

My TIA
Davis Baird

Section 1: January 29, 2024

This morning, shortly before dawn, I was shoveling. The storm left perhaps 5 inches of heavy "March" snow. It felt good. Yesterday morning I was inpatient in a cul-de-sac overflow room off a corridor at UMass Medical. I was "NPO," a curious medical Latin acronym for "nil per os," or "nothing by mouth," i.e., no drinking or eating. I had been admitted the night before suffering from symptoms of what almost certainly was a "TIA," another medical acronym, not Latin, for "Transient Ischemic Attack," also sometimes referred to as a "mini-stroke." Transient is right, NPO yesterday, shoveling today.

My wife, Deanna, and I had had a wonderful dinner with our good friends John and Alice in Concord, Massachusetts. I was driving back, chatting animatedly with everyone in the car. I remember asking John and Alice what the best exit was to get to their home. Then, cruising down the freeway at 70 miles-per-hour, all of a sudden things for me felt very strange. I thought, what is going on here? I am not sure how to describe "strange." Kind of like a gong had been struck in my skull without the noise, but with reverberations.

As we continued to talk, I noticed that my speech was weird, slurred, a bit like I was really drunk. Am I alright? Should I pull over? It appeared to me that I was driving the car reasonably, and there was no easy obvious place to pull over. So, on we went. Speech a little odd but driving evidently OK. When we got to Alice and John's and I got out of the car to say goodbye, my balance was entirely off. I needed to hold onto the car to say upright. The world was not steady. Walking without holding something was not possible. All was not well here. I asked Deanna to drive us home.

We pulled into our driveway and a rush of vomit out the window. Food poisoning? More vomiting. Into the garage and Deanna held and walked me the 15 feet to a chair in our mud room. Standing and walking alone was completely not happening for me. What next? Probably the hospital. Ugh! Really? I'd rather go to bed! Deanna had the foresight to call "Doctor Dave," my niece's husband, a radiologist, and a totally wonderful person and "family medical consultant." Dave said 911. Really, couldn't Deanna drive me? No. 911. Dave said.

Up the stairs, Deanna supporting me every step of the way. Into the bathroom to pee. Getting my pants down a significant task. Another big rush of vomit into the sink next to the toilet.

911. Commotion. Official people arriving. Flashing lights in front of the house. A big guy held me/walked me to a stretcher waiting outside. Into the Ambulance. Deanna to follow in her own car. Flashing lights, bumping along the road to the hospital. Stuck by how stable the Emergency Medical person was in the unstable ambulance. "Can you squeeze my fingers with your left hand? Your right hand?" Starting an IV in my left hand. Calling ahead. Calm. I have to vomit. Here is a bag. No drama.

Into the hospital and a rush of activity, many people around me. Hard to remember. I was immediately in a CT scanner. Someone was telling me that they were putting in a dye that would make the blood flow show up more clearly. It would make me feel warm and it would make me feel like I had to pee. "But I promise you, you won't pee. I've done this 30,000 times and no one has peed on my table." I do feel a little like I have to pee, but nothing as bad as the prostate exams I used to get from my South Carolina PCP.

A little later another man introduces himself. He is a neurologist. He is small and wiry, very bouncy, but friendly. I like him. "The CT showed good blood flow in your brain. This is very good." More squeeze my hand with your left hand, your right hand, push with your feet. Follow my finger with your eyes. "Can you say these words," and a small iPhone screen shows up with some strange sentences about a playground. I can read them, but my speech is still slurred, not right.

He asks me what I do for a living. I am a recently retired philosopher. "Oh, that is interesting. What do you think of God?" I thought, a strange question. Is this part of his neurological exam? But also, given the work I've been doing, it was a welcome question. I *have* been thinking about God. I say that I've been editing my minister grandfather's papers who saw God in a pantheistic way. God is everywhere in everything. He says, holding his hand in front of me, thumb and forefinger making a small circle, "Here is a small mirror reflecting the sun. When you see the sun in the mirror, do you see the sun, or only its reflection?" Oh my God, here I am in the emergency room, slurred speech, unable to stand and walk, and I am having a philosophical conversation. When a tree falls in the woods and there is no one there to hear it does it make a sound? I say, "Yes, you are seeing the sun." He says, it is only a reflection. I am trying to think through how to express my thinking that all perception is mediated, but it is still perception of the world. This is how we see—experience—the world. How to say all this with difficult, slurred, garbled speech? But he interrupts and says, "I love philosophy. I am a Muslim. I believe there is an external God. Not just God in everything. What we see in everything are reflections of God." Pantheism plus God.

