks that line the driveway, letting her hair fall in her face. *It's Anne. That cracked skin. What if it's something I . . .* She pushes the thought down, jerks her body upright. "Look at Eddie," she says out loud. "He's proof enough." She walks a few feet along the driveway. *I could just leave her there. Let her take her chances. No one would blame me.* She tosses the berries aside, starts to scratch her left hand, but stops herself, digs her hands into the slanted pockets of her dress. *That baby seems to have a will of her own.* A smile creeps across her broad teeth. She laughs quietly. *Kind of like you, Pat.* She brushes the low branch of a white pine, scattering raindrops. Suddenly she feels elated. *I can do it.* She throws her long brown hair back and opens her face to the light rain, letting it sink into her cheeks. Then she shakes the wet out of her hair and walks along the driveway toward the street. *All I have to do is get them home. Where we can feed them.* She pushes down the thought that she might not be able to tend a baby who's as sick as her daughter. *Ed may protest. I'll just explain to him.* At the end of the driveway, she slows down. *Maybe this skin problem won't last*, she thinks. *Anyway, we'll find doctors. Take her to Philadelphia, New York.* She paces down the sidewalk for a few yards, hearing the wind rush through the tops of the maple trees. Then she turns toward the house, walking quickly up onto the porch past the white columns. *After all, she thinks, it's only dry skin.*

*Tuesday night, October 23, 1945
431 Maple Lane, Sewickley, PA*

He turns out the hall light at the top of the landing, goes into their bedroom and shuts the door quietly behind him. She's brushing her hair in short, vigorous sweeps. She swivels in her dressing table chair. "We have everything we need, Ed. Right here." She ticks off the items with her left hand. "Sterilized bottles, bassinets, the hired nurse."

Still in his double-breasted suit, he moves toward the tall mahogany chest of drawers in the corner by the Palladian window. "A bassinet for Anne? Shouldn't it be –"

"An incubator, if we need one. Didn't you say you'd found a place?"

He loosens his tie a little, fiddles in his pocket, and pulls out his wallet and several scraps of paper. "The whole thing would have to be set up right. Hot water and all that."

"We can feed them when they're hungry, Ed." She puts her hands between her clenched knees.

He still thinks the children might be safer in the hospital where the physicians make rounds. He starts to fold his suit pants, walks over to the closet, takes out a hanger, straightens the pants along the wooden spar. "What do the doctors say?" He thinks about Anne's raw skin, her rolled up eyes. Just once, he saw her irises. Her eyes were hazel, with amber glints, like his mother's. They seemed the only normal thing about her.

Pat crosses one leg over the other, leans forward. He can feel her intensity like a fire. She starts again: "I talked with Dr. Guy and the pediatrician today and –"

"The doctors will want to keep them there. You can count on it." He goes over to the open window, looks out at the dogwood tree. The air feels sharper tonight, though crickets still clack under the bushes. He thinks he should bring the storm windows up from the basement.

She's still intent on making her case. "I told him we could feed the babies 'round the clock."

He walks back to the tall chest, jangles the brass drawer pulls, takes out a pair of blue pajamas. "It's risky, Pat."

"We can start with Eddie. If he gains weight, we'll go back for her."

"You can't just experiment, Pat. What if he loses weight? You've never looked after a newborn child night and day. Let alone two. And one of them –" He flutters his hand. "So sick." He feels like he's interrogating a witness.

She tosses back her hair. "Oh Ed, I'm their *mother*. Nobody can

look after them as well as I can. I told Dr. Guy . . ." He walks toward the bathroom to get ready for bed. He can imagine the scene in the hospital corridor: the startled doctor, Pat's determination, her echoing stride as she leaves. He fastens and then unfastens a chalky white button on his blue pajama top.

In his slippers, he sits on the side of the striped club chair and watches her yank the hairs out of her brush. He notices the marks on her left hand are healing. She must have been making an effort not to scratch.

"It's an incredible risk, Pat. We have to be sure —"

"We *can't* be sure. But anything will be better than what's at the hospital." She's moving now, rustling her bathrobe. She rummages through a pile of newspapers on the little sofa. "It was here somewhere," she says, "in yesterday's paper." She sits down on the sofa. "The Pennsylvania nurses' association. Some placement service."

