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## I

I have a book opened on the desk in front of me: *Van Gogh in Auvers*. It documents the two months that Van Gogh spent in the village of Auvers-sur-Oise in 1890, after his release from an asylum in Saint-Rémy in Provence. By the time of his arrival, he was still fragile but rested, optimistic, ready for work, entranced by the cool, muted light of the north. During his visit, he lodged with the Ravoux family in their auberge. They gave him a small room and a warm welcome. In gratitude for their hospitality, he painted a portrait of Adeline Ravoux, the eldest daughter, who was ten years old at the time.

It's a strange, disconcerting painting. It doesn't become any less strange with repeated viewings. Adeline is dressed in blue, and Van Gogh chose to paint the background in the same colour, which gives it an hallucinogenic aura, the girl's face and hair and hands seem to float outwards, towards the viewer. This effect – although *effect* seems too slight a word – was entirely intentional. On arrival in Auvers, Van Gogh wrote to his sister, saying: *I would like to do portraits which would look like apparitions to people a century later*. But the style of the painting isn't what unnerves me. It's Adeline's face that's disturbing. It's not the face of a child.

On the opposite page, there's a black-and-white

photograph of Adeline as an elderly woman. She sits in a chair and gazes at a reproduction of her portrait. The likeness between the old face in the photograph and the prematurely old face in the painting is so accurate it's deeply unsettling. Underneath the photograph, she's quoted as saying: *The painting frightened me in its violence. I didn't see its resemblance to me. It was only much later that I realized, when looking at a reproduction, that he had been able to perceive the woman I would become in the girl that I was at the time.*

Recently I've been overcome by seizures. They happen daily now. Some force, internal or external, overcomes my body and causes me to thrash and flail on the floor. Usually I come to on my back: groggy, disoriented, flushed out, sometimes with blood in my mouth, sometimes with my trousers soaked with urine. My seizures first came upon me when I was fifteen years old, living in Northern Ireland, at the height of the Troubles. They passed quickly then, with only a few occurrences, lying dormant until they returned to me several months ago, at the age of forty-nine.

To try to explain all this, I've been reading, looking for justifications, but nothing in the textbooks on my desk can bring me any kind of clarity. Modern science is no closer to identifying the source of consciousness than the Ancient Greeks were. We all feel that we're located within our bodies, and yet we don't feel that we're made of the kind of stuff we see when we look inside a human

being – organs, tissue, sinew. If we didn't know that human beings experience the world, we couldn't deduce it from neuroscience. There's nothing about the behaviour of neurons to suggest they're any more special than, say, red blood cells. They're cells, doing what cells do – generating flows of ions, sodium, potassium, chloride, calcium – and releasing neurotransmitters as a consequence.

When speaking of consciousness, we still don't know where to even begin looking. It could be that it isn't even located in the brain, that it's something outside of ourselves, and that the organ in our head is merely a processing machine. This isn't a new idea. Aristotle thought that the soul is – briefly – identical with the objects of our experience. According to his thinking, when you see an apple, your consciousness and the apple are made of the same stuff, which he called the *form* of the apple.

All the science I read seems so cold, so removed from the sensation of a seizure, from the *having* of it. They talk about it, but can't communicate what it's like to be in it, to inhabit a fallible body that is susceptible to these electrical storms. So instead, for solace, I turn to Dostoyevsky, the great chronicler of the condition.

In *The Idiot*, Dostoyevsky describes the moment before his seizures – via his character, Prince Myshkin – as *the highest degree of harmony, beauty, measure, reconciliation, and an ecstatic, prayerful merging with the highest synthesis of life*. I recognize the nature of the condition in these words. There's a moment of supreme clarity that often arrives

before my body twists into convulsions, where past and present intermingle, where time and memory become physical and spatial entities, released from the vaults of the brain to flow out through my body, flooding whatever room I happen to be in. Perhaps a seizure is the price you pay for experiencing a world without categories, for stripping away the fabrications we each create for ourselves just to get through the day.

I'm saying all of this as an explanation, a kind of confession maybe: I have my own personal apparition. A man who lives with me. A companion. An enemy.

I can't see him, I can't reach out and touch him, but I know he's there. This isn't a ghost that appears, it's a visitor from my past, a memory made incarnate. He – or, more accurately, his shadow – arrives from behind me, whispers into my limbs and speaks a sentence inside my skull, inflected in a Fermanagh accent, those soft vowels. He's a figment of my imagination. And yet not. He's a part of me. And yet not. He is present and yet not. He floats somewhere in that nether region between objective reality and perceptual insight.

