On the day I came back to campus, two weeks into a semester I wasn’t signed up for, I discovered a stain five stories up Carlisle Hall. It was on the exterior wall between the fifth and sixth story windows, far beyond the reach of babies or even the most motivated of stain-prone people. I recall being impressed at the time.

I was there with my mother to attempt to sign up for classes. She was there because a week before I had been breathing through one tube, eating through another and micturating through a third. I was in that condition for 23 days while doctors scraped the tar and phlegm off the bottom of my lungs, leaving me with 2/3 my former lung volume. I had come close to dying of pneumonia from complications with the flu. I hadn’t died, though, so I had to sign up for classes. That meant showing up in person, and that meant my mother following me to make sure I didn’t fall over from fatigue.

Carlisle Hall is also noteworthy because of a series of second-story bridges that connect it to two nearby buildings, leaving a shaded outdoor space in the triangle between the three. This external underhang is a frequent smoker’s hangout. I myself in a former life enjoyed a fine tobacco product here, once or twice, before I started coughing up lung. As my mother and I rounded the building to get to the entrance I smelled a whiff of that forbidden leaf, the brown Virginia product that had caused me so much physical pain and financial stress. I turned to locate the source. It was an Arabic guy who met my gaze as he took a puff.

“Hey,” I said, my voice grated from almost a month of intubation, “You know smoking kills, right?” Then I coughed, one of those long, phlegmy coughs that showed just how much shit
was in my lungs to start with, that there would be this much left after a specific shit-removal surgery. I hacked it out into a trashcan. It made an audible smack against a Styrofoam box from Raising Cane’s.

When I looked back around, the Arabic guy was gone, and the last ash had died from the cigarette he had crushed underfoot. My mother just laughed and shook her head. I used to joke that I only bought cigarettes whose Surgeon General’s Warning warned against birth defects, because I could be pretty sure I was safe from that. My friend Jesse claimed that he bought a Canadian brand that advertised infertility and saved money by not buying condoms. I’m not sure if he was joking, actually. I wonder what Jesse would think of me now that a whiff of tobacco smoke sends me into spasms of coughing.

I remember that it was bitingly cold when I returned to the world- one of the coldest winters on record for the region- so everyone was running about from warm box to warm box, furs and filaments draped over every inch to preserve flesh from the cold. I had forgotten what season it was while in the hospital, and bitterly wished it was spring. Winter is no weather to attempt a resurrection in. All of the vegetation that couldn’t go dormant had died, and the very atmosphere was abrasive to a man with tenderized lungs. I was very happy to get into Carlisle Hall just for the warmth, even though they had no good news for me. I was too late to be accepted into any classes. My collegiate resurrection was postponed until summer.

I came to realize that this was for the best. I was terrified of student debt coming due, along with an astronomical charge for catastrophic care, but was able to take advantage of a six-month grace period. This allowed my worries time to rest while my body started to heal, in terrifying ways. Just because you’re healing doesn’t mean it doesn’t hurt.
At some point during one surgery or another, they inserted a chest tube, which is exactly what it sounds like. My only memory of the chest tube is when they pulled it out.

“Is this gonna hurt?” I asked the faces above me, still highly medicated and half-awake.

“Sorry, kiddo. This is gonna hurt.” The guy in charge of chest-tube removal said. “This is gonna hurt, but it means you’re getting better.”

The removal was a feeling like something was inside of me and in the process of pulling itself out, but it only lasted for a three-count. Then they bandaged it and I forgot about it until the day I got a private room. In the private room I had my own shower, so for the first time in weeks I stood up and started to undress. I also pulled off what seemed to be unnecessary bandages, of which there were a lot. It was in removing one from my left side that I encountered the hole the chest tube had left. It was almost two inches in diameter and almost completely unhealed. I would have screamed if I’d had any breath but luckily my lungs were still very tender and half-empty, so all that came was a prolonged wheeze. After trying to deal with the Foley on my own, which I’ll explain shortly, I knew what to do this time. I pressed the call button and informed a very nice voice that I had a hole in my side and would like a nurse to come bandage it.

In addition to the side-hole, on my back were wing-shaped cuts where my brother Pat says "they pulled your shoulders open,” which is not a pleasant image at all. I am thankful that I don't remember anything of that part. These scars, thankfully, are all coverable by shirts, and I tend to forget about them.

