

## AN ENLARGED HEART

*Near the ocean, a child falls ill.*

By Cynthia Zarin August 11, 2003

*It was August, and we were at the beach. All winter we dreamed of the house.* Illustration by R. Gregory Christie

It began with a cough. Her brother had a cough. And, after all, what was a cough? They had all had them. In winter, they passed them around like sweets. Enough coughing meant no school. Although sometimes we sent them off anyway—risking a call from the school nurse, who only half the time would be convinced by our pleading that it was nothing—so that a few more hours might elapse before the apartment filled with their books and the paper wrappers from their snacks.

But now it was August, and we were at the beach. All winter we dreamed of the house, with its blue floors, the tiny periscope hole in the roof, the red chairs, the rickety porch with its view of the bay. The children turned brown. It was hot. The sea was flat. At low tide, a little pool appeared, and a sandbar, and she, the youngest at three, stood on tiptoe in the water, screeching when an inch-high wave hit. “I think the water’s actually cold,” she ran to tell us. “No, I think it’s actually warm.” We sat by the edge in our low beach chairs, the same chairs that used to embarrass us when our parents brought them to the beach. Why do we have so much stuff? we would ask them, eager to be free of it all, of the towels and swimsuits and bottles of juice and fruit, imagining ourselves alone on an empty stretch of beach, naked, with a rucksack. Now we’re the ones who unload the car and carry the heaviest bags.

She’s so little we let her run naked, even though we have learned that turning brown is bad. We are careless, self-indulgent, to let her do it. By late afternoon, the sun has slipped behind the enormous high dunes, and blue shadows lap at the water. When she comes up from the edge, she is shivering. Her older sisters and brother and their friends are far out in the waves, on their boogie boards and surfboards, unidentifiable in their black wetsuits. We keep track by counting. One, two, three, four, five, six. Is that Anna? We ask each other. Do you see Nick? There’s Rose. “Come in now!

Come in!” we scream at them, our arms making huge pinwheels so they will pay attention. It is easy for them to pretend they don’t see us.

During the night, she coughs on and off, and wakes once. The wind on the bluff pounds the house. In the morning, it is hot and blue again. We get to the beach after lunch, but the sun is still high. From the top of the dune, shielding our eyes, we look for the cluster of bright umbrellas that mark the colony of our friends. They hail us. The older children jump like seals into the waves and swim out to their pals. She stays by the edge. Today, there is another child her age, but she’s cranky and won’t play. It’s too much sun, she didn’t sleep, we explain to the other child’s parents, chagrined. Secretly, we’re annoyed: why won’t she just play nicely? The younger children are fooling around with the surfboard, and she wants to try. A wave rears up suddenly, a dragon, foaming at the mouth, she’s hurled underwater and onto the sand. Everyone races to help. How can we have allowed this to happen? This is appalling! She is young, much too young for these high jinks. She comes up sputtering. What kind of parents are we? Until someone else makes a mistake, our reputation is shaken.

That night, she wakes up every hour coughing. The cough catches her throat, grips it, then lets go. We give her some children’s medicine to make her sleep. At some point, I lie down beside her in her bed, and when I wake up it is morning.

The day is blustery and cool. On and off, we feel her forehead. Tonight is a friend’s birthday, and we will be nine people for dinner. The middle children go next door to babysit for the younger ones. She sleeps upstairs through the noise. When everyone has left, she wakes up, coughing. When I put my arms around her, she begins to vomit. Get a bucket, I say to the nearest child. They know the drill. We’ve been through this countless times, with one or the other of them. We have been awakened by children standing by the side of the bed with bloodied noses, by a decade of earaches. But now—and we don’t know why—we are frightened. She vomits again and again into the bucket, taking rasping breaths. Her forehead is warm but not hot. Her arms flail, and she isn’t focussing.

We do not have a telephone. The cell phone works only if you walk a quarter mile down Corn Hill to the public-beach parking lot. There are no all-night drugstores. This is why we come here. We like it. We are against the plans for the new Stop & Shop in this small Cape Cod village.