He smiles and says that this is most likely a TIA, that I'll be alright, but they will want to do some more scans of my brain with an MRI to be sure. "I like talking philosophy. I am glad we could talk together. But I have to go. You'll be alright." He disappears.

I am moved to a corridor in the emergency room area. Many people rushing around. An incredible array of beeps and boops and flashing lights. There is another stretcher in the corridor with me with a man in a big turban sitting on it. I hear snatches of conversation from the cubicle just off the corridor between me and big turban. Someone is not doing well in there. Dementia. Concern about what to do next with this poor woman.

Quite a lot of waiting. Where is Deanna? What happens next? Eventually a pleasant nurse comes by. He takes my vital signs. Blood pressure seems high to me, 137/70. More squeeze my

hands, right hand, left hand. Push with your feet. Follow my finger with your eyes. Then he rushes off. More waiting.

9:26PM: I get a text! Deanna wrote to my niece Su and Doctor Dave, and she included me, “Dave and Su, Davis is in emergency room right now. I’m in waiting room. Not sure how long it will be before I can go in. Will be in touch when I know something. Thank you, Dave.”

Dave writes back, “It will seem like slow motion for a while. Head CT and labs to start. Are you at UMass?”

Su sends three emojis: crossed fingers, heart with ribbon and prayerful hands.

I can respond. I write: “Hi! I’m in a stretcher waiting. They did CT scan. Looks good. Probably TSA [sic]. Typing is hard. Thank you all. Davis” And typing really is hard. Getting my middle finger—my pointer finger is covered with an oxygen sensor—to it the right letter on the screen is no small thing. Something wrong with my right arm and hand motor control.

Deanna texts back, “Love you babe, out here waiting. Heart emoji, two exclamation points.”

Su: “And we’re way up north waiting and loving you too ‘babe.’” Up north, in Portland, Maine.

Dave: “Sounds like a TIA. Hopefully resolving. Probably an MRI in your future. Negative CT definitely good.”

Around this time, my fellow corridor patient, big turban, stands up and walks out of the room. This causes a huge commotion. I hear snippets: “Where did the guy go?” “He just got up and walked out.” “He can’t do that!” “Call security.” People rushing around even more than before. Shortly later big turban is walked back to his stretcher by two large security guys. Someone says to him, “Are you alright? You can’t just get up and leave. Are you going to stay here? I need you to stay here.” I cannot hear him say anything. But eventually he just lies down flat on the stretcher, totally prone. My stretcher has my head up. Now what I see is his big turban facing me. He lies here completely still.

10:06PM: A text from Deanna, “I’m not minding the waiting. Butters [our cat] was pretty upset. Are you warm enough?”

I respond: “A guy patient just walked out and caused a commotion.”

Deanna: “Popped a wheelie” Referencing a kind of spectacular memory when we were in a traffic jam coming off the Blue Ridge Parkway, just sitting in a line of cars trying to go down the mountain, when some motorcyclist literally pops a wheelie and drives down in the wrong lane, one wheel in the air one on the ground. He’d had enough. When you’ve had enough you pop a wheelie.

Me to Deanna: "You must be exhausted."

Deanna: "Adrenaline is an amazing thing. I expect they will admit you tonight just to keep an eye on your ass."

Me: "I think they are going to admit me for MRI tomorrow. I told them to get you."

Deanna: "Are you in a room now?"

Me: "No still in corrector [sic]" "Corredor [sic]"

Deanna: "Maybe when you go into a room I can come back."

Me: "They said you come back here [sic]."

Deanna: "No one at desk to let me back."

And, I had asked the nurse if my wife could join me, and he said, yes. Somewhere in here I was visited by another neurologist, a woman this time. More hand squeezing, foot pushing. Following a finger. Yes, they are going to admit me. Yes, and MRI is needed. You need to take this new blood thinner, Plavix. A little later the nurse returns and gives me some pills.

10:48PM: A text from our son, Ian: "Just heard. I hope you're okay. Love you."

Me: "Love you too. Feeling ok but tired and dizzy."

Ian: "Get some rest. Glad you're feeling okay. Anything y'all need?"

Me: "No. prayerful hands emoji"

Ian: "Okay. I'll call tomorrow."

Me: thumbs up emoji.

Ian: big heart emoji.

More waiting. Big turban is quietly lying on his stretcher. More snippets of difficulties with the woman in the cubicle.

