

PART I

THE ACCIDENT

I

The day: Friday, June 8, 1990. The time: 4:47 p.m. The place: just outside the driveway to 3520 University Street (otherwise known as the Birks Building) at the outer perimeter of McGill University, Montreal. As I approached the driveway on the pedestrian walk I saw the light at the crossing ahead turn red. This meant, I thought, that I could safely cross the road, since University Street was a one-way street. I was wrong. I had hardly moved a few steps from the curb when I heard a bang. It came from my knee striking the side of a car, bang on. The next thing I knew I had fallen on my *derrière*, perilously close to a parked car but not on it. And right in front of me, now barring my vision, a blue car had come to a stop.

Before I knew what was happening a young woman rushed to my side from the sidewalk. She put her hand across my back as she bent down and shouted, “Don’t move. Don’t move.” Then she asked, “Are you all right?” I looked around at everything from the car-handle level and said faintly, “I think so.” Again admonishing me not to move, she shouted to a passerby, “Please call an ambulance. A person has been hit by a car.”

In retrospect it is not hard to reconstruct how this fate had befallen me. As I had veered off the sidewalk, somewhat impulsively, to cut across the road on the hypotenuse of the Pythagorean triangle, a car that I had a moment ago passed on foot had begun to pull

out of the parking spot. I hadn't looked both ways before crossing—right, left, right—as one is supposed to. I had just looked forward, in keeping with my “forward-looking disposition,” as my colleagues would gently chide me later. Somehow the driver of the car also failed to spot me in the rear mirror. It was not as if an irresistible force had met an immovable object (when that happens a child is said to be born)—rather, a sluggish car had backed into an ambling pedestrian. But the doorknob of the car had hit the pedestrian in the knee and he now sat on his bottom, hors de combat in the Montreal rush-hour traffic in summer, during a month in which the rate of automobile accidents in the city goes up by over 10 percent. The accident, one would think, had a probabilistic point to prove, and I had become a statistic in this world of statistical contingencies. Not everyone can be a statistician, but anyone can become a statistic.

Not quite. To my considerable amazement the ambulance arrived in three minutes. But time passed slowly, slowly enough for me to learn that the young woman who stood solicitous guard over me was a student of nursing (or was it social welfare?) in the building next to Birks and close to the university gate, the very building in which I was to teach my Hindi class at 5:00 p.m. I even saw a student, Roger I think was his name, pass by, and we even waved to each other, under conditions that left me mildly embarrassed but left him totally nonplussed (“Is he going to hold the class in the middle of the street?”). I asked the young woman to call our departmental receptionist. After all, I had been felled virtually in front of the very building in which I professed. That I should call for her was not without its touch of irony. A few weeks earlier she had been knocked down by a motorcycle, carried to the hospital in an ambulance, and then released after a medical checkup. When this was narrated to me I looked her over and said, “Couldn't help giving a knock-out performance, could you?” She had fixed me with a withering stare. There was thus an irony in the situation. Nor was it a fortunate irony either. One should watch one's words, one may have to swallow them, sometimes in unexpected ways. I would not recommend this diet to anyone. So I wasn't surprised when she came down, put her hand behind my back, and after making sure

I was not gravely hurt, proceeded to inflict grievous bodily harm on my already wounded ego by saying, “You can’t help making a scene, can you?,” smiling ever so gently. This she said as she left, after I had told her to announce to the Hindi class that it would not meet today. And to think that I was going to give them a quiz today! Now the quiz was on me. After she had left, someone from the knot of people who had gathered at the scene asked me to try to stand. At first the red light of medical caution flashed through my mind, but it soon turned to amber out of my own curiosity. I tried to stand, but I could feel my knee wobble and then almost buckle. So I just sat down and started surveying the scene of my own accident with a rather strange sense of detachment. This, I presume, has something to do with the body’s psychological defense mechanism called dissociation.