Get Anne, I say. One of the children, white-faced, returns from next door with Anne, who left the table only twenty minutes ago. While we are nonchalant about our children, Anne's father was a doctor in rural South Africa, and knowing more—knowing what can happen—she is careful. When she peers into the bed, she agrees right away that something is wrong: the child looks odd. Her breathing is coming in shudders. Someone remembers that Giulia's grandmother, down the way, has a telephone. No doctor at the Health Services, in Provincetown, is on call for summer residents; we must call the Rescue Squad. We worry that we are being ridiculous, but we call. "What's the worst thing that could happen?" Anne asks. "That you don't need them?" Her father goes out into the dark to wait for the Rescue Squad.

The van comes in five minutes, red lights flashing. Her temperature is 100.1; her vital signs are normal. If we are worried, we can take her to the hospital in Hyannis, an hour away.

We decide to wait until morning. In the kitchen, she sits on my lap in one of the red chairs. Because we have run out of medicine and not replaced it during the day—another sign of our foolhardiness, our nonchalance—even though it is too late, we call our friends up the road, Luke and Emily, the parents of our children's friends, and they arrive by car in what seems like an instant, bottle in hand. I take off my vomit-covered sweater. She throws up, just a little, on my shirt. But she is smiling, at Emily, who is looking at her with great tenderness, saying, Poor baby.

The next morning, while the other children sleep, we take her in the station wagon to the health clinic in Provincetown. The waiting room, streaming with light, is almost empty. Two emaciated men sit next to each other on the wall facing the parking lot. There are no appointments until later in the day, but the nurse, after looking at me, comes out to the parking lot to have a look at her. Immediately, there is an appointment. The nurses are beautiful and tall. This is Provincetown, and I wonder briefly if they are transvestites. The doctor's lovely mild face is perplexed. It looks like a virus. Her fever is 101.2. We are to alternate Tylenol and Motrin every three hours. Her skin is dry to the touch.

At home, she is hungry and wants lunch. She eats ramen noodles, and throws up. The older children wake up, eat breakfast, and are taken to the beach with the surfboards and boogie boards, their horrible pink juice, their box of Goldfish. Her fever disappears.

She wants to play Wiffle ball on the strip of sand on top of our dune. After playing for ten minutes, she goes inside and sleeps with her blanket on the couch. That night, she vomits twice. In the morning, she gets into our bed and, turning her head, vomits directly into my hair. She is hot again. On her back there are a few scattered red marks, as if a bird had walked along the short length of her spine. We call her doctor in New York. He is away, taking his child to college. We speak to another doctor, his partner. He says, Take her back to Provincetown.

Now at the clinic we are treated as old friends. "Hello, hello," they say.

One of the tall and beautiful nurses takes her blood pressure. The doctor arrives. Her temperature is 102.4. When she coughs, she takes a moment to catch her breath. Her breathing is shallow, and she is whimpering. The doctor decides to take a blood count: maybe there is an infection we can't see?

The blood test shows nothing. Her white-blood-cell count is normal. The doctor examines her again. The rash on her back has spread to her stomach: small red dots just under her skin, from sternum to groin. But by now she has an infection in her left ear. This is good: there is something to do. New York is called, and agrees with the doctor's recommendation: a massive shot of antibiotics, called Ceftriaxone. It may also attack any bacterial infection that may be lurking. That day's notes say, "Case assumed by Dr. Lazarus in New York," followed by the phone number of the pediatrician's West End Avenue office. The antibiotics will be injected into the muscle of her thigh. Her father leaves the room. Hold her legs down, I'm told. I hold her small legs. Are her eyes red? It's hard to tell. She is crying. When we leave the clinic, we are both given get-well stickers. One for Mommy, the nurse says.

In the car back to Truro, past the long sweep of dunes where the Pilgrims first found fresh water, I think: Scarlet fever. Malaria. Diphtheria. Smallpox. Scurvy. Leeches. Flu? My aunt and my father had polio when they were children. My grandparents closed up their house in Brooklyn and moved to a hotel near the hospital. When we get home, she lies on the couch with her blanket. It's a rainy day, and the hill is full of children. Anna, Lev, and Joseph take turns reading to her. The Wolf eats Grandma; the Troll bellows from under the bridge. She smiles, on and off, eats a few Goldfish crackers. Her four-year-old friend Adam goes in and out of the house cheerily, checking in. I count up in my head. Taking our children together, we have thirty-eight years of child-rearing experience. If you include our friends who drop by and stand over the couch like figures in a nineteenth-century print, "The Invalid,"

the number lurches up to a hundred and thirty-three. The consensus is: something's wrong with this child. And our friends are not keeping their own children away: the unspoken feeling is that, whatever this is, it isn't contagious. Later I will think, How did we know?