Deanna shows up! That is good. A big hug. I've been back here waiting, and waiting and waiting. And trying to text. But texting is hard. Wondering: Wow. I seem to have lost my fine motor control in my right hand. Speech is screwy. The CT may have been good. But I am not in proper operating order. Will I be able to type? To continue to learn the piano. Ugh! How very precious is that grey matter in the skull and how fragile. Deanna is confident that I'll be fine. I'm not sure

why, but it is nice to hear, and I will try to believe her. How lucky I am to have her in my life. And Ian. I don't really feel I deserve their love. But I'll take it.

We sit together. She had contacted Ian—hence the texts. She also had contacted John and Alice, who knew something was wrong with me as we left them. The nice nurse comes by. More vitals. They are going to admit me. Actually, they've already admitted me. Good to know. Deanna should go home and get some rest. It is now getting close to midnight. Long after our bedtime. Eventually with a big hug she leaves. I tell the nice nurse that if he doesn't take good care of me, he'll have to answer to her.

More waiting. Around 1:30 I'm told I'm going to be moved to a room. That sounds like progress. Now I am a little loopy from exhaustion. My right hand/arm still is not quite right. Speech not great, and I haven't tried to stand or walk for hours.

2:00AM: Off we go to my room. What a maze this hospital is. My room, as it turns out, is a cul-de-sac off a main corridor, an overflow make-due room. But there is a bed there and it is less noisy/busy/crazy. Still lots of beeps and boops, people moving around. Before taking the three or four steps to the bed, I suggest this would be a good time for me to pee. The toilet is right there. I manage to walk in, get my pants down and pee. I don't think of it at the time, but my balance and walking is much better than earlier.

Back to the cul-de-sac bed. More vitals. I get a heart monitor. I am given the option to stay in my clothes, instead of a hospital johnny. I take it. Shoes off. "Wear these socks. They'll be better for walking to the toilet." They have some rubbery treads. The nurse tells me I am NPO. I really would like some water. The old vomit in my mouth is not aging well. She tells me she'll look into it. A little while later she comes back with some ice water and some little sponges on sticks. No drinking, but I can sponge my mouth. This is not quite satisfactory.

Sleep is not so easy. All the beeps and boops. My recent effort to learn piano, and I am trying to map out the rhythm of these beeps and boops. It is a very complicated pattern. I'm tapping with my hands trying to work it out. Dozing. Tapping rhythms. More dozing. But it is quieter than the ER. My first night in a hospital.

Deanna and I get up at 5AM. I had thought that we might relax that a little after I retired and didn't have to get up early to get exercise in before getting to work at 8. But bodies are trained rhythmic things. Still getting up at 5. I'm awake at 5. Now what? Lying there, listening to the beeps and boops, wondering how I am. I can try talking quietly to myself to see how my speech is. It sounds a little better. But this quiet talk is not a real test. Gotta pee. Into the bathroom. Not half bad. I can walk. This IS better.

Around 8AM my new day nurse arrives and, more vitals, she'll look into the NPO business. I am thirsty. Eventually texts back and forth with Deanna. Butters the cat not happy! Sometime late morning a physical therapist comes by, and we walk the corridor and go up and down some

stairs. She concludes that I am good enough to be released. But that ultimately is the doctor's decision.

Sunday 5AM to my final release at 2PM is a lot of sitting in the bed in the cul-de-sac and waiting. I only knew I'd be released sometime shortly after noon when I met my third neurologist. More hand squeezing, foot pressing, etc. Yes, I should have an MRI. But I do seem to be basically better. So, yes, you can go home today and do the MRI outpatient. Oh, and the nurse asks if the NPO can be lifted. Yes. Water. I can drink some water. By 2PM I'm on the way home with Deanna. We'll actually get to watch the Chiefs-Ravens game.

Transient Ischemic Attack. Certainly, a transient attack. The ischemic part is for the doctors. It was an attack. And thank God it was transient. So, I can shovel the snow today.

But transient in a different sense. How much we rely on all the miraculous operations of our bodies. One little mess up and everything goes caplooy. Life is amazing, and transient. How lucky I am to have the love I have in my life. Friends, my family—Dr. Dave—my son, my wonderful wife. Gotta treasure it all in its transience.

Section 2: One Week Later, February 7, 2024

Saturday, January 27 at about 8:30PM I had what almost certainly was a TIA, a transient ischemic attack, a kind of mini stroke. All of a sudden, my speech was garbled, and I couldn't walk without major assistance. An ambulance trip to the ER and a night in the hospital. By Sunday morning all the symptoms had disappeared. One day further on, Monday morning, I was shoveling snow. A transient attack.