In the meantime, the driver of the car that had felled me had stepped out. The young woman attending me and now standing by my side had the good sense to ask him how he felt: “Are you all right?” “Yes, but nervous,” he said, nervously. I felt like shaking his hand, but some strange sense of legal caution prevented me from doing so, lest it might be held against me in some unforeseen way. I now reproach myself occasionally, and sometimes even bitterly, for not doing so. Even if I cannot say whether I believe in it or not, at least I had been culturally gifted with the doctrine that others are only the instruments of our own karmic destiny.¹ But I did not use my gift. I did not shake his hand, which would only have been the Hindu thing to do. This ethical insight was clouded by legal fear, even though I knew not merely that accidents are virtually no-fault legally in Montreal, but that they are also no-fault morally in light of one’s own karma. The Hindu sages would perhaps say that I had an “attitude problem.” It inhibited me from employing the alchemy of goodwill in distress to convert my bad karma of the accident into the good karma of friendly forgiveness by merely giving my karma a fair shake. For by shaking his hand I would have been saying, in body language, “hard hit but no hard feelings.”² But I hesitated lest the gesture be misunderstood—by him or others. I hesitated too long. The moment was lost.

I never saw him again.

By now the three minutes must have been over, as a man in uniform stood in front of me and had begun questioning me in French! At this the young woman by my side almost lost her temper and shouted at him, "He does not know French"; which was only the truth, alas only too true, even though I was living in the second-largest French-speaking city in the world. Before I could wonder whether this was also going to be fatally true for me and whether I was going to be a victim of the language war in Quebec in addition to being an accident victim, the man in uniform, after saying something to the young woman in French (I presume it was an appeal to stay calm), switched to English. After being asked whether I had lost consciousness ("no") or voided ("no"), I was put on a stretcher and swaddled in blankets as the ambulance headed for Hospital Royal Victoria up the hill, with the siren sounding. It had a very short distance to cover—the hospital was just up the road.

I did not even have time to thank the young woman for having been such a good Samaritan. Crisis and courtesy make strange bedfellows; sometimes they do not make bedfellows at all. Period. I could not even thank the young woman who had precipitated out of nowhere in my moment of dire need. She disappeared as mysteriously as she had appeared. It almost embitters one to think that life can be so thankless. All my subsequent efforts to locate her failed miserably, which was only to be expected as I had so little to go on. I did not know her name. She had said something about being enrolled in the building next to ours, but that led nowhere. Since that day the following Hindi couplet memorized in an Indian childhood took on new meaning: "Embrace every stranger, however shod; who knows who, among them, may be God."

It was soon after I was stretched out in the ambulance that the thought of *God* crossed my mind for the first time since the accident. "What!" I exclaimed to myself. "It took a good five minutes for me to think of God after I had only been rudely hit in the leg, when I teach religion all the time, and Mahatma Gandhi could take God's name in a flash while his chest was being pierced by an assassin's bullet." An accident sure separates the men from the boys, and I

was among the boys. Almost two minutes later the thought of my motherland—India—crossed my mind. This was not an accident, it was a rude lesson in self-revelation! Although I have referred to India as my motherland, what I really mean by “India” is not so much India as a geographical area but as a zone of spirituality. In fact, Raja Rao somewhere defines India as a state of mind—a state of mind that sees things steadily and sees them whole, or what Kathleen Raine refers to as an archetypal seat of unique spiritual wisdom. I thus lay in the moving ambulance marveling at the discoveries I was making about myself—about what I thought I was, and what the sudden turn of events was doing to expose the gulf between who I thought I was and what I was turning out to be. This gulf, I had thought earlier, was nothing more than a chink that I would cover up by wedging in a small sliver of self-deception. It had turned out to be a gaping chasm over which one might still build bridges of fantasy, lowered over that moat by the pulleys of wishful thinking, but on which one could not dare set foot, however chivalrous one might feel. It has truly been said that we are not one but three persons: the person *we* think we are, the person *others* think we are, and the person we *really* are. For a rare and brief moment all the members of this trinity stood staring at each other in front of me.

The ambulance came to a halt and I soon found myself being wheeled into the emergency room. After some wait I was processed on the strength of my healthcare card, and then I had to wait for a doctor. The wait was long, or at least seemed so. I felt faint at times. On one occasion I dragged myself to the faucet for a drink; on another the husband of a woman waiting for a doctor behind a partition got one for me. I soon learned that one of course one repairs to a hospital after losing health, but one also soon loses one’s privacy, or bits of it at least, although everyone is very nice and discreet. But such is the nature of the beast.