For supper, we have corn from the farm stand, cherrystones and grilled tuna for the grownups, and hamburgers for the children. She eats nothing. Asleep in our bed at the back of the house, she wakes every half hour and throws up. She asks for water, but it comes right back up. In the morning, she begins vomiting long streaks of bright-green bile. When I change her soiled pajamas, which should be soaked because her skin is hot but are not, the rash has melted together into an angry range of welts across her trunk and back.

It is raining again. In the parking lot down the hill, I am on the cell phone to New York. For the first time, I lose my temper when talking to a doctor's office. Told "The doctor will call you back," I begin to scream into the phone that, no, he will not call me back, you will get him, now. I know this is a bad idea. After a long time, the receptionist comes back to the phone. All the doctors are with patients. By now, I am crying. I tell her that we have been patients in this practice for a decade, that I've never made such a phone call before, that I know exactly what is going on in the office—there are two kids with ear infections and five kids waiting for school checkups—and she is to get someone right now. Dr. Lazarus comes to the phone.

**W**e return to Provincetown. It sounds to New York that she's lost so much fluid she may need to be hydrated. How will Provincetown know? They'll look at her, they'll know. When we get there, they call an ambulance.

Inside the ambulance, it's our old friends from the Rescue Squad. Should we have taken her to the hospital on Tuesday? They check her vital signs. This includes pressing her finger until the flesh under the nail turns white, and counting how long it takes for it to flush pink again. It takes too long. She's not getting enough oxygen. Or maybe just enough. Just enough isn't O.K. I'm given a choice: either she can hold—or I can hold—a green bear that will breathe pure oxygen into her face or an oxygen mask will be put on over her face. I choose the green bear.

I'm crouched next to the car seat, on the floor of the ambulance. The green bear starts to work. The technician has a last name—Silva—that's common in Provincetown. Is she a local girl? "You bet I am," she says. "When I was in high

school, I couldn't date—everyone was my cousin.” She has two kids. Last weekend, the two town ambulances made fourteen trips, a record. Looking down at my own child on the stretcher, I notice two things: the whites of her eyes are bright red, and the fingers on both hands look scorched, as if somewhere along the way she's burned herself.

In the emergency room, the technicians slide her onto a bed. Goodbye, goodbye. I am alone. Her father has followed the ambulance in the station wagon. When he explained in Provincetown that he wanted to do this, it became immediately clear that he meant that literally: behind the ambulance, at ambulance speed. He was dissuaded. So he has driven, at a moderately reasonable pace, on the highway, but he's not here yet. A covey of nurses has gathered around her, and they insert an I.V. into her left hand. She is screaming. Then the E.R. doctor comes in. He is a man my own age called Nate Rudman—a familiar name. Do I know him? I knew a Seth Rudman in high school, I know a poet called Mark Rudman. Nate comes up blank. No. She is calming down on the bed. By now I am quite sure I know what is wrong: the little boy next door in New York had been exposed to Cocksackie disease, a minor, irritating childhood malady. Before we left, it was going around the neighborhood. I am very busy being sure. I am relieved: the proof is her inflamed hands. I inform the doctor, Nate Rudman, that she has Cocksackie disease, but he pays no attention to me.

He is gone from the room. The nurses flutter like pigeons. He returns. I tell him again about the boy next door with Cocksackie. No, he says. She does not have Cocksackie. His exact words are: She doesn't have Cocksackie disease. She has Kawasaki disease. It will take two weeks before I can say this properly. Excuse me? This disease, he says, is the primary cause of acquired, potentially fatal, coronary aneurysms in young children.

