



BACOPA

LITERARY REVIEW

WRITERS ALLIANCE OF GAINESVILLE

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Preview from the print journal.

Singultus

Ann Kathryn Kelly



I hiccupped and slid into the booth beside Shelly.

"I'm late. Sorry."

I wiggled out of my down coat. It was March, slushy, with a bite in the air. Colleagues Tina and Shelly joined me every Thursday for happy hour.

"We got chicken nachos, they should be out any minute," Shelly said.

I hiccupped again and she rubbed my back. "You alright?"

I'd drawn in a big breath. Holding it, I turned to her and nodded. I pointed to Shelly's pint glass when our server approached. Exhaled. "The same, please."

Our server dropped a coaster. "Comin' right up."

I hiccupped again.

"You sure beer's the answer?" Tina asked, eyebrow raised.

A hiccup is a spasm of the diaphragm; a quick, involuntary inhalation, a pause in airflow, a catch in the throat as the epiglottis closes. A resulting short, sharp sound.

Hic!

They're not often cause for concern. Many of us take in too much air when talking, some of us drink or eat too fast, and who doesn't suffer from belly bloat at times, especially around the holidays?

The etymology can be traced to the 1500s. Even earlier medieval spellings include *hickop*, *hicket*, and *hyckock*.

The French spell it *hoquet*, the Danes, *hikke*, the Swedes, *hicka*. It's *hick* in Low German, *hipo* in Spanish, *hikuk* in Persian, and *hikka* in Bengali. The Italians? *Singhiozza*. Proof that everything not only tastes but sounds better in Italian.

Used in a sentence, hiccup can describe a minor interruption, a company's financial performance, a car's reliability.

Examples:

Beth is convinced it's a mere hiccup in the young couple's marriage. Nevertheless, she's thrilled to have her daughter home.

There's been a hiccup in this quarter's earnings.

The car engine hiccupped, but wouldn't start.

Hiccup is a wonderful example of onomatopoeia. *Achoo*, *ahem*, *belch*, *buzz*, *fizz*, *glug*, *hum*, *pop*, *purr*, *squish*, *zap*.

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Among the folk remedies suggested to try stopping them:

Hold your breath.

Pinch your nose.

Breathe into a paper bag.

Swallow a teaspoon of sugar.

Pull your tongue.

Rub your eyeballs.

Bite into a lemon.

Drink from the far side of a glass.

Scare the person hiccupping.

Tina heaped nachos onto her plate and scooped guacamole from a plastic cup. "You'll never guess what happened the other night." She shoveled a forkful, chewed, and raised her thumb. "Mmmm!" she nodded.

Twenty minutes into our night, I was still hiccupping. I flagged our server again. "Can I get some water?"

Shelly waited for Tina to stop chewing. "What happened?"

Tina stabbed a piece of chicken. "I was in the parking garage getting my keys out of my bag when some guy came out from behind a car. He was coming straight at me, not saying anything, just walking fast."

Shelly's eyes widened. "What'd you do?"

“I wasn’t sure if I should get in my car and lock it, yell at this guy, or call someone. I was still figuring it out when he jumped the hood!”

Our server returned with my water as I stifled hiccups. Shelly put her fork down as Tina waved us closer. We bent our heads over the plate of nachos.

“He grabbed me,” she whispered, “and said ...” She locked me into her stare and stretched the silence.

“Boo!” she yelled, banging her fist on the table.

Shelly shot upright, her back hitting the padded booth. A hiccup seized in my throat, my heart thrumming. Tina burst out laughing.

“What the hell is wrong with you?” Shelly massaged her heart. “People are staring.”

Tina grinned. “It worked, didn’t it?”

The medical term for hiccups is *singultus*. Those lasting minutes are common and *transient*. Those lasting hours, even a day or two, are less common and *persistent*. Those lasting more than a month are uncommon, highly distressing, and *intractable*. Intractable hiccupping can cause exhaustion, dehydration, weight loss, acid reflux, irregular heartbeat, depression.