Time lay heavy as lead, both before and after the X-ray. The human mind is an interesting mechanism—it is capable of objectively identifying virtually all the possible outcomes of an adverse situation and yet subjectively attaches itself to the hope that the least painful one might eventuate. As I sat there, whiling away the hours, I feared

that I might have a fracture but hoped the X-ray would turn out to be all right and they would let me go home the way Ann—the receptionist, remember, the one who was knocked out—was let go. I clung to the hope and began to worry about my future. I needn't have. It arrived soon enough in the form of the doctor who walked in, almost flaunting the X-ray, and announced, "You have a fracture," and proceeded to show me how my tibia had splintered just below the knee. "Perhaps it can be fixed with a cast," he mused. "Can you come tomorrow?"

"I live alone and will have to climb up four flights of stairs to reach my room."

"We had better find you a bed here then," he said genially, and disappeared for the night.

In due course one of the nurses wrapped up my leg with a coiling band to keep it firm, while the staff debated where to put me in the hospital. The issue was resolved quickly. I was assigned a bed overlooking the city lights. The view was rather beautiful but seemed so only for a fleeting moment. Physical pain had generated a kind of aesthetic irrelevance and imparted to the situation rather an anesthetic imminence that at the moment only sleep seemed capable of providing. I soon sank into fitful sleep with most of my regular clothes on. Among my last thoughts was this: "I get a bed in a hospital in Canada by just flashing a card!" If only we could have a system like this in India, and this time I meant the India of geography and not of some map of consciousness. It was with such patriotic, if somewhat pharoanic, fantasies that I soon lulled myself into sleep.

II

My first memory of the morning after (do they still respect me as a patient?) is that of an orderly carrying the breakfast tray high on his hand, heralding the advent of the day. He was black, and as I would probably qualify as a "brown sahib" I felt a certain sense of chromatic brotherhood. The bed to my left was unoccupied but the

one right in front was occupied, and the bed to its left was also empty. By simple mathematics this meant that only two of the four beds were occupied. I feel I can state this with some certitude despite Einstein's warning that to say something in mathematical terms means that it isn't true. I presume he was speaking of higher mathematics.

We, the two occupants of the room, began by assessing each other visually and furtively at first, as we had our breakfast of oatmeal, boiled eggs, and tea or coffee. My roommate was short and slim, one might even say slight of stature, but had a sense of agility about him, which sometimes expressed itself in his darting hither and thither with a certain impish air—as when he would come to get my cream, which I did not consume, and which he liked but was strictly not supposed to have. It was forbidden to him because he was being treated for diabetes. This restriction he circumvented with my active connivance. He was a francophone who had travelled widely and in fact was visiting from Brittany, if memory serves. I am happy to say that he, like me, was single—a fact that immediately marks people out in my imagination on account of its singularity, not untouched by a smidgen of fellow-feeling. It also meant that he, like me, had no family visitors, though in my case this fact was soon to be modified by the arrival of my sister.

Literary if not poetic justice demands that I must now describe how I must have appeared to him, however speculative the description might be, with the dice loaded in my own favor by the fact that the “narratee” is identical with the narrator. He must have seen a tall dark man sprawled listlessly, and perhaps even comically, on the bed, his right leg in thermal underwear and his left in an extensive bandage, as it lay exposed through the slit in the long johns, attached to formal attire above the waist, its formal nature incongruously accentuated by the absence of the tie! The face had a faded and lost look about it, the hair disheveled and streaked with white. The whole scene must have suggested a certain lethargy not entirely distinguishable from an air of world-weariness, for the person seemed so laid back as to be virtually comatose.

Perhaps by a right that accrued to him as the senior resident of the room, my companion was the first to break the silence. Patients

observe their own protocol unless a supercilious omertà or code of silence prevents them from speaking to each other. The language barrier was overcome by the fact that his knowledge of English was better than my knowledge of French (which is nonexistent except for one line, which I cannot repeat for fear of besmirching my reputation). The divide was overcome by raising monosyllabic expressions, or at best staccato phrases, to the level of articulate conversation.

“Accident?”

“Yes.”

“When?”

“Last evening.”

“Where?”

“Nearby.”

And so it went. The linguistic barrier was not overcome in a giant leap, it was battered down by a persistent barrage of monosyllabic blows. I noticed, though, that as soon as our marital status was established to our mutual satisfaction—namely, that neither of us had one—we communicated more freely and cheerfully even within our linguistic confines.