*Form.* The word feels accurate. Every afternoon, a form comes to me or I become form, and am laid bare, time and time again.

My desk, this desk, this room, is in Chinatown, New York. Tonight is a Friday, the first Friday in June. I live on the fifth floor of a building that sits adjacent to the Manhattan Bridge. The room is triangular. I'm sitting at my desk in the cupola at its apex. There's a window in front of me and on each side of me. The central window overlooks a plaza. To my right is the bridge; to the left I can see along Division Street all the way through to the trees of Seward Park.

My seizures re-emerged just before I moved here, but I don't attribute this to the space. I think of it as a refuge, a shelter. I don't pay rent – a miracle in New York. A neighbour of mine, a friend of a friend, offered it to me. In the city permits it's listed as a commercial space, so she's waiting for the paperwork to come through to turn it into a residential apartment. For now, it's mine, a sanctuary, a quiet room in which I can be still and remember.

I can't sleep. I don't want to sleep. Instead I sit here and look out into the night. The city moves differently in these hours: it loses its intensity, becomes more individualized, more contained. People stepping across the plaza ward off attention by keeping their gaze downwards, rarely lingering. Around midnight a flurry of recycling collectors arrives, each pushing a shopping trolley and filling it with

plastic bottles or sheets of cardboard. When I first moved here, I thought that they worked together, but then I noticed that they never interact. After taking possession of a single side of the street or plaza, they then work their way along the piles that have been left out for the garbage trucks. There's one man who, every night, takes his break in front of the video-rental store. He leans against his trolley and watches Asian war movies for twenty minutes, even in the rain.

I can see people walking from the bus depots on East Broadway, arriving from Philadelphia and D.C., pulling trolley cases or hefting rucksacks on their backs, impatient to bed down for the night. I can see a limousine make its way towards the small casino on Pike Street, weaving deftly through the narrow alleyways, its gleaming white patina so at odds with everything around it.

Above the plaza, down towards the East River, are the Vladeck Houses, a vast development of mid-rise buildings from the 1940s. I spend a lot of hours just following the movements of the lives that are stacked up inside them. Many of the windows pulse blue in the TV-screen light. I watch figures rising to go to the bathroom, or bedroom, moving through the window frames. New York, I've come to realize, is mostly a city of internal light. Its charm comes from the fact that there's an endless array of individual lives on display. I lived in Paris for a while and, looking back, I realize that the night there was arranged around its monuments, lit by hidden sources. It gave the city a more public feel; it imposed characteristics on the buildings themselves.

Here, I've developed an affinity for water towers. I like their air of uncomplicated sturdiness. I can see more than a dozen of them from where I sit – tucked on to unobtrusive platforms, or standing exposed, solitary, on rooftops, their silhouettes identical in the reflected glare.

To my right, just a few yards from my window, subway trains clack unhurriedly through the underbelly of the bridge. As the night deepens, when the bars are long closed and the partygoers are in their beds, the trains are usually so empty that I can count the number of passengers. I guess they're mostly shift workers on their way home. They sit alone or with one other companion, unspeaking. I often see them look up at me, startled.

I find the constancy of the trains to be reassuring. I can feel them rumbling up from the ground at Canal Street, then they trundle along past my right shoulder, a length of bright silver bulldozing into the night. Again and again, I find myself following them as they slide out over the river, traffic streaming above them, an unceasing flow.

Tonight, I've been watching a video on my laptop. It documents a hospital procedure that I went through this morning. My neuropsychologist, Dr Ptacek, sent it over to me. I'm lying on a gurney in an angiography suite. The camera is directly above me. I'm staring straight into it. A green surgical sheet covers me up to my neck. I've been shaven bald, and a nest of electrodes is glued to my scalp, the head of a Medusa.

It's strange to see yourself in such a vulnerable state.

I recognize myself of course, but mostly I just see a patient, a prone body in an indistinguishable hospital gown. It's interesting to watch my reactions: they don't necessarily fit with my recollection of events.

People lean into the shot and speak to me. They're indistinguishable: the camera shows only the tops of their heads, which are covered in scrub caps. They look as though they're about to step into a communal shower. Around my groin, a square patch is cut out of the sheet. I'm being readied to undergo a Wada test to check for damage to my right hemisphere.