When are hiccups serious?

When it might be gastroesophageal reflux.

When it might be related to bowel or gallbladder diseases.

When it might be pancreatitis.

When it might be hepatic metastasis, a fancy term for liver cancer.

When it’s a side effect from chest or stomach surgery.

When waste products accumulate in the blood from kidney malfunction (uremia).

When it might be alcoholism.

When a brain tumor interferes with the breathing center.

“Nonstop hiccupping,” the surgeon explained, “can be a clinical sign of a disorder affecting the brain stem.”

I sat across the desk that June afternoon, studying this doctor, trying to block out his words. My brother, Sean, sat beside me. The March evening with my friends in the pub was the start of what would become an almost daily occurrence; sometimes in thirty-minute increments, sometimes for hours.

My brother, eighteen months older, was chauffeur, medical transcriptionist, therapist, head cheerleader, and sponge in the room as we cycled through hospitals that summer. It started with a CT scan. From there, an MRI. Soon after, I was referred to a specialist.

I was forty, unmarried, without children. Sean and I lived within ten minutes of each other. Running interference for me, as the baby in the family, was something he’d been doing all his life along with brothers Pat and Tom.

As we listened to the surgeon, Tina’s garage story popped into my mind. I needed her there to bang her fist on his desk. Tell him to stop this. Now.

Drugs listed to treat intractable hiccups include:

Chlorpromazine, an antipsychotic. Used to treat schizophrenia, bipolar disorder, severe behavioral problems in children, nausea, vomiting, anxiety, symptoms of tetanus—and, intractable hiccupping.

Baclofen, a gamma-aminobutyric acid agonist. Used to treat spastic movement disorders—spinal cord injury, cerebral palsy, multiple sclerosis—and, intractable hiccupping.

Gabapentin, an anticonvulsant. Used to treat seizures, anxiety, insomnia, hot flashes, alcohol withdrawal, as a mood stabilizer in bipolar disorder—and, intractable hiccupping.

“You have a neurovascular disease, a cavernous angioma,” the surgeon said.

He explained a cavernous angioma can resemble a raspberry. Affected vascular walls become thinner, weaker, bulge out in clusters, fill with blood. After each bleed, he continued, the cavernous angioma flattens out. Over months, sometimes years, it refills, resembling again a raspberry cluster that will rupture, flatten, fill. Rupture, flatten, fill.

Rupture, flatten, fill.

The brain stem, we learned, controls breathing and heartbeat. At just three inches long and an inch-and-a-half wide, it resembles a human thumb. In the weeks following my diagnosis I’d ruminate on the strangest things, like how most of the shoes in my closet had heels higher than the length of my brain stem.

The brain stem coordinates yawning, swallowing, coughing. Vision and hearing. Facial movements. Balance and body coordination. It manages pain sensitivity, alertness, awareness. It was a part of my anatomy I never considered, and one I would never again take for granted.

“Based on your scan,” the surgeon said, “I believe your angioma has a high likelihood of hemorrhaging again.”

My mind raced. *Good Christ*. A squeezing sensation, hot and twisting, wrapped around my stomach.

“When?”

“Maybe a year, eighteen months. Maybe only six.”

“Can this kill me?”

He paused. “It’s the repeated bleeds over time that add up. Each hemorrhage compounds symptoms and can lead to stroke-like deficits.” He glanced at Sean before looking at me again. “With an aggressive angioma like yours, I strongly advise you to consider a craniotomy.”

Shave my hair, slice my head open, and start poking around? I visualized Dr. Frankenstein bending over his table. Me, on it.

“But if I do nothing, will this kill me?”

He studied me from across his desk. “We don’t want to let this continue.”

The squeezing stole my breath. A white-hot flush raced like a thermometer up my neck and into my face. Sensing how his answer affected me, he forced a note of optimism.

“Image-guided surgery has made removal safer.”