III

Suddenly some people entered the room, provoking an eddy of activity. The group went toward the other patient, who was examined with curtains drawn. He had apparently been operated on, and the doctors seemed to be tidying things up—“scissor,” “suture,” “bandage,” “looks okay”—and out they came. They exchanged a few remarks among themselves and with the patient and then disappeared as quickly as they had arrived, giving the room the atmosphere of an empty platform after the train has departed.

It was apparently time for morning rounds, for soon another doctor came in with a few interns in train. I recognized him as the man who had examined me the day before, a personable and pleasant person who informed me that he and his colleagues were not quite certain whether a cast would suffice or whether an operation was

called for to set the bone. The decision would be made after a CAT scan. So in a short while I was wheeled in for tomography. By now the efficiency with which the place was run had begun to make an impression on me. It could be that I was impressionable—after all, I came from India, which, I think, was once described by Galbraith, then the American ambassador to that country, as an example of functioning anarchy; even Mahatma Gandhi wistfully aspired only to “ordered anarchy.” This fact has been raised to the status of an approach to life itself in some Indian sayings, such as those that define a vehicle as anything that moves, that is to say, that can make do as such. But even by more objective standards, I venture to think, the place could be described as well run, at least so far.

During the day Ann arrived from the office, which was closer to the hospital than I had imagined. I suppose discomfort enhances distance and pain prolongs it even further. A familiar face was a sight for sore eyes. Ann moved briskly after spotting me, marching quickly to my side and planting herself firmly in the chair. “Here is your mail. Here is a note for you, here are your things, and how are you?” Ann had taken charge of the situation in her usual manner. She had gone over to the Hindi class and called it off for that evening. The timely arrival of the weekend meant that we had until Monday to figure out the shape of things to come. We decided that visitors would be discouraged from seeing me in my sorry plight, which, in effect, meant that Ann would screen them! I was learning more about palace intrigue now than I had from all my reading of world history and perhaps even Chinese history or even the history of Byzantium.

I think, however, that I have to thank Ann for making that one exception regarding the rule about “no visitors.” It was perhaps around seven in the evening. The doctor had just come in and told me what I was beginning to fear—that the CAT scan had tilted the decision in favor of the operation. “What does it involve?” I had asked. “Oh,” he said in a matter-of-fact way, “we will take some extra bone from your pelvis,” he said this as he pointed to it, “and put it under the knee.” And he pointed to the knee. All this sounded like a major operation to me, but the very casualness of his manner

aborted any anxiety I might have had. While I was trying to come to terms with the fact that my body was about to be replaced with its own “spare” parts, he went on casually, “And it will hurt more up there,” he said pointing in the general direction of the pelvis, “than down here.” He was now pointing to my knee again.

He must have sensed that I was not a fully consenting adult and needed more information before he could have my “informed consent,” for he decided to draw me a diagram of what they were going to do to me. However, between us, a professor and a doctor, we could not find a pen! So he went to the nurse’s station to get one.

It was in this interlude that Natalie, whom I had vaguely known as one of the doctoral students in our faculty, appeared at the door. Her arrival was as total and complete a surprise as can be. One could call it a second accident—only that this one was more welcome, and any wreckage that was likely to result would consist of broken hearts. “Hi Natalie,” I said but added hastily, “but the doctor is here.”

“Does it mean that I should leave?” she asked, framed against the door, standing akimbo.

“Perhaps you could wait a while.”

“All right,” she said, and disappeared.

The doctor returned and showed me how I was going to be chopped up and then put together again. Natalie returned as he was explaining the finishing touches of my surgical destiny, which he had charted on a stray piece of paper (or was it a tissue?). I introduced them. He soon left, with instructions that I partake of nothing either liquid or solid after midnight. Only after he left did I realize that there was no need for Natalie to have been absent. What he had described may have seemed to be a somewhat esoteric procedure, but it was hardly private. Moreover, it turned out that it was not even esoteric—the nurses told me it was done all the time!