My seizures have become frequent enough and serious enough to warrant an operation. Dr Ptacek has charted my brain scans and logged my clinical record. He and his team have identified some scar tissue in my left hemisphere. In the absence of any other answers, they suspect that this might be the source of my ills. The operation carries a grandiose title: amygdalohippocampectomy – so called because it involves the removal of my amygdala (the Greek for 'almond') and part of the adjacent hippocampus ('seahorse'). The hippocampus is a vital component of the brain's memory circuitry, essential for laying down new traces. If we're the sum of our memories, the hippocampus is the means by which we assemble ourselves. Everything I can recall flows through it. The amygdala houses my means of accessing emotion. It links the higher cortical areas of the brain – language, perception, rational thought – to the deeper structures that manage the regulation of emotion and motivation.

I can see my face on the screen so clearly, see right into my eyes. They emanate terror, which – although understandable – is odd, because I don't remember being scared. I felt calm this morning, lying on that gurney. I allowed myself to take solace in the constancy of my breath. I trusted those around me. Then again, our internal state often doesn't correlate with our public selves. We prepare a face to meet the faces that we meet.

The purpose of the Wada test was to clear a path for the operation, to check that the right side of my brain was functioning properly, that there were no silent lesions lurking in its folds. If I became inhibited on both sides, I would be cut adrift, unable to form new memories, be devoid of emotional colour. Despite the precariousness of my position, I find a kind of delicate beauty in the fact that the gatekeepers to our lives come in such simple forms.

Last Monday, Dr Ptacek talked me through the procedure in his consulting suite. The Wada test involves pumping a course of Amytal into my left hemisphere to anaesthetize it (although the word is apparently incorrect in this instance: the brain has no sensory receptors; it's forever in a state of anaesthesia, another mystery I fail to understand). We rehearsed what would happen. He had me lie on a gurney and raise both my arms in the air. As I counted to twenty, he had me imagine – after ten – that my left arm had become limp and that I allowed it drop to my side. Then he went through the

motions of the test, asking me to perform simple actions, do some basic maths and name images on a flipchart.

We've come to know each other a little. Over multiple sessions of what he calls his obstacle course – an EEG, an MRI, video telemetry, neuropsychological profiling, various courses of medication – he's told me some details of his life. He comes from the Czech Republic. He confessed to me that he still thinks of it as Czechoslovakia, which it was still called when he left. He grew up under Soviet rule in a village in the Carpathians. His father was a mechanic. He arrived in New York on a scholarship after his undergrad degree. His voice still carries the inflections of his homeland. It sounds so rich, so measured and authoritative. I find it calming.

He's told me to call him Karl, but I can't. It's a question of trust, I suppose. I need to believe in his capabilities, his ability to tackle any problem that faces him. I need the professional signifier.

On the screen, the anaesthetist approaches and injects a local anaesthetic into my groin. I keep my gaze upwards, straight into the lens. It's strange but I don't remember the camera above me. I think I was concentrating on all of the activity within the room. It was cramped, filled with X-ray equipment and control panels. The cameraman sat in the corner viewing his video feed, headphones on, checking the sound levels. Above my head was an arrangement of monitors, all showing cross-sections of my brain. In the video, you can hear people milling about in the background: EEG technicians in white scrubs, radiologists in

blue, like two teams competing for something. The technicians were keeping track of my brain's activity levels, which snaked across the monitors in different colours. The blue lines were dominant and undulated only slightly, which I knew was a good sign, meaning that my brain was idling in a languid alpha rhythm.

I can see myself closing my eyes. I turn my head from side to side. I think I was trying to get comfortable on the pillow. I remember the electrodes were itchy on my scalp – I wanted to reach up and yank a few of them out.

Dr Ptacek enters the shot. He leans over to greet me. I turn towards him, opening my eyes again. He's carrying a clipboard, a stopwatch and a black ring binder. He hands the clipboard to a colleague.

'How are you doing, Simon?' He touches my shoulder.

'Fine. Nervous.'

'You'll be out of here in no time. Keep taking those nice calm breaths.' He looks up towards the EEG monitors. 'Everything will happen just as we rehearsed it. I promise.' I remember once again finding his voice so relieving, that assured accent.

A nurse approaches from the left of the frame and holds my hand. They're ready to begin.

