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# Yo-yo

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‘WHY ME?’ HE whimpers, from the other side of my desk: ‘Why should I, of all people, have to suffer this?’

I should have given him an appointment on Monday, as planned. Now I’m stuck with him at eighteen minutes past three with the end of the working day nowhere in sight. I long to be outside on this beautiful spring day with my beloved Petra, relaxing under a five-tiered canopy of chestnut blossom and having a beer—or perhaps some of that rosé wine from Provence that Martin gave me a taste for.

‘Why me in particular?’ he persists.

Just because, mate; it’s the statistics of ‘just because’. But I can’t say that out loud, so I trot out my doctor-to-patient speech:

‘One person in every three gets cancer at some stage of their lives. We can’t say for certain why a particular person gets a particular form of it. There are of course risk factors: smoking, obesity, heavy drinking, sedentary lifestyle...’

‘But none of those apply in my case. I lead a very healthy life, my food’s organic—eighty-five to ninety per cent organic—I watch my waist line’ (he rips off his black jacket and drums with his fingers on his stomach)—‘and I go for long walks around the town, six times a week at least, two to three hours at a time, and still this happens to me; why me?’

‘You should bear in mind that there are many kinds of cancer, of varying degrees of seriousness, and with varying prospects of recovery. Your case doesn’t look half bad; your chances are good, as we’ve told you.’

‘But in the oesophagus! That’s about as bad as it can get.’

‘We never know where it’s going to strike.’

‘I just don’t understand,’ he says, his voice breaking, ‘why it had to happen to me.’

‘Your chances are good,’ I repeat. I pass him a Kleenex and start explaining the treatment I’ve devised—perhaps not in strict accord with what the chemo quacks originally recommended, but I’ve reached the stage where I generally get my own way without too much opposition. I’m known for finding the best way forward when it comes to treatment.

It’s tempting to explain to a patient who reacts like this how much less fortunate he could be, and that there are much worse conditions than his particular one, but it’s a temptation one has to resist, in the interests of professionalism. The oesophagus is an awkward place, it’s true, but it’s only a small tumour and unlikely to hold out against my style of therapy. It hasn’t spread, and we’ve told the patient straight out that it’s curable (though one can’t of course sign a guarantee to that effect), and there he sits, whining, a neatly turned out, soft-spoken man of seventy-three.

I’ve had really young people in that chair to whom I’ve given the worst possible news, and they’ve accepted it like

any other inescapable fact of life, without batting an eyelid, and asking practical questions about treatment and side effects: whether they would live for three months, six months or a year, and whether it would be better to die from the disease itself or from the treatment, if they had the choice. More than one of these dear patients of mine lived longer than expected, and two are still alive, both of them now two years past the date I gave them when they pressed me for an answer.

I don't normally give patients a date, unless they press me. It seems cruel: as if I'm setting up as a prophet in possession of divine powers. Time prognosis is unscientific, imprecise, and can sometimes be harmful. It's happened more than once that a patient has died before the date I gave him, and those were patients I thought could live for at least two or three months. One died within a week and the other in ten days, which meant that they didn't have the time they thought they had, poor devils, to say their goodbyes and put their affairs in order.

This patient is still blubbing about how difficult the treatment's going to be, how he may die in any case, and whether he can be sure of not losing his hair—and this from a man who's half bald anyway! He raises his hands, the backs of which are hairy enough, to the crown of his head, where there's not a hair to be seen.

My patience is running out. I count up to ten and point out that one thing he can be thankful for is not having an

operation, and that patients respond to the treatment in different ways. The particular cocktail of drugs and rays he's going to have is generally easy to tolerate. The likeliest side effects are tiredness and indigestion.

'That'll be hard to take; I have a weak stomach.'

'It'll sort itself out. You're in good shape generally.'

'Well, I do look after myself.'

'That can only be a good thing.'

I had thought of giving him a quick once-over, as I usually do at the first consultation, checking the lymph nodes in the armpits, neck and groin, but there's no need. It's not as if my colleagues haven't examined him already, from all angles.

And in any case our conversation has run well over time; my last patient of the day must have been waiting for at least three quarters of an hour.

'I'm here in this building, where you'll be coming for your radiotherapy, so I'm easy to get hold of.'

'Thank God for that. I'm clearly in the hands of a first-rate doctor.'

'Let's hope so.'

He smiles unexpectedly. An unctuous smile, completely out of keeping with the clean-shaven, well-groomed man before me, in his funereally black jacket.

He shows no sign of going and is about to say something else.

I stand up, in the hope that he'll leave.