The blue room turns green. I am standing by the side of the bed. The bed has a bar. I hold on to it. A chair materializes. I sit down on it. Once, when I was a girl, I dove down from a high bank covered with damp moss into a deep lake and my mind went blank in the black cold water. I surface now into the brightly lit room. Before she was born, before we decided to have a child together—she is the first child of our marriage, and the only one—I thought of this. I thought, We are too happy, we are asking the evil eye to come among us. Kenaharah, my grandmother would say, if we were too much praised. Don't shine too much light or the Devil will see. The Devil is like a moth—he is attracted to light. When the children are admired, I

instinctively deflect it. Pretty is as pretty does, I say. Stop reading twigs in the forest, you idiot Russian, my oldest friend laughs at me. But now it has come to pass.

The doctor, my new friend, my enemy, the bringer of bad news, says, You need to go to Boston, immediately. He has called Children's Hospital in Boston; we can wait if we like for a confirmation of the diagnosis, but he is sure. Can you stick out your tongue for me, baby, he says to her, tiny in the bed. Her tongue is the bright-red color of blood. See, he says to me. See?

I lie down next to her. A nurse puts the bar up behind me, so I don't fall out. Now we are both patients. The doctor is speaking to me, and I listen carefully, because I know this is a test. It is the first of a score of explanations we will be given over the next days and weeks, but I don't know that yet. As I listen, I think, This is what growing old is. We think we will learn Sanskrit, learn Greek. Instead, what we learn is more than we ever wanted to know about things we wish we'd never heard of. I think only, You cannot fall apart.

"Kawasaki disease," Dr. Rudman, a total stranger, says, "was discovered by a Japanese doctor. No one knows what causes it; it may be an autoimmune disease that reacts to staphylococcus bacteria. If it is not treated early, within the first ten days, twenty per cent of patients, primarily children between the ages of six months and five years old, will suffer heart damage. The aneurysm can be fatal. It can be easy to miss, because the symptoms often do not present themselves at once: the red eyes, the swollen hands, the fever, the rash. The symptoms can come and go."

I lie on the bed holding her hand and think, How dare he talk to me like this? Later, I will realize that he had no choice, that he had to tell me right away so that I would not argue with him, so that I would pay attention, but now I am angry. He tells me what we are going to do: Children's Hospital in Boston is the best place in the world to go; that is where we are going. Arrangements have been made. The treatment is a massive dose of intravenous immunoglobulin. She has had a fever for five days. It is the earliest that Kawasaki disease can be diagnosed. Already, the rash on her hands is fading: once it had disappeared, diagnosis would have been more difficult. In a moment, we have gone from being ravaged to being lucky. I realize it is Nate Rudman who has caught it early.

Her father arrives. When she sees him, she throws up. I wipe her face. It's the first time he has seen her on an I.V. I am an old hand now, having been here for half an

hour. There are four nurses in the room. I ask them if it would be possible for them to leave us alone for a minute. I ask him to sit down, and then I tell him.

We sit in the room together for a little while, and then he goes out to make phone calls. Our other children are scattered about; we must have someone collect them. Their grandparents live nearby. They go to our house on the hill and wait for our children to be dropped off by friends. Where are their surfboards, where are their wetsuits?

While he makes calls, I lie on the bed. She is hot but not sweating. I tell her we are going to Boston in another ambulance. Wait until you tell your brother Jack you rode in an ambulance! I say. I tell her the doctors are going to help her get better. They're hurting me, she says. When the nurse looms over us to fix the I.V., I tell her about our house, how I am a terrible housekeeper, how I am careless when I cook. I am maniacal. I tell her that I never clean properly, that I feed the children chocolate mousse made with raw eggs. She says it is not my fault, ten thousand children could be exposed to some weird thing, and only one will react with Kawasaki. Anyway, no one knows what causes it.

Of course it is my fault.

It will take an hour and fifteen minutes to get to Boston by ambulance. Behind us, cars clot the side of the road. This time the technician is young, overweight, and sweating in his uniform. He is twenty-four years old. I am told to strap myself in on the bench next to the stretcher. Instead, I crouch on the floor, beside her head. She does not let go of my hand. I remind her how when we drove up to the Cape a few weeks ago our car started to rattle, and we took it to a garage. Remember how it went up in the air, and the little man came to fix it? It was the gasket, she says, nodding solemnly. Her huge blue eyes stand out like anemones against the reddened whites. And then he fixed it and we went to Corn Hill? That's what this is like, I tell her. In the next days, we will talk about the car, and the little man, again and again. And it cost thirty-five dollars! she says with a whisper of glee.

