

ADVANCE REVIEWS

“People are very good at forgetting, which is why a book like this is so important. In *Open Heart Runner*, Gregory Marchand reminds us of many things: our fragility, our capacity for love, our deep desire for meaning. He reminds us that we are neither wholly flesh nor wholly spirit, but a strange amalgam of the two. *Open Heart Runner* rends the thin veil between our quotidian lives and a realm that connects us all, and teaches us *to love that well, which [we] must leave ere long.*”

—Terence Young, Governor-General’s-Award-nominated poet and author of the novel *After Goodlake’s*

“Gregory Marchand takes us to a place most of us will never be, or would chose to go. He re-enters life with rich insights that can help us all on our journey down the right road.”

—Rob Reid, Race Director of the Royal Victoria Marathon

“Gregory Marchand’s memoir centers on two equal and opposite lessons. The first is that of an endurance athlete, a longtime long-distance runner in his case, isn’t guaranteed perfect cardiac health. Medical catastrophes can visit even the very fit. Greg’s other lesson is that the human body and mind, with assists from advanced medical science, have amazing powers to rebound, even from life-threatening crises. Marchand’s story is at first frightening and ultimately uplifting.”

—Joe Henderson, author, running coach and former chief editor of *Runner’s World* magazine



# Open Heart Runner

searching for  
meaning after  
my heart stopped



Gregory Marchand



151 Howe Street, Victoria BC Canada V8V 4K5

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*www.openheartrunner.com*

*Open Heart Runner*

ISBN 978-1-897435-78-6 (trade paperback)

ISBN 978-1-897435-79-3 (ebook)

Cataloguing information available from  
Library and Archives Canada.

Printed on acid-free paper.

Agio Publishing House is a socially responsible company,  
measuring success on a triple-bottom-line basis.

1 0 9 8 7 6 5 4 3 2 1

For my parents, Pat and Lou;  
my sisters, Luanne, Colette and Allison;  
my wife, Debbie;  
and my children, Lucas, Raechel and Leo.

And for all those who run and walk through life  
with an open heart.



## PROLOGUE



## TERRORS

Something's wrong. I can feel it. I can't tell what it is, though. I've felt like this before. Or something like it. I always hurt when I run a race. Especially at the end. It's cold today and I just need to finish. But it hurts. I'm not breathing right.

Just get past it. That's all I need to do. This little climb to the finish line is nothing. I can even pass that woman just ahead of me. That would be good. Just a few more steps.

There's something wrong, though. My chest. My heart. I can't feel my arms. My fingers are tingling in my gloves. I feel tired. I am tired.

It hurts. I hurt.

I'm on the ground. What's going on? My head aches. My face hurts. I must have hit my head on something, on the gravel maybe. If I could just get up, I'd be okay.

I can't move. All these people around me. What's going on? I'm just tired. Let me get up. Let me move.

If you'd let me move, I'd be okay. The race is over. I'm okay.

When I was younger, starting at about eight or nine, I'd frequently wake my parents in the middle of the night crying out from a dream I was having. They'd hear me running around the house screaming. I was still asleep, or at least I was unconscious. But I was running, running away from something. My parents would chase after me trying to keep me from hurting myself and trying to calm me down enough to bring me back to reality.

Later, I wouldn't remember any of this. I wouldn't remember running, or screaming, or my parents chasing me. I'd only become aware of them and myself once they'd managed to slow me down, stop me from running, and give me a drink of water, the coolness of the liquid easing me back to reality as it ran down my throat.

Gradually, I'd wake up, my heart racing and sweat pouring down my face. I'd still be breathing hard, trying to understand what was going on and what I was feeling.

After I'd awakened fully, I'd start to remember the feeling that had pervaded my dream and started these night terrors. In my dream, I'd be aware of a darkness closing in on me. It was formless but large, like a pulsating blob of ink expanding around me. It would contract slightly then expand again even larger.

As I breathed, it would grow and surround me almost entirely. The more I breathed, the more it grew and the more I felt entrapped. I couldn't get away from it, so I'd run. But the harder I ran and the harder I breathed, the larger it grew. I didn't realize that if I just stopped running, I would breathe slower and allow the blob to fully contract and disappear.