I was in a state of mild consternation when Natalie returned. I was afraid that the complication caused by her arrival at a time when the doctor was visiting me had meant that she had had to wait, and that this might have put her off. She had, years ago, been a student in one of my classes and was now a doctoral candidate in

the faculty—and that was all I knew. I did remember her from the meeting of the graduate committee when her proposal was accepted, and also from the dinner we had with Professor John Hick when he was invited by our faculty as the annual Birks lecturer for 1989.

“I have Ann’s permission to be here. She is not letting anybody else through,” Natalie explained. So I was obviously well protected from any intrusion, howsoever well-intentioned.

Thereafter Natalie began to visit me in the hospital fairly regularly, albeit unpredictably. I was never sure when she would visit, but that she would come was reasonably certain. This was at a time when she had substantial personal issues of her own to deal with, such as the terminal illness of her mother. In other words, her concern for me seemed to be, as I suppose Christians would say, an act of pure grace. I throw in this last bit of autobiographical fact not because it is relevant but only to maintain the factual symmetry of the personal discourse in progress. Her intuitions of kindness were such that were I a believer in the supernatural realm, I would have had to consider her as yet another angelic precipitation from that realm. In fact when she appeared at a time when my vision was clouded by drugs, when my legs lay outstretched and tortured with pain, with much more of me visible than is normal, and with my eyelids leaden with exhaustion, she represented the incarnation of an aggregation of virtually every form of benign relief one could hope for, to such an extent that only the fact that she had been married and was not a nurse prevented me from hallucinating her as a visionary montage of the Virgin Mary and Florence Nightingale.

IV

Although the doctor had indicated that the afternoon was the appointed hour, the flurry of activity around my bedside that woke me up immediately suggested that something else was up, apart from me. Indeed, the time of my operation had been advanced to the morning; in fact it had been advanced even further, to right then, as in now. One is more used to postponement in surgical matters than prepo-

nement, but the alteration had been performed with such swiftness that I had no time to react, let alone reflect. All I remembered was signing some of my limbs away the previous night as I dosed off, with an intravenous drip in my arm to eliminate the trace of some infection detected in the pre-op test. The doctor who tested me was Lebanese, and the sentiment he shared with me as he left was that he was now going home to see his daughter. Being single myself, I keep overlooking the fact that most people around me have families. I see them by themselves and just assume that they live by themselves, like me. How self-centered can one get!

By now I was down in the operating area. It was like a fancy-dress ball, only everyone wore similar masks, which I perhaps did not fancy much. Soon I saw two eyes peering at me; the anesthesiologist wanted to know the relevant details of my medical history. "Have you had anesthesia before?" "Yes." "How did you feel?" "I love it." The anesthesiologist rolled her eyes heavenward in disbelief. Obviously she did not put much purchase on the obliteration of individuality and was oblivious to the Sufi sentiment that "my separate existence is itself a sin to which no sin I could commit can be compared." The question of whether I should be administered a total or spinal anesthetic never crossed the threshold of debate, despite my slight preference for the former. The anesthesiologist backed the other doctor, who also happened to be a woman, before I could say anything at all! It was a woman's world down there.

I do not recall having been numbed through a spinal before, but it was a relatively painless procedure. From the conversation among the doctors, I gathered that this is a common procedure in childbirth! We live and learn; the question now was, will I learn and live, for as they cut me open I heard a doctor say, "It is all bashed up, much worse than what the X-ray showed." Perhaps clinical detachment is infectious, all that sterilization notwithstanding, for that was the spirit in which I took the remark myself. At that moment they could as well have told me they were chopping the leg off.

Soon the operation was fully under way. The doctors expressed satisfaction that my condition was stable; there was a slight tendency toward arrhythmia but within normal limits. I can barely recall of

the passage of time. Then I heard a doctor say, "This is a neat fit," and there were other self-congratulatory comments. The bottom line seemed to be that although when we opened him up he was in a condition far worse than we expected, now that we are closing him up we have done a far better job of putting him together than we thought possible.

But as I heard these comments I also sensed that the anesthetic was beginning to wear off, and I murmured my observation to the doctor. She said, "Okay, his block is coming off," and then she turned to me and said "We are almost finished. But I will give you something."

What did she give me?