Her hand is hot, her fingers like burning twigs. I hold on to it. I think, If this child dies, I will go mad. I think of a woman who wishes me ill, and I think, If something happens to this child, I will kill her. The technician asks me if I am all right, because I am crying. "If you act upset, you know, it can upset her," he says.

I give him a look of pure malevolence. He is right. He says, "I know how you feel."

Do you have children? I ask him.

“No, not yet.”

I tell him he is wrong.

He has a girlfriend. She works in Sandwich. He was in a car accident last year and she came every Sunday to see him. The problem is she’s always tired.

Drop her, I think. She’s twenty-three and she’s tired?

It’s dark in Boston. In the busy emergency room, the walls are yellow. The nurse is called Mike. The television set is on in the little room. She takes three bites of a turkey sandwich, and immediately vomits. Sheets are brought. I change them myself. Once, then twice. So what’s going on here? Mike asks. For the fourth time in as many hours, I recite our recent history: the fever, the rash. He nods. He pulls up her hospital gown to look at the rash, which completely covers her trunk. The rash has colonized the scrapes on her knee and on her elbow. (She fell, I think, defensively. She’s three, it happens!)

We are waiting for “the Kawasaki team,” doctors who are pediatric rheumatologists. No decisions can be made until the Kawasaki team arrives. We are lucky to be here, lucky, lucky, where there is a Kawasaki team. I call Dr. Lazarus in New York. They’ll know, he says, they’ll know. Her father comes in. He is too big to lie on the bed, so he pulls up a chair next to it. I go out to call the children. I ask each one what they would like to be doing if we were home. Rose wants to go back to Corn Hill to see her Italian friend, Giulia, who is leaving on Sunday. Jack wants to go to the flea market, Anna wants to go to the movies, to see “Blue Crush.” The phone is passed around, these things will be accomplished. Anna, the eldest, gets back on the phone. She’s talked to my sister, who is a pediatrician, who has told her the truth. She’ll be O.K., won’t she? Of course she’ll be O.K., I say.

At eleven-thirty, four hours after we arrived in the emergency room in Boston, the Kawasaki team arrives. They are friendly and handsome, a matched pair. There is no doubt, they say after examining her, that she has Kawasaki disease, but every indication is that she will be fine. I gather myself up from the bed. You can’t tell me that with absolute certainty, can you? I ask. No, they say.

Her father and I are in new territory. I need to go to the very end, to the worst possible outcome, and see where I am. He thinks this is a waste of time.

We are moved upstairs, to a room on the eighth floor. It's an all-purpose floor. Some children breathe on their own, some don't. In the room, we try to sleep but she keeps waking up. She is covered with wires. It hurts when they pull. She was a colicky baby and for three months stopped crying only when I held her. I held her. When can we go home? she asks. I am ashamed of myself even as I think it that I am angry we are missing our time at the beach. It is Friday. We can leave once she has had no fever for twenty-four hours. Before she leaves, she'll have an echocardiogram, to establish the extent of the damage. The nurse comes in every hour. Right now her temperature is 103.5.

Kawasaki disease is about time and space: it's about measurement. If the coronary arteries expand too far—the difference is in millimetres—the damage is irreversible. There are only thirty-five hundred cases a year in the United States, but it is suspected that more are undiagnosed. It's apparently not contagious. Occasionally, there are geographic clusters, three or four children from the same area, but there's no real evidence. The dose of immunoglobulin retards the expansion of the arteries, and it matters how quickly the child receives the dose. The product has to be mixed. The components are frozen, and they have to be defrosted. Her dose is ordered by the Kawasaki team at midnight, but it doesn't appear on the eighth floor until 5 A.M., because for two hours the order sat on someone's desk.

