

Disease

Conversation Pieces



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About the Aqueduct Press Conversation Pieces Series

The feminist engaged with sf is passionately interested in challenging the way things are, passionately determined to understand how everything works. It is my constant sense of our feminist-sf present as a grand conversation that enables me to trace its existence into the past and from there see its trajectory extending into our future. A genealogy for feminist sf would not constitute a chart depicting direct lineages but would offer us an ever-shifting, fluid mosaic, the individual tiles of which we will probably only ever partially access. What could be more in the spirit of feminist sf than to conceptualize a genealogy that explicitly manifests our own communities across not only space but also time?

Aqueduct's small paperback series, *Conversation Pieces*, aims to both document and facilitate the "grand conversation." The *Conversation Pieces* series presents a wide variety of texts, including short fiction (which may not always be sf and may not necessarily even be feminist), essays, speeches, manifestoes, poetry, interviews, correspondence, and group discussions. Many of the texts are reprinted material, but some are new. The grand conversation reaches at least as far back as Mary Shelley and extends, in our speculations and visions, into the continually created future. In Jonathan Goldberg's words, "To look forward to the history that will be, one must look at and retell the history that has been told." And that is what *Conversation Pieces* is all about.

L. Timmel Duchamp

Jonathan Goldberg, "The History That Will Be" in Louise Fradenburg and Carla Freccero, eds., *Premodern Sexualities* (New York and London: Routledge, 1996)

Conversation Pieces
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Disease

by
Sarah Tolmie





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*This book is respectfully dedicated to front-line workers
in all professions during the COVID 19 pandemic.*

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Suffice it that the disease has been pointed out:
how it is to be cured—
God alone knows!

—Mikhail Lermontov, *A Hero of Our Time*

Preface

The purpose of this book is primarily diagnostic. As will be evident in the entries for particular diseases, comparatively little detail is given about therapies. Many of these are proprietary; some are experimental; some, given the newness of the diseases in question, are frankly speculative. This book is designed as an introductory resource for anyone facing an unfamiliar or uncomfortable set of symptoms and looking for a preliminary diagnosis. It is offered strictly as an informal guide to individuals and caregivers seeking a general sense of what is happening to them. Information has been gathered from a variety of sources, anecdotal and clinical, and has been allowed to stand largely as it was received.

In light of the gravity of these diseases—indeed, of all contemporary diseases—the one therapeutic recommendation the author presumes to offer is a respectful compassion.

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DISEASES OF ALTERITY

Estrangement

The medical literature refers to it as estrangement. In less enlightened ages it was viewed as a moral failing. Now we know it is caused by a virus. This does not prevent the estranged from being treated like pariahs much of the time. The lives of those afflicted typically culminate in failure of the autonomous nervous system, often in sleep. Where a normal sibling pair rotates sleeping hours—one conscious, one unconscious, the consciousness of the one in part regulating the sleep of the other—a person suffering estrangement has no such support. The nervous system is forced to carry the burden alone, and eventually the truncated person falls into a deep sleep and never wakes up. Sufferers are found in their beds in a state of coma and are usually allowed to expire peacefully, ending the foreshortened lives that can be nothing but a horror to them. In any event, they are almost impossible to revive from this state.

Estrangement typically begins in early adulthood. It is a slow, drawn-out process, frequently misdiagnosed as a variety of common illnesses. Initial signs are hard to read. One or the other brother, or sister—incidence seems to be about equally divided between the sexes—typically begins to complain of feelings of ennui or chronic fatigue. Symptoms may be confined to one sibling, may manifest in both, or may switch rapidly from one to the other. Psychiatric signs worsen, often registering as acute depression; feelings of imminent doom are commonly

reported. The moment at which the disease is most commonly recognized is the so-called acute phase, which manifests as a proto-suicidal aggression. Uncontrolled rage at the attached sibling, violent outbursts of physical and verbal fighting, and substance abuse verging on self-poisoning are typical of this stage. It resembles a second puberty, that developmental phase in which sibling anger and rivalry are universal. Just as in the ubiquitous confrontations of teens, adults in the acute phase have been known to grab the umbilicus and squeeze until one or both siblings faint or suffer vascular damage. It is not unheard of for siblings even to stab or sever the umbilicus, leading to joint death from blood loss.

