

# For the Benefit of Those Who See

*Dispatches from the World of the Blind*

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*For Stephen Anthony Mahoney*

To get back to the crutches, the truth about them is that they worry the onlooker more than the user.

—Flannery O'Connor, *The Habit of Being: Letters of Flannery O'Connor*

# Vision

Not long ago I accompanied my boyfriend to Jerusalem for his laser eye surgery appointment. From Cyprus, where Aias lives, Israel is a forty-minute flight; you've hardly taken off from Larnaca's tiny airport before you're skidding to a landing again at Ben Gurion Airport in Tel Aviv. The surgery took place in the private clinic of an Israeli ophthalmologist of considerable reputation. This ophthalmologist doesn't smile much, but his mouth is slightly lopsided in a way that makes him look perpetually on the verge of a smile. He looks as though he is privately enjoying a mildly amusing joke, although after spending twenty minutes in his company one suspects there really is no joke, it's just the way his mouth is. He is short and stocky and neckless, and though his eyes are small and set close together, and though he doesn't truly smile, there is warmth in his face. He walks slumped a bit to the right, as if he has too much ballast in his starboard pocket, and moves through his clinic in a dogged way, like a weary commuter trudging through Grand Central Station at rush hour. His pending smile notwithstanding, I got the distinct sense that the surgeon was thoroughly bored with his job. At any one time there were approximately fifteen patients sitting in his waiting room, waiting for a first consultation or waiting for their surgeries or waiting, eyes bandaged, for their follow-up appointments. Each time I

found myself in this room (I found myself there on three separate occasions), I could not refrain from counting the number of patients and doing a little mathematical calculation. If Aias was paying four thousand euros for his surgery, then the others probably were too.  $15 \times €4,000 =$  quite a lot. The ophthalmologist was possibly bored but certainly rich.

In first consultation, the surgeon explains the process with sentences he has used hundreds—perhaps thousands—of times before. His style is sleepily deadpan, which somehow lends him an air of incontrovertible authority. Probably because he is required to, he offers a brief overview of the possible negative outcomes of the procedure, that one-in-a-million chance that you will emerge from his surgery worse off than when you went in, that wholly far-fetched possibility that you might come out of his surgery not just your same old presbyopic self but plumb blind—or, if not blind, then at least optically diminished in one way or another.

After detailing these disturbing possibilities, the surgeon looks at you and blinks dryly, waiting for your horrified reaction. The dry blinking is a prompting of sorts, a cue, a wry indication that you have nothing to worry about, that it is extremely unlikely that you will go blind under his expert care. And so, somewhat intimidated by the entire enterprise, swept along by the rush of medical language and quite in the dark as to what it all means, a bit too polite to turn back now, the patient does not react in horror but simply nods and smiles with false detachment to show that, yes, of course, it would be ridiculous and perhaps a bit hysterical of him to think that he might come out of this costly surgery worse off than when he went in.

Before beginning his work on Aias that day, the surgeon asked me if I would like to observe the procedure from a small room adjoining the operating theater. From there, I would be able to see the surgery

not only through a plate-glass window but also, highly magnified, on a television screen above the window—an exact broadcast of what the surgeon himself saw through his double-barreled microscope. Generally eager to observe just about anything new, greedy for any unusual experience, easily seduced by the wonders of modern technology, and lulled by the surgeon's dispassionate manner, I said without thinking, "Yes."

Of course, the moment I saw Aias's eye—that most vulnerable of organs—tremblingly huge on the screen, I felt that perhaps I had made a mistake in choosing to observe. Magnified a thousand times, the eyelids looked like desert dunes, the lashes like wind-tossed palms, the creases in the skin like a hundred parched arroyos. The rims of the enormous lids were raw and pink, damp and very tender-looking, the blue iris so immense it looked astral, like an exploding star, and the crimson blood vessels were dense and tangled as tree roots. How horribly exposed that eye appeared, how creepily suprahuman. In a sympathetic reaction of discomfort, my own eyes began to blink and water.

Presently a sort of screen slid across the eyeball, like a paper-thin sheet of ice, and then it crumpled and the eye was bathed in a foam of crystalline bubbles that slowly dissolved. Next, a metal clamp appeared, dug deep beneath the edges of the upper and lower lids, and pried them wide apart. And then a spade-shaped scalpel blade moved into view, hovering half an inch above the glittering eyeball. At the sight of this razor so close to the eye, I felt my face clench into a grimace, and my right hand leaped involuntarily to my throat in a nonsensical gesture of self-defense. I had made a mistake in choosing to watch, but having agreed to do it, I could not look away now—it was a matter of both stubborn pride and obsessive curiosity. The tip of the scalpel pierced the cornea at the edge of the iris and began to carve its way around the brilliant blue circumference.