It wasn't only hiccupping that had led me to that exam room. I yawned in unstoppable stretches. I'd been dry heaving for months, gagging upon waking. Bile, yellowish-green and slimy, burned my throat. Headaches raged, my eyebrows feeling like they'd been slammed with a mallet. Muscle weakness crept into my left side, most noticeable in my foot and ankle; in time, moving up my leg and eventually putting me into a brace.

“How many patients have you operated on who had this?” Sean asked.

“Don't worry.” He turned to address my brother. “I've seen it before and I can get it out.”

My stomach heaved. *Did that mean, regardless?*

All brain surgery patients, he pointed out, require some combination of physical, occupational, and speech therapy. Some need assistance regaining gross motor skills, sitting or walking, for example. Fine motor skills may be affected, things like grasping objects. Many, he cautioned, can develop issues with balance, speech, or swallowing.

“We set the expectation that the first year after surgery is the most critical. What you don't recover in that year may never come back.”

He stopped, his eyes softening. His back, straight as a rod, rounded as he leaned forward. In that moment, it seemed he saw me for the first time.

Does he realize his words are sharper than any scalpel?

The exam room had collapsed in on me. The ceiling and fluorescent lights seemed within inches of my head. My voice was tiny, unsure. Unlike me. “Maybe I should get a second opinion?”

He nodded. “It can't hurt, though I think you'll find most surgeons will agree. Your angioma is not going to stabilize. You've had too many bleeds, and that indicates to me it will happen again.”

He stood and extended his hand. “Talk it over with your family. If you decide on surgery, we should get it on the calendar. Sooner, not later.”

“I can’t do it,” I said to Sean in the car. “I won’t consider it.”

“Let’s get a second opinion, Annie.”

I didn’t want another opinion. I had plans, a dream safari to Kenya coming up. I’d gotten into my first home several years earlier and was rehabbing it, bringing my Victorian back to its glory. I couldn’t afford time off for surgery. There were porches to be rebuilt that summer, and insulation to be blown into walls before winter.

The surgeon told us the brain stem’s width is about the size of an American half dollar coin. When I got home that afternoon, I dug through a desk drawer. My Aunt Gloria had given me a half dollar years earlier for our nation’s bicentennial. I found the coin, tucked in the back of the drawer. I studied it, looking at President Kennedy’s image above the dates 1776-1976. I found a ruler and measured across. It was, by a hair, just under an inch-and-a-half wide. The surgeon’s words on what the brain stem controls flooded into my mind.

Breathing. Heartbeat. Consciousness.

Why do humans and mammals alike hiccup?

Scientists theorize hiccups may be a carryover from our evolutionary past. That the muscles engaged may be related to amphibian gills we had three hundred million years earlier that enabled breathing in lakes and oceans by closing the glottis and expelling water; an involuntary survival mechanism made redundant when we moved from water to land. Others suggest hiccups help unborn babies strengthen breathing muscles; that fetuses, at eight weeks, can hiccup.

It’s a question without a definitive answer.

What is known is that singultus, in Latin, loosely translated means, “to catch one’s breath while sobbing.”

There were times when deep breaths were hard to pull in, times when sobbing would have been an understandable reaction. I fought it, stoically weighing options. I agonized over what I may be left like, with surgery. I brooded on the deficits that could come, without it. An endless tug of war.

Mostly, I prayed.

I put the half dollar back into the drawer, opened a Google window, stared at my computer. Minutes passed. The cursor blinked. My hiccups punctuated the quiet.

I typed, 'Brain surgeons in Boston.'

Ann Kathryn Kelly writes from New Hampshire's Seacoast region. She's an editor with *Barren Magazine*, a columnist with *WOW! Women on Writing*, and she works in the technology sector. Ann leads writing workshops for a nonprofit that offers therapeutic arts programming to people living with brain injury. Her essays have appeared in a number of literary journals. <https://annkelly.com/>