

# DIAGNOSIS

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To Ruth, with love, on our forty-first wedding anniversary  
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“Ed, I have breast cancer,” she blurted out as I said “Hi” into the phone on the nightstand. She came right home and we cuddled in bed as we have every night for two-thirds of our lives. We are silent and scared. How do we get on with our lives?

Our lives weren’t supposed to be that way; *I* was the one who expected to die of cancer, and to die young. My mother died of breast cancer before age 50, when I was a teenager, so I never expected to reach my fiftieth birthday—my death would imitate my mother’s. Ruth, on the on the other hand, had some heart problems, so we assumed that indemnified her against anything else serious.

Ruth had just spoken to the surgeon who had done a biopsy: her right breast was riddled with cancerous tissue. Unbelievable. Only days before, that surgeon had reassured her that the subtle change in shape that she perceived in the breast was just a product of an aging body—at 59 she shouldn’t expect to look like when she was younger. Moreover, a compliant patient extraordinaire, Ruth had had annual mammograms for many years; her last mammogram, just a few months prior, showed no disease, nor did the new mammogram nor ultrasound nor MRI the doctor ordered when Ruth kept insisting that something was wrong. When the skeptical surgeon suggested a biopsy to verify what he already knew—that she was a healthy hypochondriac—she readily agreed. The devastating report came the next day: all six randomly chosen spots in the breast were cancerous. A bone scan the following day showed a metastasis in her skull.

There is little comfort to be had at such times. A small piece of good fortune was that our four adult daughters, three sons-in-law, and eight grandchildren were in town with us, visiting for a stone-laying for my mother-in-law, who had died two months earlier of heart disease at age 87—further proof that that was to be Ruth’s fate. Our children and grandchildren are, under any circumstances, the joy of our lives, but that week their presence was more important than ever. A small voice saying “I love you, grandma” along with a hug

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and a kiss is a miraculous tonic. And our friends were marvelous—for months meals were delivered so we wouldn't have the daily worry of shopping or food preparation.

Such comforts are palliative and cannot stave off the pattern of a cancer patient's trajectory: Craniectomy. Mastectomy (which Ruth had to fight to get because that same surgeon now thought things had progressed beyond the point where it made sense). Breast reconstruction. Second, third, and fourth opinions about further treatment. Genetic testing. Changing oncologists from an empathetic, feel-good-give-me-a-hug, community doctor to an affable but no-nonsense, distinguished specialist. Chemotherapy. Radiation. Exhaustion. Hair loss. Severe allergic reactions to various drugs. Neuropathy. Blood tests and Zometa infusions every six weeks. Painful, bruised extremities from the IVs. Scans every twelve weeks. Hours each month in the oncology waiting room, where if you weren't depressed beforehand, you sure were after watching people in even worse shape. Implant exchange and excision of scar tissue from the radiation. Rehab therapy. And the dread, the agonizing that comes with every cough, headache, or minor pain; anything could be a sign of a new metastasis. The dread that arrives like clockwork every few months when the scans are repeated and we wait to hear the report from the oncologist who, understanding our angst, replies quickly by email, giving us a temporary reprieve, this time.

My father likened the situation after my mother's diagnosis, mastectomy, and radiation therapy to knowing that there is a man with a gun hiding in your bedroom closet. He *will* come out and shoot you, but you don't know when. So you wait, in terror. Will this set of scans bring the inevitable bad news?

I really miss my father now. Although he outlived my mother by almost forty years, he died before Ruth's diagnosis, so I could not ask him how he had managed with that awful worry, crippling medical bills, and simultaneously coped with raising two teenage boys. My wise, patient father, always a source of sage advice and strength, was no longer around to counsel me.

How had he done it? My father's not here to answer that question, but I think I have an inkling: as a professor, he had a flexibility of schedule that is nearly unheard of among the gainfully employed. He used that flexibility to be with my mother most of the hours of the day—staying home with her, spending time in the hospital with her during her extensive time there, accompanying her to medical appointments. I didn't understand that at the time, but I do now. He did the laundry and the shopping, ran the household errands, and did some cooking.

We have it much easier than my father and mother did. Our children are independent adults with their own lives. Cancer treatment has improved beyond measure in the last fifty years. Our medical insurance is superb, covering everything with only an occasional snag. We can cope far, far better than the average family.

Moreover, I'm a professor, too (so are my brothers—it's the family business), so I have the same flexibility in my schedule that my father had. Like my father, I've used that flexibility to be with Ruth at every turn: through surgeries and their recoveries, of course, but also at nearly every visit to the doctors—oncologists, general surgeons, plastic surgeons, radiologists, gastroenterologists, gynecologists, dermatologists. I drive her to the appointments; I sit

quietly in the examining room, listening while Ruth, so observant, articulate, knowledgeable, and compliant, discusses her case with the doctor. My role there is to hold the scan results, lab reports, and prescriptions, once in a blue moon asking a question or reminding Ruth of an issue she intended to raise.

What do the doctors think of me sitting there mute, performing no function other than taking up space; actually, I don't care what they think, as long as they accept my presence, but I do wonder. I'm naive medically and not too interested in such matters, so unlike Ruth, who is a former biochemist, I can't converse with the doctors using their jargon. And my memory of the details of Ruth's medical history is sketchy, so I add nothing to the dialog. But that's the way my father was too, and I know my mother valued his presence deeply. I hope my presence helps Ruth.

Like my father, I do the laundry, the shopping, and the household errands. But my idea of cooking is brewing coffee and making PBJs; left to my own devices I'd have cheese and crackers for lunch and corn flakes for supper (my precise diet in grad school, except when Ruth would visit and fill my freezer with all sorts of home cooked, ready-to-heat meals). Which brings up my recurring nightmare: how could I manage without Ruth? When I shop, she gives me a list—on my own I would have no need for ingredients: no flour, beans, onions, meat, oil; just peanut butter, jam, crackers, bread. Without Ruth, what would I do with the cabinet full of spices, rice, canned tomatoes, or the other staples in the pantry of a working kitchen? The mixer, food processor, pots, and pans would be vestigial. I would have no use for the stove, the crock pot, the pasta maker, or mixing bowls.

It's been two and half years since that phone call, a difficult time that has taught me to cherish every minute with Ruth. She and I have always spent lots of time together. We met as undergraduates in 1966 through Operation Match (computer dating, in those days?!, exclaim people who hear about it now), dated with intensity, and married as young graduate students. More days than not for four decades we've not only eaten breakfast and dinner together, but we've met for lunch and for afternoon coffee; it has been rare for more than a few waking hours to go by without seeing or speaking to each other. Now, frequent email punctuates even those hours, binding us ever more closely together.

Fifteen thousand nights of snuggling in bed are not enough. We want to grow old together, to put our false teeth together in a glass when we get into bed at night, as Burt Reynolds suggested to Jill Claybaugh in the 1979 movie *Starting Over*, one of our myriad of shared memories. We lie snuggling in bed at night, as we have for decades. Waiting for the closet door to open.