**W**e are so exhausted that, even as wretched as we are, we could probably manage to sleep, but at 3 A.M. the room is rocked with noise. It's a double room, and three feet away, beyond the curtain, someone heavy is hurling himself (herself?) against the walls of a crib. Bang, bang, bang. Then a high-pitched keening, with no words. Yelping. In the din, a woman's voice says, "Oh dear, you got up too early, didn't you, didn't you." She croons this. The banging and growling continue. Holding hands, we hide in the white bed. In this long night, we have plunged, hapless, into a fairy tale. A nurse comes in on the hour to check her vital signs. What is that noise? I ask the nurse. She shakes her head at me, censoriously. The roar continues. A nurse comes in, finally, with the immunoglobulin, which replaces the hydration I.V. pack. The countdown starts. Gray light creeps into the room. At eight, a head peeks around the curtain. It belongs to the night crooner: a pale, dumpy woman with short, dyed-red hair. She is wearing a Red Sox sweatshirt and navy-blue sweatpants. She could be forty, or sixty.

“Did she keep you up?” she asks. There is no word for her tone but consoling. “She’s deaf and blind, you know, so she can’t hear herself. I’m sorry if she kept you up.”

She vanishes into the bathroom.

We look at each other. We have known from the beginning that things could be worse. Here is worse. Sunny, composed, the woman emerges from the bathroom. She says, “I’m going to brush her hair. She loves to have her hair brushed.” We listen, and from the other side of the curtain comes the sound of crooning, and what we can just make out as laughter.

A few minutes later, she rounds the curtain again. She is pushing a wheelchair. In the chair is a little girl with gleaming hair. She is wearing a pinafore, pink socks, and white sneakers. Her arms hit out at nothing, and her legs are oddly flaccid. Her ears are too big for her face, and the lobes are pointed. How terrible, I am thinking, to bear such a child.

Her mother looks at her. “She’s four. She’s adopted,” she says to us matter-of-factly. “When she was ten weeks old. Her parents couldn’t take it—you know, the problems. They’re wealthy, in California.” She pauses, stroking her hair. “Sometimes he sends me money. I send him pictures, but I have to mail them to his office. The mother—she can’t stand to look at them.” She looks at us fiercely. “Their own flesh and blood.”

Then she’s benign again. “We live in New Hampshire, but we’re here a lot. Cyclical vomiting. But I think we’re going home today.” She unbuckles her from the wheelchair and takes her by two hands, like a toddler.

“Look who’s walking,” cries a nurse in the reception area. There’s a muffled sound of applause. Our own child, in bed but awake, looks after her. “That girl is like me,” she says. We look at her aghast. She points to the I.V. in her hand. “She has a mitten, too.”

A moment later, the same nurse—the nurse who would not speak to me in the early dawn—comes in again. She is all of twenty-five, twenty-eight. Boston Irish. She shakes her head. “There are three more of them at home. She takes care of them with her sister.” She pauses, checking the monitor. “I think she’s very religious.” Later, we will tell our friend Storm, a priest, about the little girl, and we will accuse Storm of sending her to us. For now, we are stunned.

The days blur. Her father goes back to the Cape to take care of the other children, to round up their socks and flip-flops and towels from the houses of friends where they've left them. He drives back to the hospital the next day. We make telephone calls. No one's ever heard of this. Everyone goes on the Net: the phone rings with facts. Her grandmother flies up from New York, and takes up residence in a hotel across the street from the hospital. I become an old hand, I know where the jello is kept down the hall. I do not leave the hospital. The immunoglobulin drips into her arm.

Her temperature drops, and for a few hours she responds. The fog lifts, and in those minutes we can see her, we get our child back. She wants blue jello, she wants red. She wants ice cream. "I think my soup is actually warm," she says. "No, it's actually cold." But three hours after the I.V. drip stops, her fever almost immediately shoots back up again and she is gone. We have to do it again, says the Kawasaki team, which has become one person, a doctor from Nebraska in a violet sweater who has been in the hospital two days. In one or two per cent of the cases we see, she says, this happens. What she actually said, first, was: I don't want to tell you this.

Because I am an idiot—even now!—a person (still!) who would send her children to school with a cough, I point out that it's early evening, the witching hour: everyone's fever goes up at night. She's cranky and tired. I have four children, I know this. No, the doctor, whose name is Dr. Woodward, says. Her pale face is rigid with sleeplessness. I am sitting on a hard wooden chair, a rocking chair, next to the monitor. By now I am so far, far away from anywhere I have ever been that I barely recognize my own voice asking a question. I know the thing to do is to turn and look directly at the doctor, and I do this. "What happens," I ask, "if the fever doesn't go down this time? What will we do?"