From the edge of his chair, he sees the sheen of her bathrobe, the shiny golden belt. It's only been a month since she had two children, yet she's already getting her waist back again. As she rattles the paper, her eye catches the comics, *Dick Tracy, Gasoline Alley*. She laughs at the drawing of a small boy sudsing his floppy dog in *Virgil*.

"What's funny?" He dips his head toward her a little.

She doesn't look up. "Just *Virgil*." He loves the way she gives herself so completely to something she enjoys, even for a moment. Then she turns the pages. "Here." She reads aloud in the low voice he finds so pleasing. "Although nurses are being released from the armed forces, Allegheny's County's 26 hospitals are experiencing more difficulty now than at various times during the war." *Here's her evidence*, he thinks. "The placement service will distribute nurses so that nursing standards will not be lowered." She tosses the paper aside, hunches her shoulders. "I want to bring them *home*, Ed."

He knows it's futile to resist. He doesn't want to. He believes she can manage. With all his heart and soul he wants these babies home and safe. He wants to tiptoe into the nursery and hear Anne breathe softly while she sucks her fist. He wants to sit in the backyard holding Eddie on his lap with his own father behind him — all three Edward Kaiers in a row posing for the camera. He wants to feed his children ice cream with a spoon.

Pushing himself up from the chair, he half turns away from her. "Let's start with Eddie and see how he does. At the first sign that he's losing weight, we'll take him back to the hospital." He looks across her to the brass light fixture. "We'll find someone, Red Cross volunteers, and set them up there if we need to."

She closes her eyes and throws her head back against the sofa,

clenching her hands. Now she's won the victory, she seems to doubt herself. "I hope we're doing the right thing, sweetheart. I hope it's –"

"Oh Pat, don't start up again." He's on his feet, but he can see her pull herself together. She smiles, nods her head. He leans down and pats her knee, "They'll be okay." As he says it, he begins to feel the familiar wave of optimism.

"I sure hope so." She hits a chintz cushion. He smiles and flicks his eyes past hers.

V

I'll let my mother tell the story of what happened four days later on Saturday, October 27. It's a story she told and retold as she sat at the head of her cherry dining room table in the house in suburban Philadelphia where I grew up.

"I took a laundry basket," she'd begin. "An ordinary laundry basket, with handles on each side. Wicker. It was cold, late October in Pittsburgh. I lined it with newspapers and blankets and put it in the back seat of the car. Daddy must have driven us to the hospital; I can't remember. I went in by the front door of the hospital past those ashy black marble columns. There's a pattern in the marble, like a spider web. I took the basket up to the pediatric ward and got Eddie. I put a knit hat on his head and wrapped him up in a blue blanket." She'd laugh here, remembering. "It was baby blue. I made it myself, put white sateen edging on it. I don't know where I got the sateen fabric. Anyway, I snuggled him into that basket. Got the nurse to fill up the hot water bottles. She was probably just as glad to have one less baby to feed. Pulled the blanket right around him. All you could see were his green eyes. I carried the basket on the elevator, back under the big arches in front of the hospital and down the steps. We put him in the car and brought him home. I had a hired nurse, Miss Dubore. We all took turns and fed him when he was hungry and he gained a pound in a week. In one week! Then I went back for you." Every time she told the story, when she got to the end, she threw back her head and spread her fingers in triumph.

On my discharge papers from Allegheny General, dated November 3, 1945, a week after my brother's release, the diagnosis read squarely "Ichthyosis." Six weeks after birth, the thickened skin and general redness were all too visible. Next to the discharge date, *Result of hospitalization* reads: "Unimproved."