The final phase is atrophy of the umbilicus itself. This is usually not rapid—if it were it would kill one sibling or the other, or both, because blood and spinal fluid need time to seal off. Typically this phase lasts from 8 or 9 months to a year. The most difficult element of this terminal phase consists of the sudden return to their former closeness that most pairs experience. Many will display an exaggerated and morbid form of the sibling bond. They may spend much of this final time holding hands, even in sleep, and otherwise maintaining a physical proximity atypical for most adults. The normal care of the umbilicus—washing, lubricating and so on—becomes a matter of obsessive attention. Both siblings spend much time handling, massaging, and frequently measuring the dwindling umbilicus. Most become xenophobic at this point and shun all other society. Consequently behavior at and around the moment of break is poorly documented. One final fact is demonstrable, however. Once the bloodless umbilicus has cracked and

fallen away, leaving only a raised, round scar at the base of each spine, the last thing either sibling can tolerate, ever again, is the sight of the other. They are estranged.

The case of Beverley and Constance L. is typical in some respects, with the notable exception that Constance is one of the few siblings who has survived estrangement by more than 5 years. Her recovery has been greatly aided by the efforts of her wife Martha, founder of the Estrangement Foundation (EF), whose tireless efforts both in personal support and in advocacy for her condition are well known. The following summary is drawn from her testimony in a series of inquiries that were conducted subsequent to the death of Beverley L., who died in her sleep 18 months after umbilical separation. Beverley's husband Harrison was party to these proceedings but has never spoken about the matter publicly. These materials were later to form the basis of the popular book *Estrangement: The Journey*, written by Martha for the Foundation and containing a foreword and afterword by her estranged wife.

Constance/Beverley L.

The sisters Constance and Beverley were unusually close. Throughout childhood and their teenage years they shared many interests and had an overlapping friend group. Far from maintaining the social distance that many of us require from the friends and acquaintances of our attached siblings, they were always capable of maintaining cross-umbilical relationships. In fact, both sisters married members of a close mutual friend group, all of whom had known each other from elementary

school, Beverley becoming the marriage partner of Harrison B. (umbilical sibling of Randall B.) and Constance of Martha H. (umbilical sibling of Genevieve H.). The cordiality of the mutual pairs was universally remarked upon. In addition to these signs of familial respect, Beverley and Constance had the relatively rare ability to co-ordinate circadian rhythms, such that both could be either asleep or awake at the same time for considerable periods. Martha was known to say jokingly that while this placed some strain on marital intimacy, it also meant that they were able to attend university lectures at the same time, which saved them a lot of money. Both went into health professions: Beverley as a dental hygienist and Constance as an x-ray technician. They jointly purchased a suburban home and lived comfortably with their spouses and umbilical connections.

Both siblings began to show signs of irritability and chronic fatigue at the age of 27. This is admittedly a late onset for estrangement. Doctors have speculated that earlier signs were occluded by the unusual strength of their sibling bond. However this may be, within a year they were fighting verbally and physically both with one another, and, for the first time, with their siblings' marriage partners and umbilical siblings. "It was appalling," Martha has said. Harrison was forced to leave the family house. Martha stayed with the pair until almost the very end of the process, trying to mediate between them. She was several times hospitalized for stress and Beverley for alcohol poisoning. As Constance and Beverley's umbilicus thinned, they returned to a desperate closeness, ignoring all other parties around them. When it became clear that breakage was imminent, they forced Martha

and all other persons, attached or unattached, from the room. “So, no, I didn’t see it,” Martha is on record as saying. However, she came into the room minutes later to find both siblings unconscious and the wasted umbilicus lying on the floor between them. This horrific sight nearly caused her to lose consciousness herself, but fortunately not only was she able to call emergency services, she was even able to conduct CPR on Beverley, who was failing. Seeing the sisters into—grotesquely—two separate ambulances, she accompanied them to the hospital. Martha never saw Beverley again. The two sisters were unable to tolerate each other at all when they woke up. Nor could they be in the same room as their estranged siblings’ partners or connections. It was a complete break. Any social contact, even by phone or video, led to trembling, hyperventilation, and vomiting. The estranged Beverley moved back in with Harrison and lived out the remainder of her life under his vigilant care. He could not save her. Her circulatory system had been fatally compromised. Constance went on to make a surprisingly full recovery, though she remains frail and unable to work. Martha blames her lingering social reticence primarily on the stigma associated with her condition.

