

For a while, thoughts and music stayed within my mind. A change in blood pressure medication seemed to be the answer. But then the music came again, from my brain to my ears. And when it did, it would stay, and my life would never be the same again.

One day in August, while riding BART home, I realized I had a mild headache. It had been gently throbbing the day before and the day before that. This might be the fourth day, but it was so subtle, I hadn't counted. The train stopped at the Rockridge station and I got off, away from a loud cell phone conversation, but the passenger's voice stayed in my ears, volume unchanged.

Though I didn't pass out, I was frightened and confused. I kept the incident to myself, foolishly hoping to avoid my wife's sage advice and a likely detour to the hospital. In recent months, a general practitioner and a cardiologist had listened to my descriptions of bizarre audio hallucinations and had offered no comment, instead adjusting blood pressure medications and studying my heart's functioning. Blackouts and high-speed crashes were the immediate concerns of me and the doctors. I never doubted my sanity.

Several days after the cell phone experience, the Procol Harum-like symphony interrupted my shave with violins. Against better judgment, I went out to work, concerned about my productivity on a new job. (My boss's first question to a young attorney who had been in a car crash was, "Can you get to the deposition?")

But the loud music continued for hours after it began, competing for attention with the medical reports of herniated discs and injured psyches, which lay on my desk. None of my coworkers appeared to hear the swelling string section, and I finally had to admit that something scary was going on. Looking back, my best coping strategy was to find comfort in the fact that these latest hallucinations weren't followed by blackouts.

Musical hallucinations are extremely rare outside the realm of psychiatry, but seizures and headaches are high on a neurological checklist for tumors. A doctor suggested further testing.

The technician at the Pill Hill imaging facility positioned me for the sled ride into the shiny MRI drum. When the neurologist held the images to the X-ray view box, there appeared, inside my skull in the left temporal lobe, to be a golf ball.

The object had originated in my head, a primary brain tumor—which has less chance of being cancerous than those that originate elsewhere and migrate to the brain. Of an estimated 39,550 cases of primary brain tumors in 2002, 17,000 were malignant.

"It has to be removed," the neurologist told me. I might experience some short-term memory loss and speech deficits, he added. This was due to the tumor's left temporal location, the area of the brain which controls those functions.

The neurosurgeon who would lift my skull and touch my brain exuded confidence but appeared young enough to date my 20-year-old daughter. Upon questioning, he claimed to have performed over 50 craniotomies with tumor removals. I would "definitely" experience speech problems following surgery, he said.

It took a few days for the worries to set in, then the disease and its consequences dominated my thoughts. I was, at that time, in the habit of taking daily lunchtime walks along the San Leandro Creek and the wetlands restoration area which brought me out to the bay, not far from the Coliseum. Lean white egrets, gulls, and squirrels with white rings circling their necks helped calm troubling thoughts. I coached myself: I wouldn't die. The anesthesiologist would use the right mix of his chemicals. The surgeon would get all of the tumor. I was certain of that, somehow. But I needed my job. I couldn't take a deposition if I misplaced or forgot too many words.

My sister Lynn arrived from Ann Arbor two days before surgery and that evening my family went out to our favorite restaurant in Chinatown. Afterward, we couldn't pass up the little store whose walls were lined with clear plastic bins of candy, and I had two scoops of fychee ice cream. The evening had an eerie feeling of celebration that comes on the eve of uncertain, life-changing events.

The next day, following the three-hour operation, I came out of my anesthetized fog and read the surgeon's finely detailed three-page report and experienced what had actually taken place. His hand, guided by images loaded from that morning's CAT scan, cut skin, then skull, with thin sideward moving blades of a strange saw whose long, thin arm resembled a dentist's drill. Metal prongs, like IKEA salad tongs, elevated the skull along a curved flap which extended from the middle of my forehead, rising high up the skull and falling, with a jagged cut, to the earlobe. As the surgeon prepared to remove the tumor, gently detaching it from its mooring to the Sylvian fissure—the horizontal crease which bisects the brain—he snipped a small specimen to be frozen for study.

"The tumor then came out as a whole," the surgeon reported. "There was a small amount of residual tumor encapsulated, left anterior, which was then peeled off and removed, until normal white matter could be appreciated."

The jargon was cold, clinical, real. Salad tongs and an ice-cream scooper took their place in my imaginary scenario, better than the frightening real-life tools that had probed my hinged skull.

After surgery, the surgeon spoke with my wife Debbi and my sister. Within the massive swelling he had seen tissue laced with dead cells. He told them that the tumor appeared malignant—cancerous—and that he had gotten all of it, but he did not believe it would stay away. It would be a long time before I learned of this conversation:

While still in post-op, my left hand searched above the left ear, found nothing changed there, then the other hand found the coolness of a row of metal that ran down numbly on the right. The earlier MRI films had been mislabeled, confusing right for left, misleading two physicians in their advice to me to expect speech and memory problems. In the mirror, I now saw two symmetrical eyes, the left opening fully since pressure from the optic nerve was released.

My recovery went well, the headache and pain were gone, and a few days later I was wheeled out of the hospital, into the sunlight. It was a relief to be home with my wife and children, to sleep through the night without needle surprises. To be done with it. That was what I thought; it was over. He got the whole tumor, just as his report stated. It was that simple. It hurt

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when the neurosurgeon removed the remaining deeply anchored staples from the side of my head days later. He suggested I undergo radiation and chemotherapy, with some technical talk that never touched on "cancer." Debbi listened, giving no emotional hint of the ominous message this young man had delivered after closing my skull.

"The most important thing," she recalled him saying, months later, when I gently probed, "is that he get better from this operation." So she had hidden her tears and I remained blissfully ignorant.

Thirty-six years earlier, upon reading my draft notice, it never entered my mind that I might be killed in Vietnam. Throughout my life, naïveté, or perhaps some subconscious trick—certainly not courage—spared me from what should have been well-founded fears.

I was back at work 11 days after being discharged from the hospital. I assumed the worst was over, but other people questioned my health and the possible darkness that loomed. My boss asked to see a pathology report, a request that didn't seem odd given that coworkers had assumed some major responsibilities on my behalf. He noted that the Stanford report cited "large atypical cells." "What does that mean?" he asked. I didn't know.