The answer is nothing. There will be nothing to do.

They had left the I.V. tube in her hand after the first dose of immunoglobulin in case they had to do it again. I didn't know that, now I do. Her father is on the way back to the Cape. I wait to call him until he's off the road, but he calls from the car. We decide he will stay with the other children. This time, Dr. Woodward takes the request for the immunoglobulin down to the lab herself. It is mixed quickly: the new dose starts three hours later.

By now, she has had Kawasaki disease for seven days, during which she's been feverish for all but three hours. At night, she and I sleep in the same bed. In the middle of the third night, she sits bolts upright in bed and screams, "Where's my mommy?" The immunoglobulin drips into her arm through the clear tube. Wires cover her chest. Despite the tube, she tries to get out of bed. "I'm looking for my mommy!" she screams. Her body is covered with wires, the fluids leach from the I.V. into her bandaged hand.

"Don't look at the monitor," the nurses say. "It doesn't mean anything." When it flashes, they run in to check. Four aspirins a day keep her blood from clotting, and I grind them up and put them in her blueberry yogurt. "Just a spoonful of sugar helps the medicine go down," sings Julie Andrews, on the video screen. Everyone passing by looks in and says, "I love Mary Poppins."

She has two echocardiograms. Her heart is like a pulsing flower. She lies on her side while I tell her the story of "The Nutcracker Prince." She is coated like a jujube with blue jelly. We go further and further into the forest. We learn the first findings. The function of her left ventricle is slightly depressed; there is a small pericardial effusion, which means she has fluid around her heart; her aortic root is at the upper limits of what's considered normal, as is her left coronary artery. This is what they would expect to find with acute Kawasaki disease. When I was a little girl, I played every summer on the same beach where my children play now, with the children of my parents' friends. When the phone next rings, it is one of these friends. Now he is a pediatric cardiologist. Listen to me, he says. He sets up appointments—here, there—for when we return to New York. I call Dr. Lazarus in New York. Good, he says. Good. These are the people to see.

The second treatment works. She eats a dish of rice and peas. The nurse comes in every hour and checks her temperature. I become more superstitious than ever. I cross my fingers. Her fever stays down.

We have not been outside the hospital for five days. The night before we leave, another child, a little boy, is admitted with Kawasaki disease. His mother is a nurse. "I called my friend on the way here," she says, "and I said, 'Look it up.' My friend called me right back, and started reading." The mother pauses. She is in tears. "I thought, How can he have something I've never heard of? I had to pull off the road."

I decide to make the homecoming festive, and take the ferry across Cape Cod Bay to Provincetown. Her grandmother accompanies us. The day is warm and windy, and the bay glistens. If her fever goes up even half of one degree, we are to return to the hospital immediately. Over the next days, I will put my hand on her forehead so often she swats me away; back in New York, she'll see four doctors in three weeks, and the one they all lead to, a large, kind man, the wizard at the very center of the maze, who listens to her heart intently for a full five minutes while she sits absolutely still, as she has learned to do, will say to me, in early October, She's fine. Her left aortic root may be slightly enlarged, but she's fine. Two weeks later, she'll cough while she's eating breakfast and I'll start to shake and have to leave the room.

When the ferry pulls in, the wind stops. Her father brings the other children to meet us at the dock. She has slept on my lap during the ride, and the button on my jacket has made a red mark on her face. The children are horrified: all their anxiety is centered on that one splotch. What did they do to her face? they cry.

There is news right away. The waves are good, the waves are bad. They ate marshmallows. The biggest news is the mouse. They have found an infant mouse, in the grass at Lev and Joseph's house, and Daddy said they could keep it.

"No mice," I say.

I am instantly a pariah.

"You can't tell them they can't have this mouse," their father says.

"What?" I say. We have been down this route before. We have two turtles, two cats, a fish, and four children, and we are not going to have a mouse.

"Wait," he says.

When we arrive on the top of the hill, the door to the cottage is plastered with homemade welcome-home signs. The mouse is in a matchbox. Hairless, pink, it is only a little bigger than a fingernail. They found it the night we went to the hospital, and have kept it alive by loading a grass stalk with milk and waiting while he sucks it. They have taken it in turn to do this. ♦

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