Scavenging

There are actually people who will move in to others' old houses. They are commonly known as *scavengers*. Many present as normal people you might pass in the street. They tend to live in out-of-the-way areas with no near neighbors, so that no one will notice their perversion. Sometimes they will impersonate the previous owner of a house for a time, or even permanently; scavengers are amongst those most commonly prosecuted for identity theft.

The medical community is divided as to whether scavenging is a disorder or merely a colossal lack of delicacy. Consensus is clear, at least, that serial scavenging—moving from one left-over house to another, often at an accelerating rate, sometimes once or twice a year—is compulsive. The simple facts that houses are spun out of the blood and bodily fluids of other people, that they are the products of years of others' labor and are the fundamental expressions of lives not their own make no natural impression on scavengers. Instead of respectfully allowing the regular processes of decay and reclamation that ought to overtake old homes once their makers have died or moved on, scavengers immediately move in and try to stop them. On rare occasions, they have been known to intimidate the true occupants of houses to make them leave, or even—bizarrely—to offer to buy them. These instances are clearly sociopathic.

Experts who have interviewed scavengers have noted signs of identity deficiency: they tend to make unhealthy identifications with aspects of the stolen houses—such as their shape, location, size, or color—and in so doing demonstrate dangerous dependence on the identities of the original owners. Psychiatrists have called this *extruded personality borrowing*; it is one of the chief markers of the disease among those who favor a clinical diagnosis. The following recent case has been much in the public eye and has gone some way to bolstering the clinical interpretation. The name used is a pseudonym.

Philip M.

Philip M., who is also associated with the aliases Turquoise, Austere, and Susan, had spun up a first house by the age of 18, as is typical. His false starts and primary shells were perhaps slightly more numerous than usual. His house was located at a considerable distance from any family members or friends, and in an inaccessible location far out on a peninsula. He had to travel a long distance to school and work. One day at the age of 20, failing to show up for either of these, his parents went to look for him and, to their shock, found his house abandoned. Two years later he was found living under the name Susan in another seaside house several hours away. The original owner of this house, a handsome one still in good repair, had been named Susan. She had died 16 months previously, apparently of natural causes. Philip had gone to considerable lengths to impersonate the deceased Susan, imitating her wardrobe, social pursuits, and household habits. He had also stolen her legal

identity, as became evident through examination of tax documents. For this he was eventually prosecuted. He refused utterly to return to his own house, mystifying everyone. Acquaintances had assumed that his was the kind of brief gender experiment that overtakes many people at about that age. "He'll settle down," said his mother. "After all, it's a lovely house. Right by the sea." But Philip did not settle down. He said that his house repelled him. Soon afterward he went missing again.

A painful decade followed, during which period Philip was discovered, by his parents or by the authorities, dwelling in no fewer than 10 different houses, none of which were naturally his own. Two he had purchased, by coercive means. The owner of a fine coastal property was forced out at gunpoint, to be found in a state of anxious collapse 2 days later in a parking lot. The other houses Philip had occupied after the decease or migration of their original creators. He was jailed several more times. His psychiatric file became ever more dense. Finally, on parole, the suffering Philip was found camping on a beach on the west coast, ostensibly living in a house he had found there. However, police were unable to determine if a house had ever stood on the premises. If so, they said, it had reached such a perfect state of environmental reclamation that almost no traces were visible. Philip was carried away by a police person and a social worker, alternately screaming and weeping, clutching at handfuls of pink sand.

HAPAX LEGOMENA*

*The following are idiopathies consisting, thus far, of a single case.