But not quite everything has returned to its pre-TIA state. In the wake of my overnight in the hospital I am now taking several new drugs—Amlodipine Besylate 2.5 mg to lower my blood pressure, Clopidogrel 75 mg and aspirin 81 mg both to thin my blood—I have a heart monitor glued to my chest conveying on-going, real-time data on my heart's function to my doctors. I had a brain MRI two days ago—at 9pm—and yesterday I had an ultrasound of my heart—a “transthoracic echo,” or “TTE.” I was advised to ease back into my running exercise routine. So, I've been walking, not running. The symptoms may have gone—transient attack—but life is different. I've become a bit of a medical object.

My doctors want to know what caused the TIA so they can take steps to prevent future or worse such events. Me too. A TIA typically is caused by a small blood clot that temporarily decreases or stops blood flow to part of the brain, long enough to disrupt function. Where did this clot come from? Is there a tiny hole between the chambers of my heart that allowed a clot in my legs to slip into the heart chamber sending blood to my brain? Heart ultrasound. Do I suffer from occasional atrial fibrillation or other arrhythmias creating small clots to harass my brain? Heart monitor. And what did happen in my brain anyway? Brain MRI. Why is my blood pressure

high? Amlodipine Besylate. And whatever is the cause, thin the blood so it is less likely to clot—clopidogrel and aspirin.

When my TIA occurred, the effects were so sudden and bizarre I didn't pause to worry or think about the consequences. I just experienced. In the week after, and with all the medical stuff happening in and around me, I've had some time to think. Thank God it was transient. Life can change in an instant. One moment all is normal, the next, speech is difficult and walking impossible. How much we rely on the remarkably robust yet fragile complex of our body. One little mess up, one little clot, and life is no longer the same. Shit happens.

Late Monday, reports from the MRI and the TTE. Happily, the TTE found a largely normally functioning heart: "Normal biventricular size and global systolic function. No significant valvular disease identified."

The Brain MRI was more revealing. Again, happily, "there is no mass, mass effect or evidence of intracranial hemorrhage." But:

Subtle area of restricted diffusion and FLAIR hyperintensities seen involving the anterior superior and medial aspect of the right cerebellar hemisphere consistent with a subacute small infarct. The major intracranial vessels show normal flow related to signal void.

I look up "infarct:"

Death of tissue resulting from a failure of blood supply, commonly due to obstruction of a blood vessel by a blood clot or narrowing of the blood-vessel channel. The dead tissue is called an infarct.

So, I did kill some brain cells. I am glad it is a "subacute small infarct."

I look up what the right cerebellar hemisphere controls: It is associated with language. According to my google search, "cerebellar dysfunction causes balance problems and gait disorders along with difficulties in coordination resulting in ataxia, uncoordinated movements, imbalance, speech problems..." My TIA symptoms appeared to be consistent with this description.

Additionally, I learn that my "brainstem is unremarkable" and that the "orbits, sella and craniovertebral junction are grossly unremarkable." And I always liked my brainstem, but I suspect "unremarkable" means "good."

To augment my understanding of these results, I turn to Dr. Dave. He tells me that "essentially TTE is negative." Well, from my point of view, "positive." But he also tells me that "the 'restrictive diffusion' confirms the suspicion that there was a tiny stroke." Very fortunately, this "does not mean you will have a permanent deficit." But still, "it is evidence that there was likely an emboli. Infarct=stroke." Shit definitely happened.

I am very glad that my wonderful brain figured a work-around the dead cells.

We still don't know where this small embolus came from. Perhaps the heart monitor will reveal something. I remember that my mother towards the end of her life—when she was the age I am now!—was diagnosed with atrial fibrillation. This is the kind of thing that my heart monitor is looking for. I do know that occasionally my heart will race for a short while, perhaps 30 seconds. But I don't remember any such event just prior to my TIA, and these racing episodes have not been frequent enough for me to think they meant anything. That said, now I am inclined to think that the cause lies there. The heart monitor might turn something up in this regard. It might not. Perhaps the TIA was just some random bad thing.

We may never figure out what the cause was. In the words of Dr. Dave, after all the tests are done, I could be “cryptogenic.” Have I become a source of cryptocurrency? Is this how one mines bitcoin? No. Google teaches me that cryptogenic is “a disease of obscure or uncertain origin.” Shit happens and life moves on.