But I was afraid. I wanted to escape it, not understanding that my only escape was to relax, to let go, to let it pass.

That same inkiness enveloped me as I lay on the ground at the end of the race surrounded by strangers pumping on my chest, breathing into my mouth, trying to push life into my lifeless body. As in my dream, I wanted to get up and run. Their hands pounding on my chest and their lips pressing against my mouth were too close. But my breath wouldn't come and the same blob of pressure that would surround me in my dreams entrapped me now, pushing on my chest, holding me down. I needed to get up. I needed to run away.





## RACING

“Oh, be quiet,” I muttered.

The buzz of the alarm clock pierced my sleep. I reached over to the table at my bedside, turned off the alarm, and lay back on my pillow not wanting to open my eyes.

My wife, Debbie, stirred beside me. “What time is it?” Her voice sounded groggy and slightly perturbed.

“Eight o’clock.”

“Why so early? It’s Sunday.”

“The run.”

“Oh, right.”

Finally, I opened my eyes. Our bedroom was still dark, the sun, like Debbie and me, not yet risen. I pulled the quilt covering our bed back over my shoulders. It was so cold in the room that my fingers began to feel numb from the few seconds my arm had been uncovered.

“It’s too cold,” Debbie said.

“I know. The forecast is for snow later today.”

“You’re not really going to run, are you?”

“Well, I don’t feel much like getting out of bed.”

“Then don’t.”

“I’ve already registered for the race. I might as well run it.”

“I’m going back to sleep.”

I had no idea what lay ahead for me as I reluctantly climbed out of bed that morning. We all intellectually understand that our lives can change in an instant – that losing control of the car on a snow-covered road, eating poorly cooked food, or walking across thin ice on a frozen river can have consequences that are completely unexpected. I used to imagine what it would be like if my life suddenly altered course completely beyond my control. Now I know.

The chill shocked me as my feet touched the fir flooring of our bedroom. January can be cold in most parts of Canada, but Victoria is different. It’s not supposed to be cold here, even in the winter. But the temperature had dropped below freezing overnight, and our 85-year-old home was not coping well with the cold as the morning dawned clear but brisk. Although I’d grown up on the stark Alberta prairie where winters can be deadly, I’d become accustomed to the temperate climate of Victoria. A chilly, January morning run held little attraction for me.

At least that’s how I probably felt. I have only vague memories of January 11th, 1998. My conscious knowledge of the day has come from the reports of family and friends.

My son, Lucas, was 15 at the time, and we had planned to run the race together that morning. He and I had been running

together since he was eight years old. At first I would run an easy pace to allow him to keep up. Now, he had become nothing more than the back of a flapping jersey as he consistently outran me. For the past week, he had been nursing a case of strep throat with antibiotics. I had registered him to run in the race anyway hoping he would be better by the weekend. But when I went downstairs to his room that morning to check on him and heard his laboured breathing, I knew he was still too sick to run. Today, I'm grateful he wasn't at the end of the race to see me collapse, to see my heart stop, to see my life fade.

*Do all runners feel a need to run?*

According to Debbie, I considered not running that morning as well. I'd recently cut my teaching load to part time, was supplementing my income working as a freelance writer, and had completed a busy week meeting several deadlines for writing assignments. It would have been nice to relax into a Sunday morning of reading the newspaper and sipping coffee without having to drive 20 kilometres to Saanichton and then run in the below-freezing temperature for eight kilometres. But then a friend called wondering if I planned to run the race. Later, he confided that he had hoped I would talk him out of running. But we were both driven by the undeclared notion that the other truly wanted to run. We agreed to meet at the fairgrounds.

I loved running. But, like anyone who participates in an activity that takes effort, I would often have to convince myself to actually do it. I looked forward to the exhilaration of the endorphin

rush from running, but I often had to remind myself of that feeling in order to get myself started. Especially on a cold, January morning.

The race started at 11:00 a.m. After a light breakfast, I set out at about 10:00. I'd run the same race in past years so the route was familiar to me. The Saanichton Fairgrounds, where the race begins and ends, is a 20-minute drive from our home. The grounds are used for several community events, most notably the Labour Day weekend fair that attracts several thousand visitors viewing everything from home preserves and prized piglets to handmade quilts and oil paintings. In January, it's little more than a parking lot. That evening, long after the race had been completed, my brother-in-law was dispatched to pick up my car. It was in the middle of that darkened parking lot, a solitary vehicle looking abandoned by its driver.