The radiologist makes an incision in my groin. I can tell when this is happening on the video because at that same moment the nurse brushes a strand of hair away from my forehead and I flinch with distress, fear washing over me. The radiologist slips a catheter into my femoral artery and slides it, expertly, through my body.

'Just the junction with the internal carotid,' she says.

I couldn't tell if she was saying this to herself or to me or to one of the technicians.

I could feel the sensation of the catheter sliding up through my chest, from heart to brain: a stranger winding its way through me. On screen, I make a chewing motion, as the catheter scratches the inside of my neck.

The radiologist sits back, relieved. She has arrived at her destination. She clips the other end of the tube into a machine and then leans in towards me.

'Okay, Simon,' she says, 'I'm going to pump through some dye, to make sure that we've reached the right area of your brain. It'll feel a bit weird, like something has burst. Just relax, you're doing great.'

I can see myself clenching my jaw determinedly, ready for action. My face flushes. The liquid, I remember, felt disconcertingly warm. It flashed underneath my skull, an orgasm, a brainwave, an abandon.

Dr Ptacek approaches again and stations himself on the other side of my midriff, across from the nurse. The nurse places her hands on either side of my face. It was so good to feel her cool touch. The nurse, now that I see her on-screen, seems to have no specific medical function; she's merely there to reassure me. As I watch these three people gather around me, I think how each of them is attending to a particular strand of myself. The body. The mind. The human being.

Dr Ptacek speaks. 'Simon, I'm going to ask you to raise your hands just as we practised. Once we begin to pump the Amytal through, you can start to count to twenty.'

I raise both arms, something hopeful in the gesture, an evangelical in worship.

The radiologist nods to Dr Ptacek. The assistant clicks her stopwatch. Dr Ptacek nods at me and I begin to count. My voice is reedy, nervous, hesitant.

By the time I reach eight, I'm beginning to show signs of grogginess, my left arm wavers, then collapses. Dr Ptacek catches it gently mid fall and places it by my side.

My eyes flicker and then dart up and down, left and right. I can see I am frantic, a feral awareness of danger has taken over.

It's so strange to look at myself like this. Thirty seconds beforehand I'm definably Simon Hanlon, an Irishman, forty-nine years old, single, childless. The face on the screen is the same as the one I see in a bathroom mirror. But once the drug begins to take effect I become someone else. An aggression arises in my eyes; my features line with worry and confusion. I look like I'm straining against something, like I'm pushing against a wall. Half of my brain is now inactive. Does this make me half the person I was just moments beforehand? Or is this feral, frantic creature my true self, one I hide under a veil of decorum?

Dr Ptacek speaks again. 'Okay, Simon, I'd like you to touch your nose.'

I respond mechanically.

When he asks me to recite the days of the week, I reply, 'Fed, fed, fed . . . fed . . . fed . . .' I look like I'm trying to clean some gristle from behind my wisdom

teeth. My sensibility has changed again. I no longer look agitated but rather lost, desolate.

‘Now can you count backwards from ten?’

At first I appear engaged with the new request. Effort is scrawled all over my face. I say, ‘Tew, nipe, accch, seb . . . seb . . . seb . . . seb.’ Then, suddenly, my concentration fades. I’ve given up. Maybe I heard my own distorted voice, maybe I just lost the will to continue. Next, I wink at the nurse and chuckle malevolently. And then I’m overcome with another emotion: I look as though I’m about to cry. I’m as raw as an infant.

(I remember none of this. Afterwards, in his office, Dr Ptacek told me that my disturbed speech was normal. Our language receptors are mostly located in the left hemisphere. It would have been surprising if I were coherent.)

Dr Ptacek takes the black binder and shows me some pictures, asking me to identify them.

I point and repeat the same word about each one.

‘De.’

‘De.’

‘De.’

My face lightens.

I chuckle, again, viciously, wickedly. Then I am stricken, and my pupils dilate.

‘Okay, Simon. Close your eyes and relax.’

I close my eyes. My face is blank. He exits to another room while the drug wears off. I can see the tension in my face draining away. A peaceful, benevolent look descends.

He returns after a few minutes to test my memory. He's holding a clipboard now.

'So, then, what images do you remember?'

I pause.

'A fork.'

'Good.'

'A basketball.'

'Good.'

'A bicycle.'

'Yes.'

'A donkey.'

'Yes. Good. Anything else.'

A long pause.