It turned out to be really something. I quickly lost awareness of the body altogether and felt disembodied. I also started feeling vigorous rather than drowsy. I then repeated loudly and introspectively, "Who am I? Who am I? Who am I?" like a receding mantra. The next thing I found myself doing was chanting "OM." Then I proclaimed "God is great" and said "You doctors seem to be having a dandy time! I came here for a physical experience and am having a spiritual experience." That convulsed the doctors. They laughed so hard I thought *they* might need stitches.

As I said this I felt as if my body were being put in a sheet and rolled up like a mummy. I felt no pain or any other sensation. Just very light. Down in the postop room I opened my eyes, looked at the nurse, and exclaimed, "You look so beautiful!" She and all the attendants started to laugh. I had not realized that I was still under the influence of the drugs given to me on the operating table.

"What's so funny?" I asked crossly.

"Nothing. We are laughing with you, not at you," someone said.

I again closed my eyes with a smile.

When I opened them again the magic was gone! I was lying with all sorts of tubes hooked to me, all alone, in what now seemed like very drab and cold surroundings. Periodically a nurse would come and check my temperature and blood pressure. I started feeling the cold intensely and feared that it might set off an asthma attack. The nurse said she could not leave her station to get my inhaler

from the tenth floor. From being someone full of spirit, I had turned into a drowsy forlorn patient in the twinkling of an eye. If I did not at the moment think that I was in one of the cold infernos of Dante, it was only because my mind lacked imagination and felt as listless as my body.

Someone asked me to wiggle my toe. I tried and said, "Sorry. I can't do it."

"You just did," the nurse said, to my astonishment. It was quite obvious that in the psychophysical organism that I was, my "psycho" was not quite in sync with my "physio."

Among the numerous people I had had to deal with since I was struck down, I could point to only two until now who showed any sign of insensitivity. One was a doctor and the other a nurse. The doctor was one of the team in the operation theater who insisted I just had to put up with the cold. I began to suspect that he was really asking me to put up with him. When I repeated the request to another doctor, the problem was taken care of right away. The nurse was the one in the postoperation room who seemed to wear a request-resistant armor and did nothing at all to help me get rid of the cold when I started feeling chilly. This time my luck changed only with the change of shift.

V

I had barely opened my eyes again with some sense of relief at being back in my own bed now, when I saw a young woman standing right in front of me with a measuring device in her hand.

"I am your physiotherapist," she announced.

"Okay. But I have just had an operation."

"I know," she said. "That's why I am here. You must do the exercises now!"

Surely her "now" is a figure of speech, I thought, or perhaps was linguistically operating as an enclitic with no reference to time or tense. But her next remark put an end to my escapist grammatical musings. "Right now," she said firmly. As she was apparently

a francophone I permitted myself the reflection that English can be a cruel language.

“But I just had an operation,” I protested again.

By now she had moved close to the bed and had placed her hand under my bandaged knee. I sat up to accommodate her prehensile intrusion.

“Good. Now bend,” she commanded.

Amid a welter of moans and groans I did what I could. She applauded my efforts, just as they had been applauded after I had wiggled my toe.

I later learned the identity of this young woman. She was a francophone and her name was Madeleine. I viewed her arrival with mixed emotions, for the exercises she put me through filled me with apprehension. But as time passed, comprehension replaced apprehension as I began to understand what she was trying to do. The surgeon had done his job, it was now the physiotherapist’s turn. But patients be warned: a physiotherapist can convert your hospital bed into a torture rack in no time. I was then asked to leave the bed and move on to the chair. To my further disbelief I was instructed to bend my leg at the knee as much as I could, within barely a day or two of the operation. I painfully tried to follow the instructions, and at one point the pain became so unbearable that I almost began to enjoy it, masochistically bending it to such an extent that I happily astonished the physiotherapist. The price of such exhibitionism was heavy, however: I passed out. In the next few moments after I came to, I kept trying to conceal that distressing moment of physical breakdown (with its appearance of cowardice), when in fact all it had done was to reveal the point of one’s physical limitation, at a time when the illusions of one’s quotidian confidence in one’s physical powers had been shattered.

VI

It was now the third day after the operation and my temperature had not yet returned to normal. It would be normal but then shoot

up again. Today it really shot up. The day itself had just entered that liminal zone when the nurses change shift—it was too late for the outgoing ones and too early for the incoming ones to worry about me. I was sweating, edgy, uptight, and no one seemed to care. It was particularly annoying that I could hear the laughter of the jocose company the nurses were keeping. One voice had a distinctly Indian accent. This added to my irritation, as I felt deprived of the attention I must have fancied I merited from a fellow Indian. Finally, my desperate and exasperated efforts got some attention and I demanded to see the doctor.

