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I had just turned eighteen. Eighteen! That seemed so old, older than I felt. Somehow I have never felt quite caught up with my birthdays. It was spring and fresh and exciting. And scary, too, because it was my last spring at home, and I would be going away to college in the fall.

On this spring night I was working Station One instead of the unit I usually worked. Even so, I knew what to do, what was expected of me, and how to coax a recalcitrant child/adult into obeying. I knew Janet who was working the hall with me. She had taught me how to knit slippers and we were good friends. I was proud to be on an equal, first-name basis with an adult.

We finished passing the supper trays and, for a few minutes, had little to do except try to look busy when the nurse in charge passed. Soon she went to eat her own supper and we had the floor to ourselves. We couldn't sit still too long, though, since we had twenty-five patients, most of whom required total care, to put to bed.

This nursing home was designated a "skilled care facility" for the benefit of the insurance people, and that meant that any patients receiving federal aid were supposed to require something more complicated than simple custodial care. Private patients, of course, were accepted with no qualifications other than the ability to pay the \$10,000 or so a year that round-the-clock nursing care costs. What it meant for us was a lot of work for which we were poorly trained.

A little before seven, Janet and I started down the hall. We usually began working at the far end and worked our way toward the desk. It was going to be a difficult night. Two patients were quite sick. Both had recently been transferred from the unit I was used to working, so I knew them well.

Donna was a large woman with chunky, smooth white skin that seemed as if it belonged to someone younger. Her chart said she had brain damage. She lay totally passive, uncaring, unmoving. She was able to respond to our questions, but would never speak unless spoken to. From time to time she would

repeat the words, "Marge... Marge..." It was never a question or a call; her voice was completely expressionless. Donna was dying and her hope was too far away for her to shape her words into a demand. Her youth, her excitement, her pride were gone, and she knew it. Who was Marge? Donna might have been able to tell me, but I never thought to ask. The senility, childishness, and inability of the patients to express a coherent idea was a subtle, pervasive thing, never said but completely taken for granted.

Across the hall lay Emma MacGregor. Emma was a skinny, tall woman with sharp fingernails. She was unconscious with pneumonia. I had watched earlier as the nurse tried to get her to drink some water. Her gaunt, grey face lay still against the pillow and her mouth didn't move as the liquid ran out past her thin lips and down her chin. Her body heaved with each rasping breath; the scraping breath-noise filled the room.

Watching her, motionless but still noisily alive, I remembered an evening six months before. I was working on the unit Emma had been transferred from. It was late, 10:00.

In the world of the very old or very young, it is late. There is a sense of quiet, of stillness, even of homeyness-- a rare moment of intimacy in the institution. The work is nearly done, we are tired and ready for the next shift to come so that we can go home.

We enter a dark room quietly, not wanting to disturb the peacefulness. We stop a moment at the first bed. "Emma... Emma..." The thin face does not move. Earlier that day it had twisted with anger, panic, and incomprehension as we had tried to undress her. She had screeched and clawed at me as I had lifted her. To keep her from falling, I had had to hold onto her until I could push her into a chair. She had ripped at my legs and run my stocking.

Now she is calm, though not asleep. Her face is sharply defined, defying the anonymity of age. Her wrinkled skin is still soft and her white hair waves gently. She is very beautiful.

Her eyes are focused on the ceiling. She looks at it intently. Her words are clear. "Velvet birds! Look at the velvet birds."

We speak to her again. "Hello, Emma."

She turns to us in the shadowy room. She smiles a little. Now she looks at something on the floor. "Hello, Cookie," she says. "There, the spaniel wants something to eat. Give Cookie something to eat. Oh, why won't you give Cookie something to eat?"

There is no doubt that the birds are real, that the spaniel is real. They are as real as we are. They are as real, as alive, as Emma.

I was remembering her beauty as I entered the room this time. Janet was working farther down the hall. There was a certain pride we took in caring for patients who were "really" sick. Most of our care was simple physical labor, dressing and undressing, lifting, cleaning, feeding, so I always felt a little excited when I could pretend to be a "real nurse."