I must have parked in the midst of several hundred other cars that morning and entered the main building to pick up my race packet. Inside, I talked to some other runners. A friend later interviewed many of those people.

One of those he interviewed, Merrell Harlow, was handing out registration packets and greeted me inside. Merrell was an avid runner, even in her fifties, and a long-time friend who worked at the school where I still teach.

"Where's Lucas?" she asked as I picked up my race packet.

When I told her that Lucas was sick, I admitted that I wasn't feeling great myself.

"Can anyone feel well in this weather?" she asked.

I must have finally braved the cold, leaving the warmth of the

hall to join the more than 600 other runners outside. There I met a fellow writer and teacher, Marilyn McCrimmon. The start line was crowded as we looked for a place to stand. In the midst of the crowd, the frigid temperature wasn't as apparent as we huddled together.

"Maybe we can all run the whole race in a big crowd like this to conserve heat," Marilyn kidded. We were still laughing about her idea and jumping up and down to stay warm when the starting gun sounded. The crowd surged forward in the kind of closely packed group that Marilyn had imagined, but soon we were separated as I ran ahead.

The next day, a local newspaper published a photograph of the start of the race. In the photo, the runners are packed together in a group of several hundred. I'm in the middle of the photo sandwiched between several runners. Many are wearing wool hats and jackets to ward off the cold. I'm wearing gloves and a dark sweat-shirt. I haven't seen them since. A doctor later told me the ambulance attendants had probably cut off the shirt in order to attach contact points to my chest as they strained to find a heartbeat. Marilyn is still next to me in the photo although I appear to be running slightly ahead of her. I didn't know it at the time, but just in front of me are two of the doctors who would later save my life.

The Harriers 8K, as the race is called, is a hilly course. It starts from the elevated fairgrounds hall, runs down a gravel roadway, and then turns onto a paved country road. The route meanders past farms and suburban homes and doubles back on itself twice so that competitors can see other runners both ahead and behind at different times. After completing registrations, Merrell walked out

along the route to cheer on the runners at the halfway point where the route circles past the fairgrounds again. She saw me run by and thought that the race looked like a struggle for me. She assumed that I hadn't run in a while, and was just starting to train again.

In fact, I had been training hard for the race. I was looking forward to this year's nine-race series because of my increased training and remember feeling frustrated that my extra work hadn't been paying dividends. I was running more miles, but my body wasn't responding.

One memory I have of the race is seeing a frozen duck pond as we ran by one of the many small farms along the race route. The cold air would have been causing me to breathe hard. I like to start out strong when I race and then settle into a steady gait, often running behind or alongside someone who has a similar pace. But my eventual finishing time was almost two minutes slower than the time I had been expecting to finish. I must have been struggling. The cold air was probably hampering me. I probably felt frustrated by the other runners passing me along the route.

The final 100 metres of the course is a tough, uphill climb to the finish line. Rob Reid, a local running-store owner and friend, had finished earlier and was running back along the race route for a cool down as I neared the finish. He noticed me about 15 metres from the finish line. We ran by each other and did a "high-five," slapping each other's hand in a victory salute moments before I crossed the finish line.

The official race results show that I crossed the finish line at 34 minutes and 23 seconds. The end of these races is often a sprint, and I assume I was working hard to keep up with the runners

around me. I came in beside another man in the 40s category and one second behind a woman from the University of Victoria running team. I've never found it easy to back down from a challenge at the end of these races. I was probably pushing myself, knowing that my time was slower than usual.

Immediately after crossing the finish line, my legs began to buckle. As I staggered toward the volunteer collecting race tags, she reached out to take my number off my race bib just as I collapsed into her. She later told me, "You died in my arms."

### *Do we experience anything when we die?*

Running directly behind me was Ron Youngash, an emergency room physician. I fell right in front of him, gashing the side of my head, face, and arm on the frozen gravel road.

I'd never met any of the men and women who assisted me after the race. In fact, Ron and I didn't meet face-to-face, at least consciously, for several weeks. Ron's a person who's rarely without a grin on his face. But like all emergency medical professionals, he's quick to action when he's needed.

