

In The Kingdom Of The Blind, The One-Eyed Man Is . . .

Deaf or Blind? I speak for myself: *Deaf*. I eat the world with my eyes. You? I don't want to read with my fingers. My son dreaded his high school wrestling matches with the School of the Deaf and Blind. The kids attending that school and choosing to wrestle were tough. My son was better if he drew a deaf wrestler but beside himself if his opponent were blind. How to pin a blind kid to win and how not to pin a blind kid to lose?

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Central retinal vein occlusion (CRVO) is a blockage of the main vein in the retina. The blockage causes the walls of the vein to leak blood and excess fluid into the retina. When this fluid collects in the macula (the area of the retina responsible for central vision), vision blurs.

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I was in Key West with my wife when a vein near my retina clogged. The pain was decisive. It was also temporary. The effect on my vision, however, was not. If I shut the right eye, the world distorted. I couldn't read with the right eye shut, the letters on the page narrowing like squiggled heads on thin necks: a Modigliani painting.

Ellen and I headed north to Fort Lauderdale and the Rand Eye Institute to which we'd been granted an emergency appointment. As we were completing preliminary paperwork and questionnaire, I walked a man with a balled-up shirt pressed to his eye (also the left). There was ample blood. The man was squat and solid—Guatemalan, I guessed—black thick hair coated in drywall dust. The little man was trying to explain himself in a moaning Spanish. His translator, we guessed, was the construction site's white foreman. We were near enough the reception desk to gather that the Hispanic worker had somehow been shot in the eye with a pneumatic nail gun.

"Nail in the eye?"

"It is," said the foreman.

"Still?" asked the nurse.

"I don't know how deep." Then: "He won't uncover."

"Length?"

The foreman gauged the nail's length with his thumb and forefinger. He showed an inch or so, give or take.

When the nurse asked could the man remove the shirt from the eye, this request was translated until the man said "No." He said he would reveal the damaged eye when he could see a doctor with his undamaged one. He pointed out that he wanted a *man* doctor, an *hombre*, *El Doctor*. The nurse then asked the foreman to escort the worker and to follow her. Ellen and I exchanged looks. We almost stood and left.

My eye examination felt trivial and I honestly admitted to no pain. The right eye had already begun its work of compensation. Dr. Rand, himself, explained that an occluded retina will sometimes resolve itself and that with luck this could be my case. Rand then excused himself to check on his colleague and the foreign man with the nailed eye.

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Eight years pass as I wait for my eye's conceivable resolution.

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The retina—the layer of light-sensitive cells at the back of the eye—is nourished by blood flow, which provides nutrients and oxygen that nerve cells need. When there is blockage in the veins (age, cholesterol, hypertension, diabetes) into the retina, retinal vein occlusion will generally occur.

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Finally, I arrange for an appointment with a retina man in my own town in Colorado:

"We've had some success with a protocol of injections."

"Injection?"

"Injection."

"Needle in the eye?"

"Yes. Needle."

"Any clue about the fruitfulness of my imagination?"

"Maybe."

"Fucking fruitful."

"We could do this now," the doctor says, ignoring, consulting computer-generated photos. In an attempt to involve me in his process, he keeps pointing to areas on the screen. "We can do this now," he repeats.

I raise my hands to prevent violation of my re-valued personal space. "I need to circle my brain around this."

"This?"

"This shit. Eyes. Needles. That *this*."

The doctor shrugs, consults the record. "Eight years," he says. "What's a couple of weeks?" Before I leave, Dr. Williamson wants me to know he has performed the procedure on children as young as five years old, and that the week previous he'd treated a patient whose age was 107. I cast him a look and almost quote from *Catch-22* when Yossarian complains to Clevinger that "*They're* trying to kill him." "*No one* is trying to kill you," Clevinger informs. "Then why are they shooting at me?" Yossarian asks. "They're shooting at *everyone*," Clevinger answers, "They're trying to kill *everyone*." "And what difference does that make?" Yossarian asks. It was what I was thinking, but I spare the retina man my reference.

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You know the story . . . Desiring to thwart the prophecy that his child would grow up to murder him and marry his wife, King Laius pins Oedipus's feet together and leaves him to perish on a mountainside. Found by kind-hearted shepherds and raised by another King and Queen in a different city, Oedipus learns of the prophecy, and believes he is fated to murder King Polybus and marry Queen Merope, and so leaves Corinth. On his way to Thebes, Oedipus encounters Laius and slays him, Laius being nothing to Oedipus but a quarrelsome stranger at a crossroads. Solving the Sphinx's riddle (who, inexplicably but fortunately, kills herself), Oedipus frees Thebes, wins the throne of the murdered king and the hand in marriage of the king's widow, Oedipus's own mother, Jocasta. In time all is revealed, and Jocasta hangs herself. Oedipus, discovering her body, unclasps a brooch from his mother's gown, to stab himself in not one but both eyes.

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I steer clear of Retina Consultants of Southern Colorado until Dr. Williamson's assistant calls: "Dr. Williamson is asking for you to come in."

"For what?"

"He told me to tell you 'for a consult.' "

I concede.

Prior to "consulting" with Dr. Williamson both my eyes are dilated twice and I'm lVed with a dye that the nurse hopes doesn't make me feel too itchy.

"My eyes, you mean?"