Butterscotch

I had a friend who was addicted to butterscotch pudding. No, really: physically addicted. It had something to do with tartrazine. By the time she was 14 she could not get through a day without it. It began in a moment of weakness on her mother's part, at her tenth birthday party. Soon after she was asking for it all the time. She would binge on it dangerously. If deprived of it she would become acutely ill: pale, nauseated, feverish, manic, like a diabetic in a sugar crisis. But her blood sugar was fine. They tried substituting other kinds of pudding, mousse, Jello, yogurt, but nothing worked. If she did not get one single-serving supermarket container of butterscotch pudding per day, branded or generic, she grew unmanageably sick.

This addiction cut into her life considerably. For example, she had to bring three 6-packs of it on her honeymoon at a rather high-end wine country hotel. She felt that this lowered the tone and lived in fear the whole time of its being discovered as it reposed in their en suite fridge along with champagne, truffles, and hand-smoked bacon. Her husband did not help matters by suggesting various topical uses for it, none of which amused her. She had only two spare.

That marriage never took.

Foreign travel was a serious challenge. She discovered in France that *crème caramel* would not do. Nor did the rice custards in Portugal. Not enough tartrazine. She

had to carry packages of it everywhere; it was heavy, perishable, and embarrassing. Liquid restrictions in airports became a nightmare. Her purse was littered with a detritus of plastic spoons. Finally she discovered the answer: one or two companies still produced it in powdered form. Thereafter she thought she was safe. She was, however, subsequently arrested in North Africa and held for 2 days, creating a brief vogue for butterscotch pudding among the state interrogators, on suspicion of smuggling narcotics. This was not exactly the case, as she finally managed to explain.

Her success in negotiating herself out of the North African situation led naturally to her becoming a war correspondent. From that point onward she was to be found in many terrifying parts of the world, usually in company with military personnel, all of them quite used to powdered food. She learned to take it straight, without milk. She could just knock it back. It always impressed them.

One day she'd end up an astronaut, she said.

Tachylogophobia

Jean suffers from *tachylogophobia*: fear of speeding words. This is a more common malady than you might imagine. It is something a lot of us notice in ourselves on highways, that faint panicky feeling as random syllables and names rush toward us. It's also fairly common to be assailed by feelings of deep loathing at the sight of the reversed lettering on ambulance signs. Mirror writing, in clinical studies, has been shown to create almost as much stress as sirens.

In Jean's case, her disease has had a serious effect on her eyesight. In the early stages of development, especially while driving—and latterly on the bus, after she had given up driving—she was hypersensitive to words, or fragments of words, that would appear suddenly in her peripheral vision, on vehicles and road signs. Her instinct was to turn toward these words with tremendous rapidity, meaning that her head was constantly jerking back and forth, producing an embarrassing spastic effect that led to neck cramps and ultimately damage to the cervical spine.

Then, in order to mediate this effect, she rigidly held her face frontally, fixing her gaze entirely out through the front windshield of the buses she was now obliged to travel in. Thus she could clearly see any words approaching. A graver problem soon arose, however, in that her eyes would seize on some hyperkinetic word—the word “golf,” let us say, on an approaching van—and refuse to

relinquish it, causing her eyeballs to rotate unnaturally in her head. This extreme lateral rotation—*swerving*, in clinical terms—has caused so much capillary breakage that her sclera is now permanently discolored and she suffers from chronic eye pain and severe headaches.

Fear of this suffering has led to a series of phobias about travel and public places. She cannot take the subway for fear of the news-tickers on platforms, which have several times caused her to crash into walls. She has to go to movies late and leave early to avoid any rolling credits. She works from home and writes only on a manual typewriter, or in longhand. While her phobias are avoidance behaviors, it is important to realize that the underlying pathology of tachylogophobia is one of addiction: it is a form of *hyperliteracy*. The patient is compelled to read the words, at whatever velocity, less due to an abiding fear of missing crucial information than one of not being able to exercise the act of reading. It is an existential disorder.

Jean, who is a horse enthusiast, has come up with a new optical prosthetic with the help of her optometrist—a recent graduate and go-getter, they have just applied for a patent—in the form of a pair of customizable black plastic blinkers. These she wears like earphones; they completely block her peripheral vision and allow her to go about her daily business. Her ingenuity is commendable and may prove to be of lasting value to her fellow sufferers. The blinkers, used in conjunction with certain techniques of mindfulness and gaze control, have enabled her to lead an almost normal life.