A young running-store clerk, Dan Baker, had also just arrived at the finish line when I collapsed. He quickly moved to my side to assist Ron. Dan was a recent university graduate who spent his summers working for the provincial parks system. He had taken some industrial first aid courses in conjunction with his parks work and knew how to perform Cardiopulmonary Resuscitation (CPR). He helped Ron try to figure out what had happened to me.

At first I was breathing but didn't respond to their questions.

I was bleeding from a cut on my forehead, and they weren't sure why I had fallen or what the problem was. They tried to comfort me, but my condition quickly deteriorated. Then I stopped breathing.

For the first time in my life, my heart had ceased to beat. The organ that sustains us – the pump that keeps blood circulating through our bodies, keeps oxygen flowing to our brains, maintains life in the furthest extremities of our limbs – no longer functioned.

My heart started beating while I was in my mother's womb. The heart of a fetus usually begins its pumping at 21 days. Mine had taken in oxygen-lacking blood, replenishing that blood with fresh oxygen, and pumping it back for over 40 years.

Now it had stopped. This was the end. The real finish line.

*Is there such a thing as  
running too much or running too hard?*

I knew many runners who seemed to thrive on pushing themselves to extremes. One man found the eight and 10 kilometre distances of the regular road races in Victoria not challenging enough, so he ran to the start of the races from his home. Sometimes he'd run 20 kilometres to get to the race, compete in the regular 10 kilometres, then immediately run the 20 kilometres back home. Several runners I knew trained every day, their morning 15 kilometres a pre-breakfast ritual.

Not all runners are that driven. I never considered myself to be an extreme runner. At least I didn't think I was. My pattern

was to run three or four times each week for 40 minutes to an hour. I didn't try to push myself hard, but I did keep track of how far and how fast I'd run. During the race itself, I had started out with Marilyn, but quickly set out on my own, finding her pace too slow. Runners think like that. We may train in groups, but when it comes to races, we're individuals competing with ourselves and against those whose abilities are close to ours.

There was nothing wrong with thinking that way, I believed. Yet frequently, a nagging feeling would permeate my consciousness when I ran. Like most runners, I often thought about how much I should be pushing my body. The cautionary tale often cited about runners competing to extremes is the story of Jim Fixx. The author of the bestselling guide, *The Complete Book of Running*, Fixx became internationally famous for promoting the increased life expectancy resulting from regular physical exercise. His death from a heart attack at the age of 52 immediately following his daily run became fodder for comedians and justification for couch potatoes everywhere. For many runners, though, Fixx's death is never far from our minds. If this could happen to him, why couldn't it happen to me?

As I lay on the gravel roadway, directly beneath the finish line banner spanning the road, dozens of runners passed me in their sprints to the finish. Many checked their watches as they crossed the line, most gasped for breath having pushed to better their times, and all became at least subtly aware of their own mortality as they glanced down, thankful they hadn't succumbed like Jim Fixx and, as it appeared to be, like me.



## FLATLINED

“Check his pulse.” Ron, the ER doctor, had immediately taken charge.

“My fingers are so cold, I can’t tell if he has one,” Dan told Ron.

Ron leaned over, trying to listen to my breath. “He’s not breathing.”

“Should I start CPR?”

“Quickly.”

With the other runners finishing the race around them, Ron initiated mouth-to-mouth resuscitation and Dan began chest compressions.

CPR is designed to keep a victim’s heart and brain supplied with blood and oxygen after the heart stops beating and until medical help arrives. It involves two major techniques: chest compressions and ventilation, or mouth-to-mouth resuscitation. Chest compressions are used when the heart is stopped or in a state of ventricular fibrillation (the lower chambers of the heart twitching randomly and ineffectively). Chaotic fibrillation

prevents the heart from contracting properly and thus pumping blood. The chest compressions keep the heart fibrillating, so it won't cease movement entirely, and pushes a limited amount of blood through the blood stream.

Ventilation keeps oxygen in the blood flowing to the brain. Once someone stops breathing, the oxygen content of the blood plummets. Brain cells stop functioning very quickly after oxygen has been cut off. Four to six minutes after breathing has stopped, brain damage is possible. Between six to 10 minutes, brain damage is likely. When a patient is without oxygen for over 10 minutes, irreversible brain damage is certain.