Shit happened and I should be concerned. I am concerned, although not worried or particularly anxious. My cousin Jenny writes me, “Shocked face emoji—Definitely—Worried face emoji—Major—Empathetic face emoji—Scary.” Jenny is really good with emojis, and I love her for her care and concern. My sisters worried. My son worried. I know that I put my wife Deanna through the wringer with worry. Somehow it is harder to be on the outside of this thing. Powerless and caring. How much I love their caring, especially Deanna's. I am sorry for their worry.

Nonetheless, perhaps obdurately, I am not worried. Is because everything—more-or-less—returned to normal so quickly. Perhaps this is some (ill-supported?) faith in my core healthiness. Perhaps this is a rational response: What will worry accomplish for me? I am on board with the various medical interventions. I do want to do what I can to prevent future episodes. But I can only control or manage what I can control or manage. Worry about other stuff does not accomplish anything—although that usually does not prevent people from worrying.

The shit that happened to me could have been so much worse. At some point some shit will happen that will be much worse. That is just part of the deal, part of being mortal. So, while this particular shit that happened was transient, it reminds me that bigger worser shit lies ahead, more existential, less transient, shit. I hope years ahead, decades ahead. But at 69, even in nominally good health—am I in good health?—ahead is not out of sight. Both of my parents died in their early 70s. They were not in as good health as I—so I tell myself, anyway—but still.

I have been writing about the religious views of my Unitarian minister grandfather. He wrote about life and death, two sides of the same coin. With life comes death. In a 1947 sermon—he was 71 years old—he reflected on his garden:

Last spring, I planted in my garden some kernels of corn. I watched them come to life, break through the soil, and press forward to the prize of their high calling. ... In due season I gathered ... “Corn on the Cob” just right for eating. ... How I wished that I might stop its living and active growth, so that I could enjoy the Corn on the Cob until it was all eaten. But alas the corn had other purposes. It must fulfill its nature, it

must press on to the prize of its high calling of full matured seeds, living and keen for the season yet to come. What the corn wanted was not to maintain its stocks or provide food, but to make sure that it had seeds for the seasons to come. The sturdy stocks I have pulled and buried, not even a photograph is left. The compost material of the stocks will contribute to crops of another year. Life moves on.¹

Reproduction, growth and death are natural irrepressible processes. Life moves on. Following this passage about his garden, my grandfather wrote of a tree in the yard of the parsonage:

In my yard stands a noble white Ash tree, sometimes called the Tree of Heaven. Two feet in diameter at the base, planted about 1875 by a former minister on the day a child was born in his family. ... In fertile years it produces a crop of flowers and seeds. Not far from half a million seeds cling to its branches. Ash trees, years younger, grow about the place. All of this life presses forward to the prize of its high calling in the forests of the world. But the day will come when this noble ash tree will have rounded the years of its living process. The Life Force will no longer flow through branches. It will be cut down, worked up into lumber and wood. If it could speak it might, say "I have run my course, I am content. My life still lives on in the forests to come."²

As I read this now, I can feel my 71-year-old grandfather coming to terms with his own mortality. Still vital in 1947, but he knew he was closer to the end of his life cycle than the beginning. Six years later he died, in 1953, a year before I was born.

Life, death, change, transience. Life moves on.

Something to think about when I think about my transient ischemic attack. Everything is transient. The reason life is valuable, family and friends are valuable. Transience.

Section 3: Two Months Later, March 29, 2024

It has now been two months since my mini-stroke, my TIA, Saturday, January 27, 8:30PM. I've been probed and prodded, prescribed several new medications. There have been no noticeable ill after-effects. As far as I can tell, physically, I am no different than I was before that Saturday in January. A transient attack.

In the interim, my wife and I spent a week in Lisbon, Portugal. Curiously, my doctors were not quite willing to sign off on the wisdom of this trip. Nor did they advise against it. My thinking was that I felt fine, and I should enjoy what I can. It was a great trip. Good food, amazing sights. A tad warmer than Worcester, which was quite welcome. And a big change of pace, also welcome. And, perhaps most important, I had no health issues. Reassuring.

¹ Earl Davis, 1947, "Not Revelation but Discovery; Not Forms but the Holy Spirit," see https://commons.clarku.edu/petersham_sermons/4/, p. 3.

² Earl Davis, 1947, "Not Revelation but Discovery; Not Forms but the Holy Spirit," see https://commons.clarku.edu/petersham_sermons/4/, p. 3.