'A flashlight.'

He hesitates, nods, writes something down on the clipboard. 'Okay. Thanks, Simon. How was it, overall, how do you think you did?'

I can see myself smile brightly. 'It was all right, wasn't it? Yeah, I kind of enjoyed it. I mean, it's not like you're asking anything difficult.'

Afterwards, he reassured me that he knew I wasn't lying, that I genuinely believed the whole process to have been a breeze. He explained that it was an example of the left hemisphere confabulating. Apparently, it does this constantly, for everyone, editing our experiences to make them understandable, plausible, palatable.

But there is something we both missed. It happens at 18.32. Just before he returns with the clipboard to test my memory.

I'm saying something. I look at the nurse and say

something. She responds by rubbing my neck. My speech is still garbled, my left hemisphere still partially numb: *Warsurnimsn.*

I didn't notice it at first. And, even then, I had to play it back several times with the volume up before I could make out what I was saying.

My eyes have widened while I'm spitting out the words. I can see myself filled with terror, disorientation. The words, I realize, make up a sentence, one I'm very familiar with, one that regularly rings inside my head. But to see myself speak it aloud is a different sensation – strange, painful, somehow revealing. I play the moment again. I watch my lips move, I hear that garbled speech, that voice that doesn't sound anything like me: *Warsurnimsn.*

I play it again, a sentence that echoes through the chambers of my life: *What's your name, son?*

A particular quirk of my seizures is that they happen only in the late afternoon. Such consistency is unusual but not unheard of. Each person's condition has its own character, its own shadings of personality. Mine leaves me free to spend my mornings in peace; I have learned to forestall my dread until lunchtime approaches.

I rise early and take to the streets. I buy a coffee and a bagel with cream cheese from a deli on Forsyth Street and I sit on a bench at the Hester Street playground and feel the pulse of the city and am reminded of everything that I have, until this point, taken for granted. The pallor of familiarity is scrubbed away. Something as ordinary as the hues of brickwork on a school building has the capacity to ignite my nervous system in the same way that it did when I used to sit in a concert hall and listen to an orchestra. The phrase *a symphony of colour* is no longer a cliché for me.

I'm told that this is a side effect of my condition, an aberration in my mental functioning. I still can't reconcile myself to this assessment. No one emerging from a concert hall is told that what they have experienced is merely a combination of instrument and notation. I wonder if colour is always this resonant and that I've just been too insulated ever to realize it.

I sit on a park bench and drink my coffee and eat my bagel and look at a group of elderly people work through the incremental motions of their Tai Chi routine. It's become the focal point of my day. Their movements are so simple and yet enacted with such reverence. Many of them have hands that are obviously arthritic: their fingers stick out at odd angles. And they have difficulty keeping their limbs steady; there's a perceptible shake in their arms as they trace their circles in the air. Still, their concentration doesn't wear on their faces. They are – there's no other word for it – filled with grace. Even when stationary, they give the impression of movement.

And there's joy there too, there's nothing pious about these people. After the Tai Chi, they use the public Citi Bikes as exercise machines. While the bikes are clamped in the docking station, they climb aboard and work the pedals, waving to people on the street, chattering amongst themselves, ringing the bells on their handlebars.

I think about death of course, sitting on that park bench, sipping my coffee. I think about it even more since the Wada test. Its presence looms near now. Of course I'm afraid, but these past months have shown me the possibility of something beyond. I'm not talking about heaven, some palace with white clouds with choirs of angels waiting for my arrival. I'm talking about how we view the world, our need for – our obsession with – order and categorization, how smug and petty we are in our assumed knowledge, our intellectual justifications, our claims of expertise.

It's clear to me now that our insistence upon an objective sense of time – constant, linear, utterly indifferent to how we spend our days – is at the very least naive. Time isn't mechanical, this much is obvious. I'm beginning to appreciate the subjective nature of it, how it arrives and departs in waves, a constant exchange of accumulation and dissipation. And so it stands to reason that the more deeply we are affected by a moment, the greater the accumulation of experience. A season, a day, a morning, can carry such density that it can outweigh a decade, two decades; it can imbalance an entire life.