Soon after Ron and Dan started CPR, I vomited. Ron turned me on my side to clear an air passage. They were monitoring my condition when Cheryl Wood arrived on the scene. Cheryl is a retired anesthetist. When I finally met her weeks later, I was surprised to see a vibrant, fit, fifty-something woman, hardly the retired physician I'd expected. Like Ron, she's a take-charge individual. Cheryl had finished the race and was in the change room when someone ran in looking for a blanket to bring out to me. Cheryl ran back outside to see if she could help.

I was unconscious and my breathing shallow when Cheryl got there. She tried to take my pulse, but because I was so cold and because her fingers were numb, she was unable to determine the strength of my pulse. Then it became obvious that I was in real trouble. As an anesthetist, Cheryl can recognize when someone is in danger. My breathing stopped entirely for the second time and my skin started to turn a pasty grey colour. Cheryl began chest compressions again.

By then, many people had gathered around. Just finishing the run and wondering what had happened, Rachel Staples, a dentist, pushed her way through the crowd. Without hesitation, she knelt beside Cheryl and began mouth-to-mouth. Ron and Dan stayed close by, ready to spell off the two women if needed.

### *Can CPR really keep you alive?*

The key to successful CPR is early intervention. Waiting even a few seconds to begin chest compressions and ventilation can mean the difference between the patient living and dying, and between having normal brain function and acute brain injury. When they started, Cheryl and Rachel had no idea that others had performed CPR on me already. They simply saw someone in distress and, as medical practitioners, knew they had no time to hesitate or ask questions.

Rachel and Cheryl estimated they performed CPR on me for 20 minutes. When I later asked them what kept them going for that long even though I had no signs of life the whole time they worked, Cheryl replied offhandedly, “We couldn’t have stopped. You’re too young.”

Rachel is young herself. She has the slim build of an athlete and the self-assured nature of a doctor. When I met her and Cheryl together for the first time, Cheryl was surprised to learn that Rachel had never performed CPR in an emergency. She had only practised it during her dentistry training. “You’re good at it,” Cheryl told her at that meeting.

Other people around them offered to help, including Dan

and Ron who were still there, but they didn't need more than two people. As Rachel continued to breathe life into me, a runner passed an airway mask and a pair of latex gloves to her. He had been running in the race with them just in case of an emergency. Another runner, a friend of Cheryl's put his hand on Cheryl's shoulder and asked if he could pray for me. Cheryl smiled at him and said, "Go for it, Johnny."

An airline pilot, John Catterall was in his early thirties and avidly involved in running and church activities. His job as a pilot kept him ready to respond to unexpected situations. John later told me that he had almost not come to the race that day. In fact he had missed church to take part in the run, something he didn't like to do. But he felt compelled to attend the race. An elder in his church had told him recently that he would soon be presented with a profound opportunity to witness to his faith. On the way to the race that day, he prayed that this predicted opportunity would be revealed to him soon. When he saw me unconscious on the ground with his friend Cheryl pumping on my chest, he thought his prayers had already been answered.

He knelt beside Cheryl and took off the sweatshirt he'd been wearing in the run. He had forgotten that underneath the sweatshirt, he was wearing a bright red t-shirt with Jesus printed boldly across the chest. He was embarrassed, first by the shirt and second about the idea of praying so publicly for a man he didn't know. He was so compelled by the desire to do something and so moved by the synchronicity of events in his own life that had led to this moment, however, that he knew he had to start. With Cheryl's consent, John laid his hands on Cheryl and me and began

to pray. John asked those standing around if anyone else would join him in praying for me as well. Four of them knelt beside me and quietly prayed with John.

*Is prayer more powerful than paramedics?*

The ambulance crew report records that a 911 call was received at 12:10 p.m. The first of two ambulances that were dispatched arrived at the scene at 12:22. Having finished the race in just over 34 minutes, I had crossed the finish line and collapsed 48 minutes earlier, at approximately 11:34.

When the ambulance arrived, Cheryl and Rachel in turn exchanged CPR functions with the paramedics. Finding no pulse, the ambulance crew used an ECG monitor to read my heart functions. The heart rhythm strip showed no heart activity at all. I was flatlined. Acting quickly, the paramedics set up a portable defibrillating machine, which would deliver an electrical charge to my heart in order to shock it back into a regular rhythm.