My parents set out to improve me. When my mother unpacked me from the laundry basket, in a nursery where my brother waited

murmuring, she put me on a heated cot near a window where the low winter sun helped to warm me. On Dr. Guy's instructions, my mother, who loved fashion, kept me nude. Taking turns, my mother and Miss Dubore, the friendly nurse, fed me and my brother when we were hungry. Soon, I too, suckling with my tongue and soft palate, began to gain some weight. "At two months," my father wrote in his description of those days, "Anne changed from breast milk (not her mother's; we got it from a milk bank) to a preparation called Olac. She broke out in tiny pustules. Changed to Nutramagin and the pustules went away." My mother remembers that Nutramagin, an infant formula alternative to preparations based on cow's milk, was hard to get in Pittsburgh in the winter of 1945. "I sent your Daddy all over town to find it," she says. He had a car, the Buick he used to drive her to Allegheny General the night she went into labor. Perhaps his position with the railroad made it easier for him to get scarce gasoline; perhaps he simply took the train and walked to stores that stocked the baby formula they needed. Pittsburgh is a claustrophobic town, crammed in among steep hillsides, crisscrossed by bridges, divided and then divided again by its three rivers which flow in the narrow valley. In the winter of 1945, as coal dust belched from chimneys and plants, the soot thickened the air so much that streetlights shone at noon. Nevertheless, he brought the baby formula back to Maple Lane. He brought other things too: tulips for her to plant in the garden, perfumed sachets from a local shop, and a double stroller to show the twins off in the neighborhood when spring came. In these winter evenings, he sat in an overstuffed chair covered with a striped slipcover and fed his son, possibly the only domestic thing he ever did. My mother says that he couldn't feed me because I still screamed at every man who came near, "because some man must have hurt you, tried to peel you too roughly." But she remembers how he tiptoed into the nursery and sang a little to the children in his sweet tenor voice. "I never had a father," she told me years later, "my father died when I was six months old. I never knew what I was missing until I saw how much Daddy loved you two."

During those dark November nights, my mother also set to work on my skin. She leaned over me in my bassinet, which stood on stout metal legs. Under brass sconces that showed how the bright flowers in her wool dress matched the cabbage roses on the wallpaper, she creamed me. She rubbed cold cream into every cranny. She pushed it behind my ears, she smeared it into my groin, she thrust great globes between my toes where the cracks bled. She ducked her hand into the big jar of white ointment, scooped out a handful, rolled me over, and worked it into my back. Then she turned me right side up, dug at the

lesions on my chest with her strong thumbs, massaged the ridges of scales. The cream, at first sharp and cutting, then soothing, sank deep into my shoulders, into my back, my buttocks. Gradually, after many nights, I began to feel more elastic. I could move my arms away from my chest. My legs grew longer. I could kick my calves back and forth. I could arch my back.

When she told and retold the story of those winter months in Pittsburgh my mother said: "We tried hard, we were insistent, we didn't give up." Perhaps giving up was an option, perhaps it crossed her mind when she held another bottle to her daughter's tight lips. But they didn't give up. "Thank God, we were tenacious," she told me, "because look what we got." Sitting at her cherry dining room table when I went over to visit, listening to her say this again and again, I never really knew if she meant to praise me, the sixty year old professor who leaned an attentive face toward her, or if she still saw a toddler in her mind's eye.

As a toddler I appear in a silent home movie shot in Technicolor when my brother and I were about a year old. We sit in a black wicker stroller which my mother pushes down the driveway of the gabled house on Maple Lane. She's wearing a rose plaid suit with a kick pleat skirt, smiling broadly. Dad, who is operating the camera, zooms in on her face and she mugs for him, jutting out her chin. He backs up, still filming, as she strides towards him down the sidewalk, walking past hedges under the high maple trees. Then he focuses on Eddie and me. In a halo of sunshine, filtered by leaves, we giggle and bump our shoulders against each other in the wicker seat. Now and then, I hold on to the side of the stroller and push myself up a little on my sturdy, scaly thighs. The sunlight plays on Eddie's blond hair which is combed back. He wears a blue cotton sun suit and waves his hands around in his excitement. My outfit matches his but I also have a ruffled bonnet; it covers my hair and shades my eyes. As the camera moves closer and closer to my face, I look directly into it. My eyelids are still pulled down, showing my mucous membranes and I squint a little in direct sunshine, but when my mother rolls the stroller into a patch of dappled light, I open my lashless hazel eyes and tilt my head forward. Gnats throng the thick air but I look though them. I scan my father's face behind the camera – and peer beyond the privet hedges out into the open world.