Dissolving the imposed limits of the ticking clock brings a feeling of intense liberation that carries forward into every other aspect of my senses, and so the lines between myself and everything around me, animate or inanimate, frequently dissolve, or become engulfed by a feeling of unity. I can't express this sensation through words. To do so contradicts the experience; it imposes definition upon something that is, in its most natural state, indefinable. Lao Tsu writes: *The name that can be named is not the eternal name.* This makes complete sense to me. If you can put a name to God, it can't be God that you're referring to. Maybe Einstein got closest to it. He used to call the creator the *Old One*. I like it; it has a clear ring to it. If there is something, some entity, beyond all that surrounds us, it is certainly old, and it is probably one.

The Ancient Greeks called epilepsy the *Sacred Disease*. They believed that sufferers were cursed by one of the gods. The accompanying symptoms would point towards which god was offended. For example, if a patient's cry

resembled a horse's scream, it was suggested that Poseidon – the father of horses – was inflicting his wrath. The notion of divinity's link to epilepsy didn't end with the Greeks. Méric Casaubon, a French scholar from the seventeenth century, wrote about a baker who had been brutally beaten by his master and began having seizures. These took the form of ecstasies in which he claimed not to have been on his bed – as onlookers would have him believe – but to have been carried away by angels and entered paradise, where he was welcomed by his dead relatives.

Joan of Arc, another figure from history who was probably epileptic, described her visions at her trial for heresy. A voice came to her daily, always to her right, accompanied by a light.

Dostoyevsky thought of his condition as a possible vehicle for transcendence. *As soon as the normal earthly state of the organism is disturbed, the possibility of another world begins to appear. And as the illness increases, so do the contacts with the other world.*

Perhaps all of these are just examples of our trying to will something into being, sifting through a burnt-out building for signs of an arsonist.

After the park, I go to a market on Elizabeth Street to buy food for my day. It looks like a small butcher's shop from the outside but stretches back a whole block. Inside, the exiting customers pass their receipts to a man in a white coat and red baseball cap who checks them against their purchases. Behind the meat counters, roast

ducks hang from metal hooks, their heads twisted towards the door, as though they're trying to make eye contact with the man taking the receipts.

It's quiet there in the mornings. There's no urgency to anyone's demands, no music blasting from hidden speakers. It's another land to me, and I'm enthralled by the place. I walk through, making my purchases, stopping and staring into the display cabinets, and gazing at marinated jellyfish – half the size of my fist, textured and barnacled like loofahs – and at the enmeshments of grey shrimp on beds of crushed ice. There are always white crates on the floor around the fish counters, and I stand over them and peer in to see large hefty frogs staring back up at me, morosely. They pile on top of one another, shifting their hind legs for comfort, and I keep waiting in vain for one of them to blink. In other crates, thin white eels move as slowly and steadily as a twig on a lake.

In the afternoons, I stay here in my room and wait for the storm. Most of my movements are confined to a line between my bed and my chair and desk in the cupola. All of the furniture has foam taped around the edges, and the floor is covered in rubber matting.

It might sound like a sorry state, but I'm not lonely. There are people who come in and out of my days. I've become a curiosity in the area. People greet me on the street, say my name. A community organization sends a musician to visit people in their apartments on Wednesday mornings. Often, other neighbours sit in on these sessions, and by now I have an open invitation to

come along. When I do, I try to be as unobtrusive as possible. I stand at the back and listen and look at the joy in their faces that the music ignites, the tender nostalgia that can wrap itself around the exile.

Mr Chunyan, in the apartment below mine, keeps showing me his workout routine. I pay attention. The man deserves respect: he's eighty-five, and several times a day he skips up and down four flights of stairs to the street. I've been given a panic button that I'm supposed to press when I feel a seizure coming on. It's connected to a speaker in Mr Chunyan's apartment. I rarely use it, though. After the first couple of times, when I woke to see the distress on his face, I decided it wasn't worth it. He's earned his peace; he doesn't need to be burdened by the afflictions of a stranger who is decades his junior.

Instead, when a seizure has passed, I often make my way down the stairs to visit him and drink some tea. He doesn't speak much English, but it doesn't really matter, as we often communicate by gesture. He offers me oranges and tells me to rub my knees at every opportunity, get the blood flowing within them. Hing, my unofficial nurse, told me that Mr Chunyan worked in a restaurant in Jersey City until he was well into his seventies. His wife left him four years ago. He explained to his neighbours that one day she just decided to go back to Hong Kong. No one buys this version of events. For three years he was unhappy, and then he shook it off with the callisthenics routine that he does in the park every morning and shows me every time he answers the door. I like