Carborundum

Two years ago, Owen realized that he was made of glass. He got a bad mosquito bite on his left forearm. After he had scratched and scratched and bled a little, he noticed a weird color coming up. Once the swelling went down and he'd scraped and dug away a bit more, he realized it was a cool transparence, silvery, like ice. Glass. At first this was hard to determine because he was seeing his capillaries and tiny muscle fibers underneath: red and white. By then he had cleared away an area about the size of a quarter. At certain angles, especially in low light, he could see that the surface was clear, slightly blue-tinted.

The patch reflected light in the dark like a cat's eye. So much for sneaking up on people at night. (Not that this was a habit of his.) Though in principle, he thought, shouldn't it act like camouflage—in urban streetscapes, say, surrounded by glass windows? Only if he were naked, of course. He'd have to move to Miami. And getting all that skin off would be a gruesome chore.

Owen had always wanted a tattoo, but he'd always feared it would hurt. He wasn't a cutter or a masochist. He decided to take things slowly. In 6 months he had the whole left arm clear, wrist to shoulder. Not the hand. He left it covered and wore long sleeves to work. His boss was conservative. He found it increasingly creepy-looking, though, as if he were wearing a skin glove.

After a year, he found he was fed up with his skin in general. His pain tolerance had risen appreciably. He

bought a rasp. He crushed up a lot of aspirin. Anything to get that shit off fast. He took a lot of painkillers. He was afraid he'd get addicted, but any port in a storm.

He got addicted. He bought a lens-grinding kit, the kind used by opticians. Old-fashioned ones, anyway. It was fantastic, a series of rotating heads with interchangeable surfaces: carborundum, emery, leather, felt. Not only could it be used to abrade off skin—though the friction sometimes caused a burning smell that was frankly disgusting—but he could use it on the glass afterward, smoothing out scratches, buffing it up to a fine polish. The leather-felt combination was terrific for this. He could get a real mirror shine.

He quit his office job and became an exotic dancer. He was hardly Magic Mike, but nobody had what he had. People assumed it was body paint. As long as he moved robotically, everyone thought it was a sci-fi act. He called himself Carborundum. He refused to pole dance in order to avoid cracks. Managers just assumed he was a temperamental *artiste*.

Finally there was nothing left to go but his face and his dick. He was looking forward to neither. His painkiller thing had tapered off, but he had a good supply left and figured he could get through it. He just wasn't sure about the order: which should be the last skin on his body? The last bit of dermis he shared with the rest of the human world?

He took off his face. The effect was dramatic. You could see his skull quite clearly. All those kids with their spooky tattooed skull faces were instantly outclassed. His penis remained a sticking point. Who wants to be fucked by a glass dick? On the other hand, it looked ri-

diculous—like he was wearing a sock on it all the time. It had to go.

He used the last of his hoarded painkillers and did it. It was bad. But then he was perfect—no skin, no body hair; just the scalp was still there. He had always been vain of his hair. Likely it wouldn't last, he realized. Not enough circulation. A lot of his skin latterly had just sloughed off, fighting a losing battle.

He was right: within a month his scalp gave up the ghost. The whole thing just came off in his hand one day, like a wig. He still has it; he keeps it in a drawer like a relic of the wild west. After that, perfect glass from head to toe, he was really able to up his game. Now he is one of the most famous strippers in the world. Carborundum's *Glass in Glass*—his variation on a famous routine by Dita Von Tees—is a classic of the new burlesque and one of the most googled videos of all time. He plays huge shows in Vegas and has appeared with Cirque de Soleil.

He doesn't do pole or trapeze or silks or any of that. He's too breakable. But he does great things with steam and water and fantastic tricks with mirrors. There's one he does where he invites someone up from the audience to write on him with a finger after he's walked through a cloud of steam. It brings the house down every time. No-one can figure out how he does it.

He carries a lot of insurance, but beyond that he doesn't worry about it. All people are breakable. Somebody doors you when you're on your bike—bang, you're dead. One idiot runs the light—bang, you're dead. People die falling down stairs. Bricks fall on them from job sites. Whatever. We're hardly men of steel. But glass, now, if you take care of it, glass can last a long time.