

MARGARET EDSON

It is unfortunate that this remarkable line of inquiry has come to me so late in my career. I could have exploited its feigned solicitude to great advantage: as I was distributing the final examination to the graduate course in seventeenth-century textual criticism—"Hi. How are you feeling today?"

Of course I would not be wearing this costume at the time, so the question's *ironic significance* would not be fully apparent.

As I trust it is now.

Irony is a literary device that will necessarily be deployed to great effect.

I ardently wish this were not so. I would prefer that a play about me be cast in the mythic-heroic-pastoral mode; but the facts, most notably stage-four metastatic ovarian cancer, conspire against that. *The Faerie Queene* this is not.

And I was dismayed to discover that the play would contain elements of . . . *humor*.

I have been, at best, an *unwitting* accomplice. (*She pauses.*) It is not my intention to give away the plot; but I think I die at the end.

They've given me less than two hours.

If I were poetically inclined, I might employ a threadbare metaphor—the sands of time slipping through the hourglass, the two-hour glass.

Now our sands are almost run;
More a little, and then dumb.

Shakespeare. I trust the name is familiar.

At the moment, however, I am disinclined to poetry.

W I T

I've got less than two hours. Then: curtain.

(*She disconnects herself from the IV pole and shoves it to a crossing TECHNICIAN. The house lights go out.*)

Start

VIVIAN: I'll never forget the time I found out I had cancer.

(*DR. HARVEY KELEKIAN enters at a big desk piled high with papers.*)

KELEKIAN: You have cancer.

VIVIAN: (*To audience*) See? Unforgettable. It was something of a shock. I had to sit down. (*She plops down.*)

KELEKIAN: Please sit down. Miss Bearing, you have advanced metastatic ovarian cancer.

VIVIAN: Go on.

KELEKIAN: You are a professor, Miss Bearing.

VIVIAN: Like yourself, Dr. Kelekian.

KELEKIAN: Well, yes. Now then. You present with a growth that, unfortunately, went undetected in stages one, two, and three. Now it is an insidious adenocarcinoma, which has spread from the primary adnexal mass—

VIVIAN: "Insidious"?

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KELEKIAN: "Insidious" means undetectable at an—

VIVIAN: "Insidious" means treacherous.

KELEKIAN: Shall I continue?

VIVIAN: By all means.

KELEKIAN: Good. In invasive epithelial carcinoma, the most effective treatment modality is a chemotherapeutic agent. We are developing an experimental combination of drugs designed for primary-site ovarian, with a target specificity of stage three-and-beyond administration.

Am I going too fast?

Good.

You will be hospitalized as an in-patient for treatment each cycle. You will be on complete intake-and-output measurement for three days after each treatment

VIVIAN: Insidious. Hmm. Curious word choice. Cancer. Cancel.

"By cancer nature's changing course untrimmed." No—that's not it.

(To KELEKIAN) No.

Must read something about cancer.

Must get some books, articles. Assemble a bibliography.

W I T

to monitor kidney function. After the initial eight cycles, you will have another battery of tests.

The antineoplastic will inevitably affect some healthy cells, including those lining the gastrointestinal tract from the lips to the anus, and the hair follicles. We will of course be relying on your resolve to withstand some of the more pernicious side effects.

KELEKIAN: Miss Bearing?

VIVIAN: I beg your pardon?

KELEKIAN: Do you have any questions so far?

VIVIAN: Please, go on.

KELEKIAN: Perhaps some of these terms are new. I realize—

VIVIAN: No, no. Ah. You're being very thorough.

KELEKIAN: I make a point of it. And I always emphasize it with my students—

Is anyone doing research on cancer?

Concentrate.

Antineoplastic. Anti: against. Neo: new. Plastic. To mold. Shaping. Antineoplastic. Against new shaping.

Hair follicles. My resolve.

"Pernicious" That doesn't seem—

Note: Dr. Kelekian can have some of these lines on his desk and/or read them from a chart. He does NOT have to have them all memorized for this assignment (due to the medical terms and difficult vocabulary).

VIVIAN: So do I. "Thoroughness"—I always tell my students, but they are constitutionally averse to painstaking work.

KELEKIAN: Yours, too.

VIVIAN: Oh, it's worse every year.

KELEKIAN: And this is not dermatology, it's medical oncology, for Chrissake.

VIVIAN: My students read through a text once—*once!*—and think it's time for a break.

KELEKIAN: Mine are blind.

VIVIAN: Well, mine are deaf.

KELEKIAN: (*Resigned, but warmly*) You just have to hope . . .

VIVIAN: (*Not so sure*) I suppose.

(*Pause*)

KELEKIAN: Where were we, Dr. Bearing?

VIVIAN: I believe I was being thoroughly diagnosed.

KELEKIAN: Right. Now. The tumor is spreading very quickly, and this treatment is very aggressive. So far, so good?

VIVIAN: Yes.

KELEKIAN: Better not teach next semester.

VIVIAN: (*Indignant*) Out of the question.

KELEKIAN: The first week of each cycle you'll be hospitalized for chemotherapy; the next week you may feel a little tired; the next two weeks'll be fine, relatively. This cycle will repeat eight times, as I said before.

VIVIAN: Eight months like that?

KELEKIAN: This treatment is the strongest thing we have to offer you. And, as research, it will make a significant contribution to our knowledge.

VIVIAN: Knowledge, yes.

KELEKIAN: (*Giving her a piece of paper*) Here is the informed-consent form. Should you agree, you sign there, at the bottom. Is there a family member you want me to explain this to?

VIVIAN: (*Signing*) That won't be necessary.