"No, your body," she says, "your throat. Your breathing." She then situates me in front of a machine that tracks the passage of dye through the veins of both retinas. When another nurse arrives to

accompany me to Williamson's exam room, the first nurse says, "So don't be surprised when you urinate."

"What does that mean?"

"It means your stream will appear more colorful than you are used to."

"Colorful?"

"Yes."

Before Williamson shows, the nurse re-dilates both eyes and tells me to keep them shut.

I don't open my eyes when I hear the doctor enter. I do, though, when he reclines the chair so that my feet rise above my head. He then empties what he tells me later is a small bottle of Lidocaine—the anesthesia that dentists use. But this is not a dentist's needle; it is a bottle, and he pours it into my eye before he attaches a cold metal contraption he says will prop the eye open without effort on my part.

"Why is that?" I ask.

"Because we're doing this now," he says, sliding the needle in.

I'll say this: It was over before I knew it. Williamson then smeared Vaseline-like gel into the eye. Now it was viewing Modigliani's world as seen through a frozen cube of sediment and water. As for the surprise attack, I had apparently signed a release on the first visit as I sat waiting for the doctor, eyes wide.

"Check with the receptionist on the way out. We generally have to repeat the procedure, you know?"

I said *No. I didn't know.*

I had little business driving home, what with the blinded eye and the other so dilated that even squinting through polarized sunglasses hurt. As advised, I did take Tylenol when I got home and lay on my back with my eyes closed. When the greasy smear dissipated, I could see the black hole the needle had made, a needle as thin as an antiseptic hair. It wasn't until the next morning that the eye stopped aching. It was, after all, microscopic as it was, an invasion. I was unable to not think of the Guatemalan dealing with the carpenter's nail, a question, no doubt, of morphine, regimes of antibiotics, medically induced comas, etc. I decided that I'd survive.

Six weeks or so passed before my next appointment. It was the same business, dilation, dye, reclined chair, Lidocaine, the Spanish Inquisition apparatus propping wide the eye. This time, though, I knew the needle was coming and turned my head when the doctor struck. There was more pain at that instant than I had felt the first time when I was surprised and still. There was more pain later, too, the black hole enlarged. With the third visit scheduled in six weeks, I resolved to do my best to be still for the next injection, which came and went.

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Although Sigmund Freud chose the term Oedipus complex to describe a son's feeling of love toward his mother and jealousy toward his father, these were not emotions that motivated Oedipus' actions or determined his character in any ancient version of his story. What led to Oedipus' self-inflicted blinding, in my interpretations, was bad luck, timing, and a misunderstanding of himself, an un-seeing. Not so, my Greek scholar friend informs. Oedipus had no choice in the matter. He was destined by Fate, all ordered before his birth. When the Gods dictate your future, your only effect on the outcome is to accept it reluctantly or enthusiastically, which in the end is no choice at all. All to say: When a nail gun is pointed your way, whether it fires intentionally or accidentally makes no difference. What you have is a nail in the eye.

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It is time to report that over the course of the three injections, my vision improved. My world view had moved from Modigliani to more of a Greco. I knew instinctively that I was never going to get to Mondrian, and that short of perfect would have to do, a notion the doctor confirmed while saying we

might need a fourth or a fifth injection. By the time the fourth scheduled visit arrived, the Retina Consultants Group had moved to new digs: a place palatial and jammed with old people who couldn't see. I became suddenly too aware of too many eye patches and dark glasses. A lot of bad posture, too—people staring at the floor as if looking for what? blind mice? near-sighted squirrels? matched socks? I prepared my speech for Williamson. "Look," I practiced. "I didn't expect perfection. I didn't even before you confirmed it wouldn't occur. I'm ready to fold and to collect my winnings. Not in the mood, Doc. I'm through." My speech prepared, I was shuffled through the new set of rooms and equipment. It was the usual, but in a larger and a better appointed setting. Dilation, dye, filming, et al.

I meant to inform you earlier about my reaction to the dye and the nurse's warning. She'd told me the urine would be yellow.

"Yellow?"

"You'll see."

My urine appeared radioactive. The brightest yellow you'll never see, not even on the best painted Japanese car.

By the time I was seated in the big chair in Williamson's exam room, I was more than ready: *My eye, Doc. Finis.*

The doctor entered the room with copies of my eye's photos in hand. "These look good," he said. "Ready to call it quits?"

"What? You sure?"

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I collected *Classic Comics*. A favorite had to do with Odysseus and the Cyclops. I was informing my father about this race of one-eyed giants who raised giant sheep and ate people. I went on to explain how the clever Odysseus set afire a sharpened timber with which he and his surviving mates then managed to impale the drunken Cyclops' single eye. My father's response was to the point: *a problem with your only eye? not much of a backup there*. It was something to think about. I fell asleep that night, grateful for my double options: dual hands, dual feet, dual ears, dual eyes, nuts, knees, ankles, wrists, elbows, shoulders. . .

My father had a damaged left eye, catching, as he did, at a young age, a flying woodchip in his father's wood yard. It was this impaired vision that kept him out of World War II. Without that handicap, he would have joined the Navy with his best friend Sidney. Just as other friends and brothers, they had connived to be assigned to and board the same ship. When Sidney died at Pearl Harbor, it would have been more than four years before my birth.

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