Besides the wounds, my muscles were severely atrophied on leaving the hospital. I hadn't been to the gym in years before my illness, but I always considered myself relatively fit. Now I
was incapable of doing a single pushup. For weeks I sat around the house attempting to lift various small objects. Living in a house of books, I started carrying around heavier and heavier books, until I got to the 1100-page *Infinite Jest*. Once I was able to lift that over my head I felt ready to go to work again.

But not all of my injuries were so readily apparent afterward. The first thing that I remember when I regained consciousness on January 17 was finding a tube in my dick. As there was not normally a tube in my dick, I responded with all due panic and attempted to remove it. As a warning to any future patients who wake up with a catheter\(^1\) in your dick, amateur removal of the catheter or Foley\(^2\) leads to unfortunate things\(^3\). I then remember passing out, possibly with medical assistance, as nurses came in and reinserted the tube.

Now, just as the tube in my throat had caused damage to my vocal chords in the course of allowing me to breathe through decorticated lungs, the Foley had caused damage to the lining of my urethra in the course of… not having me wet the bed. Which, I would like to argue here and forever, is not a worthy trade off.

First of all, the lacerations in my, ahem, member caused pain in micturition, the most natural and simple-joy-inducing act available to a man. Imagine approaching every toilet situation with the expectation of pain and you’ll get a glimpse of what such an injury can mean. I didn’t even want to think about the word ‘infection.’

\(^1\) the scientific name for the tube in your dick  
\(^2\) the PC term the nurses use for catheter to conceal the fact that there’s a tube in your dick  
\(^3\) urethral lacerations!
And of course, micturition is really only the secondary function for member attached to a young male of the human race. The other function was of course negatively impacted as well. Every time I got an erection, it felt as if tiny little needles were stabbing parts of my urethra. Like any of my healthy peers in my age group I normally achieved erection several times a day, in response to external stimulus or simply the need to micturate. I soon learned to cope with both of these functions. I censored my male gaze, which formerly lowered naturally to waist level, or chest height, and began focusing primarily on faces for the next month. I found my retention of people’s names improved when I attached their name to their face as opposed to another body part, especially at work. Within a month I had returned to my job at a local Chili’s knock-off-type restaurant, a place fraught with sexual tension, and resolved myself to the chastity of a monk, in thought as much as deed. For just a thought could trigger the daggers. (To deal with full-bladder-induced erections, I made a point of stopping to urinate at regular intervals. This handily prevented bladder buildup.)

I should expand upon my job a little bit here. I worked as a server before my illness, and after a month’s recuperation I returned to work as a host, which I thought would be less stressful. The rest of the hosts were all actually hostesses, teenage ones at that, and so my time at the host stand was full of estrogenal drama. They loved me because they thought I never yelled at them. I did yell, but as a side effect of the tracheal tube I was unable to project my volume for months. My yells came off as soft speech in the din of a busy Saturday, and the hostesses, who were used to being yelled at, enjoyed what they saw as a change of pace.
Even though I had their favor I was careful not to flirt with the hostesses. If, at any point, sexual tension did arise, I would do a quick circuit of the restaurant to pick up menus and see if any tables had gotten up.

“I like your butt,” said Savannah, one of the newer hostesses, to Mary, the assistant manager. It was a slow day and the three of us were all standing at the front, waiting for business. “I wish my butt was like that.”

“Oh, thank you! I work out you know, every day after work.” Mary had turned to show off her not unsubstantial gluteus. “Squats especially.”

“I think I’m going to go do a quick table check,” I said, a prickle already stickling my prick. I walked around the bar, through the kitchen, and back to the host stand.

“Everything good?” Mary asked, still standing there. I nodded. Savannah was giggling.

“Good. So, anyway, Savannah, there’s this Zumba move that I find really strengthens my thighs. Watch this.” I didn’t stay to see it but instead strode off again, mumbling something about checking the men’s room. Mary and Cheyenne both laughed. They thought I was shy. I’d let them think that so long as I didn’t have to explain what was really going on.

So I continued like this for a little more than a month when one day the urge struck to attempt to use my member for something other than eliminatory purposes. I went into my room, closed the door, turned on the fan, and pulled out a trusty, crusty old sock. I composed a fantasy with my mind and engaged in some low-aerobic exercise. Having not “choked the chicken”, so to speak, in almost two months, my efforts were over soon. I felt satisfied, though I seemed to be outputting more than usual. I looked down and the sock was starting to turn red with blood. Blood had mixed with a little bit of semen, but the blood kept flowing as my erection receded. I
was terrified that I was about to bleed out genitally for a moment before it stopped. All in all, it was no more blood than might flow from a quarter-inch papercut, but when it’s your blood, flowing from your member, it’s a cause for concern. It took a few days before I realized an empathy with women from the experience. After all, they deal with a similar situation as a matter of living. But that never helped me get over my horror.