The attendants set the defibrillating machine to 200 watts, called for everyone to clear, and sent the electrical shock through my chest. My upper body immediately lurched upward with the shock. A faint blip appeared on the screen. Calling for all to clear a second time, they jolted my chest once more. Immediately, the ECG monitor showed a regular heart beat, my pulse returned, my blood pressure was recorded at 110/80, and the grey pallor in my face – the death mask as some medical practitioners call it – began to recede.

A second ambulance, used for advanced life support, then

arrived. One of the paramedics in the second ambulance started an intravenous drip and administered 80 mg. of lidocaine, a medication used to treat arrhythmias, in order to regulate my heart-beat. Placing a mask over my mouth and nose, the paramedics began a flow of oxygen in order to improve the amount getting to my brain. By now, the paramedics had lifted me onto a stretcher and wheeled my unconscious body into the ambulance. All those who had been helping to save my life for close to an hour by that point – putting blankets on my body still clad in thin running gear, placing hands on me in prayer, pumping rhythmically on my motionless chest, and breathing oxygen into my gaping mouth – watched as the ambulance sped away. Cheryl, still tired from her run and 20 minutes of vigorous chest compressions, turned to the others and shook her head.

“I don’t think he’s going to make it,” she said.

Merrell was in charge of the presentation at the end of the race. Usually the gatherings after these races are a raucous blend of camaraderie and conversation. But Merrell remembered the subdued feeling in the hall that day as everyone gathered after the last runners had finished and the ambulances had left. While the more than 600 runners waited for the results to be tabulated, the race director phoned the hospital to check on my condition. Merrell announced to the waiting crowd that I was alive but still comatose. She felt helpless, but knew she had to do something. So she asked the runners to bow their heads for a minute and to collectively send positive energy to me.

At the end, Merrell called out, “Hang in there, Greg,” and the crowd erupted in a cheer.

“The feeling was really amazing,” Merrell told me later. “It almost took the roof off. It may not have helped as much as the CPR, but I know it helped some.”

I have no memory of the ambulance ride. I was unconscious the entire time. The ambulance left the fairgrounds at 12:36, arriving at the Victoria General Hospital at 12:52. The fact that I was breathing at all is remarkable in itself. CPR is only effective when administered properly and promptly. If bystander CPR is not provided to a cardiac arrest victim, his chances of survival drop 7 to 10% for each minute of delay before defibrillation can be provided. Doctors surrounded me as I lay on that Saanichton roadside fighting for my life. They fought with me. As trained professionals, they knew how to respond in an emergency. They were responsible for the ambulance carrying a breathing man rather than a lifeless body.

I think of the ambulance ride often. Every time I see an ambulance racing down a street or hear sirens wailing by, I stop what I’m doing and try to remember. The sirens captivate me. I’m not trapped by them as Ulysses was by the calls of his mythical sirens, but I want them to help me. I want the sounds of the sirens to open the memories of that only ambulance ride I’ve ever taken. I’d like to be aware of the feeling of streaming down the highway, or pulling to a stop in front of the hospital, of being wheeled into the emergency room. I’d like to hear the ambulance attendants barking out my vital statistics as they pass the responsibility of my survival, of my life, to the emergency room physicians.

I’ve tried to remember all of the events of that day leading up

to the ambulance ride. I've longed for some perspective on how I felt during the run, how hard I was pushing myself, and even some understanding of the pain I probably felt as my heart went into cardiac arrest. Sometimes I can recall a vague memory of slipping away, of losing consciousness, of drifting into an entirely different state all together. My memory is hazy, but the feeling is warm and compelling. I feel that all I need to do is keep running, keep moving in the direction of the warmth.

But the memory isn't clear and I'm not sure if it's a memory that I'm evoking myself or one that's truly part of my consciousness. Memory is rarely clear. It's shaped by time and new experiences, by pain and even joy. Some suggested that I couldn't retrieve the memory of my collapse because it was too difficult, too horrifying for me to recall. I was protecting myself by not remembering. In any case, it would be several days before any tangible, conscious memory would return.