A woman soon arrived wearing a stethoscope with charming casualness. She identified herself as the intern in charge. She was the doctor whose benign interventions I was destined to acknowledge with a Christmas card. But today I was peevisish. I said, with a touch of rancor in my voice, “If I am going to die at least let me have the satisfaction of knowing the disease I died from.”

“Don’t talk like that,” she said, mercifully without taking umbrage. “What’s the problem?”

“The doctor asked for tests to be done on me a long time ago to find out why I have postoperative fever and nobody has done anything. Moreover, I think I am running a very high fever.”

Humor may make high temperature more bearable, but it does not reduce it. For the first few days the doctors were not too concerned that I ran a temperature or that it rose even higher toward evening. But it persisted beyond those few days, and in the evenings produced much discomfort. In the meantime I was downing gallons of water and orange juice to quench the insatiable thirst caused by my soaring temperature. I felt so physically agitated that I couldn’t sit or even lie still.

One evening, Natalie arrived when I was in this condition and she soon asked to be excused, as if my discomfort, which she experienced virtually as her own, had caused her to resort to formal manners to give me the dignity of not being observed further in my distressing condition. It brings to mind a painful moment of my own when I had asked to be similarly excused from the presence of the late Professor B. K. Matilal, Spalding Professor of Eastern Religions

and Ethics at Oxford University, whose company I would otherwise not merely keep but seek, when the visible pain of his affliction made me recall my formal manners and voluntarily withdraw from the philosophical discussions that had, until that moment, been in progress.

Natalie tells me that even in that condition I seemed more concerned that she not miss her flight, which was to take her to her gravely ill mother, than with my own plight—something that apparently raised me greatly in her moral esteem. I do not quite recall this, which only goes to show that in moments of delirious forgetfulness, one might be as capable of superior moral conduct as of inferior moral conduct.

By now the doctors were in a bit of a tizzy while I was sinking deeper into a state of self-absorbed worry. Almost a week had passed. All sorts of tests had been conducted, pronouncing me free of malaria and AIDS. After one particular meeting around me the doctor had even uttered that gentle understatement perfected by constant use: “We are concerned.”

I remember the moment well. It was evening, and as the doctor left I could feel my psychic reserves ebb away. Since the accident, although I had experienced a wide range of emotions, despair was not one of them. Somehow my psychic reserves had held. But as they say in competitive sports, put enough pressure on the other fellow and the fellow will crack. I sensed that the point of “enough pressure” was now upon me. I had never quite, until then, taken stock of the situation. Things had happened so fast that it had seemed all would be over before I quite realized what had hit me. The realization now hit me that all might not be over in a nonchalantly somnambulistic way. I did my calculations: either things would get better or worse. If they got better, good; if they got worse, I would either end up incapacitated in some way, or dead. If I died there was no point in speculating any further than this: either one survived death or one didn’t. Either way the issue is resolved. But as with life the real problem is not life but living; so with death the real problem is not death but dying.

I did not, however, venture too far with this line of thinking about what might happen. I focused, rather, on the fact that what

might happen was not in anyone's control. The availability of religious ideas in Hinduism itself is virtually endless, and if you add to this the field of comparative religion, the supply increases further. With such vast resources to draw on, I nevertheless accepted the fundamental dualism of our experience of the universe, which testifies to the simultaneous existence of "spirit" and "matter," and I explored the two possibilities suggested by theism and naturalism. If there is a God, then everything is obviously in his hands now. And if there is no God and nature suffices by itself, then let nature take its course. Either way, although what lay ahead was unknown, there seemed little point in worrying about it. Having thus resigned myself to whatever lay ahead, I tried to get a good night's sleep. I remember saying to myself wryly, "At least get a good night's sleep before you die." Lest the reader be tempted to credit me with marvelous detachment, let me hasten to add that by now I was quite enervated and exhausted by the protracted conceptual struggles I had engaged in.