I burned that sock. The next time I urinated, the rest of the blood was rinsed out. I returned to masturbatory chastity for another three months.

If I seem to be focusing overmuch on myself, it's because during a hospitalization a person becomes drawn into themselves and their perspective bubble is severely shrunken. In trying to remember the experiences I’ve been relying on my own memories, and I rarely saw anything outside my half-room besides blurry hallways and the insides of imaging machines.

My mother would like to remind me that I did have a roommate during my stay, though, named Matthew. He liked to go by Jay. I have no idea if he was there the whole time I was, since I was so narrowly fixated. But I remember hearing him with his family, and his family meeting my family during simultaneous visits. He had a nice Christian family who were praying for him. He'd been in a car crash and was convinced someone named Anthony had tried to strangle him, and that's why he crashed. His parents were very concerned. In retrospect I’m not sure if Anthony was real, or if Jay dreamt up Anthony, or if I dreamt up Jay dreaming up Anthony. My time in the hospital dealt with a lot of this time of circular thinking.

I remember the day they took out his chest tube quite clearly, however. It was only a few days after they had pulled mine and I knew the procedure well. They did it in the middle of
lunch. I had half a mouthful of chicken when they counted to three and pulled. I kept chewing it, while they dressed the new hole I knew Jay had in his side, but I couldn't swallow. My appetite was gone as I relived my own chest tube removal.

The next morning he asked me if I believed in God, if I thought he was helping me through the pain and suffering. I said I sure hoped he was.

“Me, too.” Jay said. We’d chat like sleepover buddies, when one or the other of us wasn’t passed out.

“What’s the first thing you’re going to do when you get out of here?” I asked Jay.

“I’m going to go outside. Just lie in the grass for a while.” Jay sighed from the other side of the curtain. “I miss grass.”

“Me, too.” I was on the side of the room with the window, and I could tell him the grass was all dead right now, but I didn’t. “I think I’m going to go get a caramel milkshake. I love caramel milkshakes. And I’m going to go for a run. As soon as I finish that caramel milkshake.”

“I used to run a lot. I think I’d rather tap dance. If I get out of here I’m going to tap dance my way through that front door.” When, I wanted to correct him, but then I wasn’t so sure. Suddenly I felt very afraid of death, for the first time in recovery. “I’ll hop right out of that wheelchair and tap dance, dammit.”

One day he had to poop. It took fifteen minutes and three people to lift him into a position where he could defecate freely. He cried in pain, low, sobbing cries, the whole time, until they laid him back down in his bed and hit him with a shot of morphine. The next time a nurse came by to do checks, and asked me how my pain was on a scale of 1 to 10, I said it was a 0. I had mild discomfort, but compared to Jay I literally could not complain.
I never saw Jay, until the day they moved me out to my own room. He and his family had heard and congratulated me for moving on up to a room with a real toilet and a light switch I could turn off when I wanted to. I tried to tell them that he'd be leaving soon, too, getting to go home on his own two feet, but his dad... Well, his dad was more pragmatic. Jay had broken the largest bone in his body, the tibia. It was a major leg bone and he had broken it in such a way that any leg movement caused him horrendous pain, let alone walking. I saw him for the first and only time as they wheeled me out, to the final stage before homecoming, and was scared. His face was lean and angled, a five o'clock shadow untrimmed in days, his leg stiff out in front of him. His mom was sitting next to the bed, smiling at me and my mom as we moved past. Jay raised a hand in salute. "See you around," he said, and I never saw him again.

I like to imagine that Jay had a similar story of self-renewal. I know that it feels like I went through hell and back, but I felt that his pain was even greater, even at the time. It helps my heart to think that he’s still on this side of the sod.

More than a year later I saw a letter to the editor that reminded me of Jay. I was reading the *Star-Telegram* Cheers and Jeers section before school, trying to ease some test-stress before German. There was a Cheer for the staff of JPS hospital, “who took excellent care of my son during his unfortunately extended stay.” Apparently the son was now walking about and, she said, taking dance lessons.