Emma was very light. I turned her easily from side to side in the bed as I began changing her sweat-soaked gown and wet sheets and taking her temperature. Emma was lying on her side, her gown half on, her bed half changed, and a thermometer in her rectum when I noticed the silence in the room.

I looked at her. Her face was grey; was it greyer than before? I couldn't tell. I looked at her chest. It was still. I lifted her wrist, tried to find her pulse. There was nothing. I felt a growing excitement. I had never seen anyone dead before. She certainly seemed to be dead. Somewhere I felt I ought to be feeling--something. I wasn't quite sure what, but isn't that what people do? I mean, I had never seen anyone dead before. And now here I was, lifting and moving a dead lady. Even taking her temperature.

I went to get Janet. I said, "Janet, come in here quick. I think Emma's dead."

"You've got to be kidding," she said. We went to look at her together, tried to find her pulse. I removed the thermometer. Her temperature was normal. Janet and I smiled at each other uneasily, both embarrassed.

"We'd better go find Mrs. Robins. But let's not tell her right in front of everybody. We'll just tell her we need her to come right away," Janet said.

"I'll go," I said quickly. I was pleased with my calmness.

"Nothing doing. I'm coming too. I don't want to stay here by myself," Janet said. We both laughed, a little self-consciously. We walked quickly down the hall, looking efficient. Why did we hurry? It was too late to help Emma. I guess that was the way they did it in the movies.

We stopped at the staff dining room. "Mrs. Robins, could you come out here a minute?" In our hurry, Janet and I both said it together. She came. Quickly, calmly, efficiently, we told her we thought Emma was dead.

"Oh, no," she said. "Have you tried to find her pulse?"

"Of course. There's no pulse," we answered.

"Let's go see her," Mrs. Robins said.

Mrs. Robins was a part-time LPN. She had had perhaps a year and a half of nursing training and worked one evening a week. She was letting this rattle her, and we could see it. We felt a little disdain for her lack of professionalism.

Nursing in a nursing home is not hard. Like the aides' work, it is mostly repetition. Any of the aides could probably learn it in a few weeks and, in fact, contrary to the state law, many of them did pass out medicines to patients. There was always the possibility of an "emergency" but I have never seen anyone running there. Usually people are just dead or they're not, and if they're almost dead it's considered just as well not to play hero. It's sensible, really--the patients have little worth rescuing.

Robins got the stethoscope and we went down to Emma. She had no heartbeat. A senior aide told the nurse what forms to fill out and who to call. We started giving Emma post-mortem care. Most of the aides from the floor were there, trying to look helpful; everybody wanted to get in on the action. We washed Emma quickly, dressed her in a clean gown, and rolled her back and forth as we changed the sheets. We arranged her hands across her chest and tried unsuccessfully to close her eyes. Looking at her now, I could see without question that she was dead. People look very dead when they're

dead. The morticians arrange them with make-up, combs and careful dressing, and then maybe they look "asleep" or "so peaceful." But when they've just died they just look dead. I suddenly understood how the myths of the soul leaving the body got started. Looking at this old woman, I almost believed them myself. She was absolutely still, absolutely motionless. Whatever had given her life, even as sick as she had been, was gone.

We had her washed, dressed in a clean gown and lying in fresh sheets in a few minutes. The other aides drifted back to their halls; the coroner soon arrived for Emma. For her, it was the end, but Janet and I still had a hall of patients to put to bed. There was no climax, no last touching moments, no sad farewells; somehow I felt there ought to be (isn't that the way it's done?). But Bertha kicked me in the stomach while I was putting her to bed and Donna, who was to die a few days later, threw up all over me twice. We finished the work--there was no one else to do it. Janet and I took this in stride and were proud that we didn't get emotional about it. We punched out at 11:00 that night feeling only that pride--perhaps I should call it smugness--and total exhaustion.

Mary Fry