I suddenly felt a hand by my side. Then a voice in the dark said gently, "It is time to take your temperature." The minute ticked away, and the voice said, "It is normal." Just then another nurse entered the room quickly and said, "There is someone on the phone by the name of Natalie. She wants to know your temperature. Should we tell her?"

"Yes." I said, and rolled over, somewhat struck by the coincidence of the call. "Tell her," one nurse said to the other, "that the temperature is normal."

Only later was I to learn from Natalie that she had called on account of a locution. She knew more about the medical ambiguity of my situation than I did, and had fallen asleep rather worried about it. Suddenly she had been awakened by a voice out of nowhere, which commanded "Call the hospital." Obviously this disembodied voice preferred the imperative as the least verbose form of communication. Thus awakened, she had called the hospital at the very moment when my temperature was being taken in the wee hours of the morning and that also happened to be the time when it had turned normal. Do these things still happen in the fading years of our scientific twentieth century?

The doctors were quite relieved by this development. All tests had returned a negative verdict. The fever had disappeared as mysteriously as it had appeared. Like life. We don't know how it comes and how it goes. Like life, it had also produced some embarrassing moments, which in retrospect might even appear somewhat amusing.

VII

If nurses “sweat” and doctors “perspire,” what do patients do—“ex-pire”? Or do they too just sweat it out? I had just sweated it out. It was a quiet afternoon. Most of the other beds in my room were empty. The corridors were silent. God was in his heaven and the nurses were at their stations when Professors Singh and Dwivedi arrived, taking me completely by surprise. These were colleagues I knew personally who taught at other universities in Montreal and were part of the larger academic fraternity. I hadn't even known that they knew I was in the hospital. Professor Singh was a linguist from the University of Montreal with whom I had spent many afternoons in stimulating conversation. Professor Dwivedi was a statistician at Concordia University who organized aid to the Indians stranded in Kuwait after Hussein's invasion. He had also carried a consecrated brick for the building of the Rama temple at Ayodhya on behalf of the Hindu community of Montreal.

As they drew the chairs close I began to apologize to Professor Singh about a paper I had promised him but could no longer deliver in time, for painfully obvious reasons.

“We will not talk of those things,” he said simply. “This is a social visit. We just came to find out how you were.”

I told them all I knew and then added, “The injury is perhaps not that grave but the transformation in consciousness that is wrought by it . . .”

Professor Dwivedi and I exchanged a deep glance. Had he not said at a previous meeting that once a human being becomes convinced of his or her mortality, his or her life will never remain the same? The recent death of his own brother in India had awakened him to this realization, with the rather unexpected consequence that

he had become more disposed to spend money freely, to the great annoyance of his wife! I too had just had my own intimation of mortality.

Professor Singh was pleased that the medical prognosis was not worse than it was, and it was doubtless a rational observation to steady the psyche, but Professor Dwivedi offered a more profound emotional comment before they left, which was soon because they were afraid of tiring me.

“Sharmaji, when Rama was exiled and Bharata returned to Ayodhya, Dashratha was in bad shape and soon expired, mourning the exile of his beloved son. Bharata too was heartbroken. Tulsidas says that at that time, when Bharata was disconsolate, Vasistha, the family preceptor, said to him, breaking into sobs, ‘O! Bharata, listen! Destiny cannot be denied. Loss and gain, life and death, fame and infamy are in the hands of destiny.’”³

Then he turned to Professor Singh and said, “Let us leave now and let Sharmaji rest.” Having said this, they departed, leaving me to contemplate the beautiful couplet he had recited, which is still enshrined in my memory.

His departure initiated a train of thought: If life and death are predestined, then are accidents too? Or does destiny neglect such minutiae? Does it proofread its decree, and then are they still accidents, or is it satisfied with its general tenor? Considering the possibility that everything could be predetermined in excruciating detail produced a psychological effect the very opposite of what I had expected. It calmed rather than agitated my mind, and the more seriously and minutely I entertained the possibility, the more serene my mind began to feel! If both Greek and Hindu religions possess the same fatalism, then the stoic character found among the followers of both these religions, who subscribed to what in my own more vigorous mental moments I would have considered a most preposterous doctrine, became explicable. However, these were not my vigorous mental moments, and as terror yielded to stupor I wondered if all the events of our lives were not just like scenes from a movie, already present there in the spool, present in infinitesimally minute detail, waiting to be played out in the theater