The patient says goodbye, still lingering. Then he comes up and claps me on the shoulder, with an air of condescension. There's something familiar about his back view as he walks towards the door, recalling someone from my far-distant past. A teacher at primary school, perhaps? Someone in a shop?

Curiosity compels me to open the door for him, and there in the corridor is a woman who's been waiting for him. That's unusual: the next-of-kin, if there is one, usually comes to see me with the patient, especially at the first consultation.

His wife, as I take her to be, stands up stiffly. She looks ten years older than he does. She's a grey individual, from all points of view: hair, skin colour, clothes. Her shoes, too, are a dusty grey.

The woman looks down at the floor as if to make quite sure she's standing on terra firma. The man strides past her. I'm astonished to see him moving so fast after the way he dragged his feet in the consulting room.

The woman totters after him to the end of the corridor like the fluttering shadow of a branch in the wind. 'With a walk like the walk of the dead,' as Martin once said of a Catalan he made friends with in the gutter, and now I see what that could have looked like. The back view of the man continues to nag at me: that walk, that military step. It annoys me that I can't place him. What's happened to Martin Montag's marvellous memory?

THE AIR'S HEAVY in my room even though the window is half open. I open it all the way and take a lungful of fresh air. Now I've just got to grit my teeth and finish the day's tasks swiftly and surely, leaving till tomorrow the few things that can be left, so that I can get away with alacrity to join Petra under the canopy of chestnut blossom: out into the long-awaited spring, the spring which delayed its coming, but then came with such a vengeance that the chestnut blossoms were out earlier than anyone can remember.

The tumour in this patient's oesophagus (the second-last patient of the day!) appears unexpectedly on the screen when I touch the mouse. It's a round-shaped tumour and fiery-red, too, as it appears on the screen. Its location is fortunate: it'll be relatively easy to attack it with radiation without doing too much harm to the healthy tissues. It's a small tumour, just about a centimetre in diameter. It's a fast-growing one, too, easier to deal with than one of those slow tumours, which sounds like a contradiction and often surprises patients. But there's something about this round excrescence that suggests to me that it's hiding something. The fact that the patient in question comes across as a whiner doesn't help. Unless there's more to him, too, than meets the eye, as one might think from that unexpected, unctuous smile, and from the way he strode to the end of the passage with that shadow of a wife behind him, having behaved with me like someone who could do little more than crawl on all fours.



A tumour sometimes has the same sort of personality as the person it attacks. And sometimes it has a totally different character from the person it seeks to destroy. You could find a small and especially malignant tumour hidden slyly away in the tallest and most affable of men.

A small, round, fast-growing tumour, looking like a bright red yo-yo: how does that square with such a prim and proper, self-pitying exterior? With someone whose greatest worry is that the treatment may make him bald, when he's half bald already?

IT'S NO EASY matter bringing the day to an end. My concentration has gone. I open all the windows as wide as I can, but the air is still as thick and claustrophobic as a brick wall. I open the door, but the through-draught makes no difference. I'm even breathing with difficulty, as though my heart's playing up.

It would cause something of a sensation if a thirty-four-year-old runner-cum-doctor had a heart attack and died suddenly, though such cases are not unknown. If it's going to happen to me now I'd rather do my dying out in the spring sunshine than in the consulting room, even if the sun is streaming in through the open windows and dancing on the walls.

I throw my white coat over the back of a chair, and find

myself having to acknowledge a nagging pain of some sort in my left upper arm. Martin Montag, as I see him in the mirror, is pale-faced and sweating. It's some time since I last looked in the mirror, and my beard now looks like that of a savage. What's happening to the man in the mirror? Is he ageing extra-fast? The curve on that sweating, aquiline nose is now surely higher up than before, and there's a film over those eyes which Petra says are usually green and clear. Eyes that shine in the dark, she says, like an animal's!

I hurry down the stairs by the roundabout route and out through the back door, the doctor's escape route when he needs to get away without encumbrance. But I'm not altogether unobserved even now: that big woman with cancer of the salivary gland is coming out of radiotherapy and has also chosen this little-used means of exit.

I REALLY ADMIRE my patients: seeing them sitting there, uncomplaining, in that bleak, windowless waiting room, waiting for radiotherapy, day after day if they're unlucky, for one hour, two hours, or longer. And some have to wait every bit as long after treatment if they're dependent on hospital transport. Elderly, infirm, weighed down with exhaustion, and not showing the least sign of it: self-pity is not the order of the day here. So it's all the more surprising to encounter it in such blatant form as in my second-last