I was very happy to get rid of the heart monitor stuck to my chest for almost a month just prior to that trip. The results showed no abnormal heart rhythms. One aggravation. We left for Lisbon on the evening of Sunday February 25, and I removed the heart monitor that morning. I put it in the return mailer and thought I'd just put it in a post box. They've redesigned post boxes. Who knew? I couldn't jam the small package into the box. Worse, I got it halfway in and I couldn't pull it back out when I realized the thickest part wasn't going to go through. Now what? I'm leaving in a few hours. A chance encounter with a woman, also wanting to slip a small package into the post box, was fortuitous. She had a pen which I could use to rip my package in half. I got the business half back and went home. I dealt with getting the monitor in the mail after the trip.

Yesterday I had an "after action" follow-up meeting with a neurologist to see where things stood and what next steps would be appropriate. My memory of what the hospital was calling this appointment was "First Stroke Follow Up." A somewhat disturbing title suggesting a second and third stroke was on the horizon. Even when I learned that this was not the name, it was "New Stroke Follow Up," I couldn't remember the correct name. I'd think, "OK. It's not 'First Stroke,' but what is it?" I couldn't bring "New Stroke" to mind. My dark sense of humor couldn't shake the "First, ... Second, Third, ..." Something about going through this experience left a dark mark.

Prior to the appointment we had dinner with Alice and John, the first time we'd seen them since that eventful drive home. My sense is that they were reassured to see "normal Davis," and I was certainly happy to be reassuring. John shared a recent curiosity with one of his doctor's visits. The doctor told him that he was going to tell him three random words and ask him to remember them while he conducted some other parts of the examination. Then he'd ask for his memory of the words. Seemed like an odd test.

And here I was at my "New Stroke" visit and the doctor said, "I am going to tell your three random words. Try to remember them while I do some other parts of the test. Here they are: 'Penny,' 'Rose,' 'Chocolate.'" I was primed for the test. Thank you, John! I imagined a chocolate penny wrapped in foil, like something I might have gotten in an Easter basket half a century ago. On the face of the chocolate penny was a rose, and I passed this test with flying colors.

More generally, the "New Stroke" visit was reassuring. The doctor—who was great, spent considerable time and answered all my questions—found no residual evidence of the stroke in my examination. She did share with me the MRI images of my brain. "This bright area, that is the infarct, the stroke. It is very small." Although as I looked at it in the context of my skull it seemed big, and I said so. She pointed out that big serious strokes will light up much larger chunks of the brain. Very glad THAT didn't happen! She also showed me more general pictures of my brain from the MRI. These, she said, were very good. Not uncommonly people my age show multiple small spots of brain degeneration—that appear kind of like pimples in an MRI image. Only a couple of pimples on my brain. "Very good," she said. And she was very affirmative about the state of my major blood vessels going into my brain. Essentially no obstruction. "Could almost be a teenager's," I heard her say.

So, what caused the small stroke? Most obvious options had been ruled out. She ruled out my blood pressure, which I've been concerned about—and measuring daily—but which she said was not overly high. She assured me that it was certainly not the alcohol I had drunk that evening—not that I should add a lot of alcohol to my diet. That would *not* be a good thing. While the heart monitor had not picked up any arrhythmias, she suspected atrial fibrillation, “A Fib,” as the cause. She explained that when the heart is arrhythmic the blood in the chamber is churned something like butter in a butter churn, and that can create small clots, which then get sent to the brain and cause strokes. So, while no arrhythmias were detected, her recommendation is an even longer-term heart monitor. Thankfully, NOT one glued on top of my chest, but a small “implantable loop recorder” that will watch my heart for a year. Very minimal surgery, “Done in a room like this examination room with local anesthetic.” Dr. Dave had mentioned this possibility to me.

So, that is where things are. Still looking for the cause. Still feeling fine. Transient, but not quite. I've become a bit of a medical puzzle, cryptogenic, as Dr. Dave said.

I have reflected a bit on the first couple of installments in this saga. It is a little weird that *I* didn't find the experience itself concerning. Just curious. Something to recount with a bit of humor. I can completely understand how I would have felt had Deanna's and my roles been reversed. I would have been very concerned—deeply anxious—and not simply curious that Deanna was behaving totally abnormally, unable to walk, slurring her speech, vomiting. Yikes. I am enormously grateful that Deanna managed like a champion through this. But what about my—“just curious”—reaction? I think I had to reassure myself that—at least on the inside—I was normal, thinking normally, observing the world around me normally, understanding stuff—even complicated stuff about philosophy and pantheism—normally. Normal.

We don't appreciate how great normal is. Thank God my life has returned to being boringly normal.