KELEKIAN: (*Taking back the paper*) Good. The important thing is for you to take the full dose of chemotherapy. There may be times when you'll wish for a lesser dose, due to the side effects. But we've got to go full-force. The experimental phase has got to have the maximum dose to be of any use. Dr. Bearing—

VIVIAN: Yes?

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KELEKIAN: You must be very tough. Do you think you can be very tough?

VIVIAN: You needn't worry.

KELEKIAN: Good. Excellent.

(KELEKIAN and the desk exit as VIVIAN stands and walks forward.)

VIVIAN: (*Hesitantly*) I should have asked more questions, because I know there's going to be a test.

I have cancer, insidious cancer, with pernicious side effects—no, the *treatment* has pernicious side effects.

I have stage-four metastatic ovarian cancer. There is no stage five. Oh, and I have to be very tough. It appears to be a matter, as the saying goes, of life and death. End

I know all about life and death. I am, after all, a scholar of Donne's Holy Sonnets, which explore mortality in greater depth than any other body of work in the English language.

And I know for a fact that I am tough. A demanding professor. Uncompromising. Never one to turn from a challenge. That is why I chose, while a student of the great E. M. Ashford, to study Donne.

(PROFESSOR E. M. ASHFORD, *fifty-two*, enters, seated at the same desk as KELEKIAN was. The scene is *twenty-eight* years ago. VIVIAN suddenly turns *twenty-two*, eager and intimidated.)

VIVIAN: Professor Ashford?

W I T

E.M.: Do it again.

VIVIAN: (*To audience*) It was something of a shock. I had to sit down. (*She plops down.*)

E.M.: Please sit down. Your essay on Holy Sonnet Six, Miss Bearing, is a melodrama, with a veneer of scholarship unworthy of you—to say nothing of Donne. Do it again.

VIVIAN: I, ah . . .

E.M.: You must begin with a text, Miss Bearing, not with a feeling.

Death be not proud, though some have called thee
Mighty and dreadful, for, thou art not soe.

You have entirely missed the point of the poem, because, I must tell you, you have used an edition of the text that is inauthentically punctuated. In the Gardner edition—

VIVIAN: That edition was checked out of the library—

E.M.: Miss Bearing!

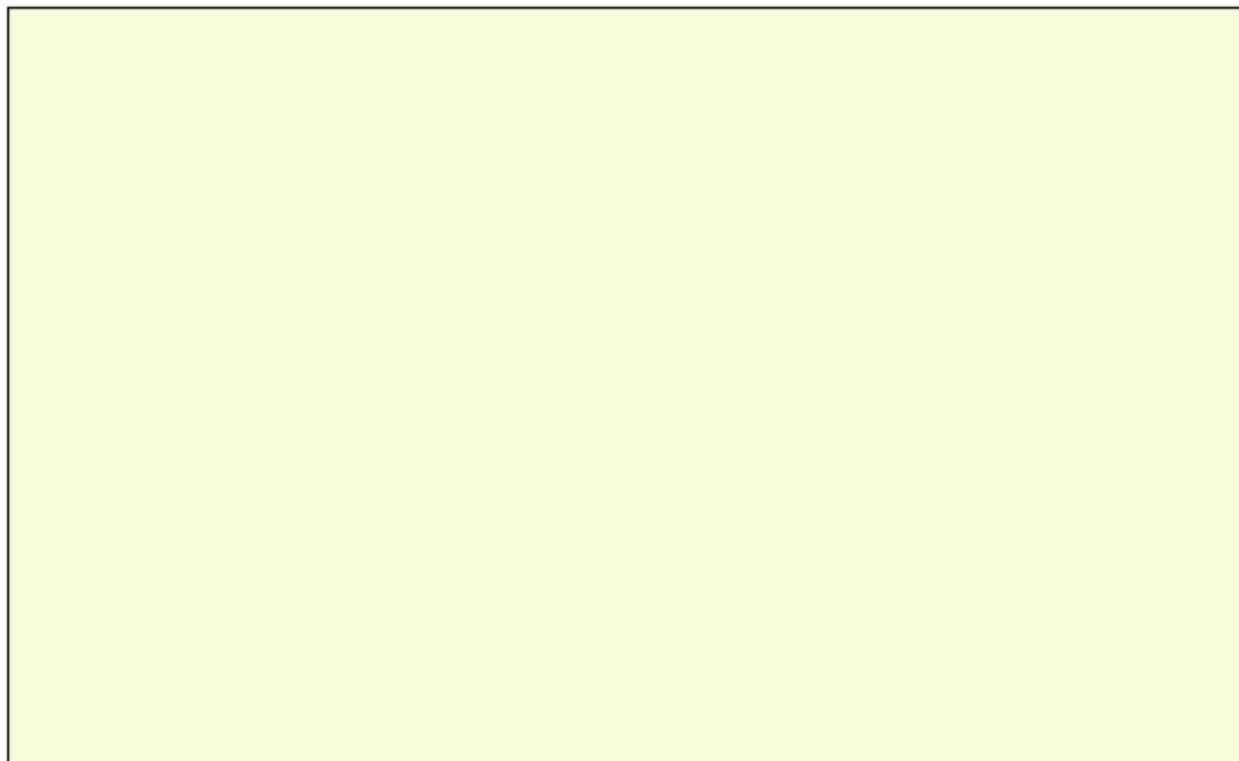
VIVIAN: Sorry.

E.M.: You take this too lightly, Miss Bearing. This is Metaphysical Poetry, not The Modern Novel. The standards of scholarship and critical reading which one would apply to any other text are simply insufficient. The

Set / Furniture Plan

Draw, below, the "set" you plan to use for your scene.

SR



SL

Downstage