I am not a squeamish person, but at the sight of this piercing it was all I could do to keep myself from shrieking and running out of the room. (The cornea, the transparent film that protects the iris and the pupil, is by the way one of the most sensitive tissues of the human body, packed with so many hotly vibrating nerves that the slightest intrusion produces an explosion of excruciating pain. If you haven't gleaned this fact from your own life's experience, you are an unusual person indeed.) With a small hook, the surgeon lifted the clear circular flap of cornea that he had, but for a small connective strand of tissue, cut free from the eyeball, and flipped it up, like the nearly severed lid of a tin can. The black pupil at the center of all this activity continued to stare straight ahead, spookily, not moving a fraction of an inch left or right, as if mesmerized by visions of an apocalyptic future.

I looked away from the screen and through the window into the operating room. The surgeon's back was to me. Dressed in a sky-blue robe and puffy blue shower cap, he was hunched over his microscope, his two small eyes pressed to its eyepieces, while a big-hipped nurse stood slightly behind him in the posture of a lobster—elbows crooked and lifted slightly away from her body, gloved hands raised near her ears, and a swab of cotton pincer between the thumb and forefinger of each hand. Several inches beneath the bottom lens of the microscope, Aias's face was bathed in a pool of intense orange light. The surgeon's gloved hands basked and darted in the pool like fish in a tank. More disturbing things happened in this surgery: drops of liquid were flung rudely into the eye, cotton swabs were raked across the eyeball, an intensely bright and vibrating laser strobe light circled around and around the dilated pupil, and all of this in a manner that seemed blunt and savage. It was like watching a seal pup being torn to shreds by a ravening shark.

At some point I realized that in my distress, my left hand had joined



my right hand at my throat to assist in the self-defense, as if perhaps I was expecting the scalpel to jump out of the screen and take a stab at *me*. I watched the surgery but tried not to perceive it, saw the violated eye but tried not to comprehend it, yet it was impossible to remain calm while viewing this lurid physical anathema.

The surgical hook appeared again and fitted the slick layer of cornea back over the iris with a jaunty little flip of dismissal: *Ho-hum, that one's done. Next, please.*

I stared, fixated. What would keep the almost severed cornea in place now? What would prevent it from falling out and dangling on Aias's eyelash when he stood up?

From the corner of my eye I saw a rapid blur of motion near the window. It was the surgeon; he had turned toward me and was waving his scalpel in friendly greeting. Having caught my attention, he gave me a wink above his surgical mask and added to it a jocular little hulaesque swing of his hips and the double thumbs-up sign to show that all had gone well with the first eye.

The surgeon, though he didn't smile, was kind of a humorous guy—an actor of sorts—and maybe, I thought, a touch peculiar precisely because he did not smile as he made these vaudevillian gestures. Though his mouth was hidden by the mask, it was obvious from the steady, lightless look in his eyes that he wasn't smiling. His nurse, however, was smiling liberally behind her mask—her eyes narrowing a fraction and transmitting a sudden excited illumination the moment her boss began doing his little dance.

The surgeon must have seen that my face, as I'd been looking up at the screen, was twisted into a grimace. He must have thought I was nervous and afraid and must have been trying to reassure me. If that was what he was thinking, he was quite right: I was nervous and afraid, because I, for one, have a morbid fear of losing my eyesight.

When I was a senior in college I was playing squash with my friend Vicki one cold February evening when she wound up powerfully for a swing and, in the process, struck me square in the right eye with her racquet. The blow was so sudden and unexpected that I had had no time at all to close the eye, and the edge of the racquet scraped roughly across my exposed eyeball. I felt a hot pain that seemed to razor into my eye, go through my brain, bounce off the back of my skull, and ricochet back and forth that way several times. I covered the eye with both hands and dropped to a crouch, knees to my chin, for perhaps half a minute, during which Vicki's hand fell on my shoulder and rested there sympathetically until, after getting no response from me, it sheepishly withdrew. She said my name a few times and asked if I was okay. I was unable to answer. As my silence and her worry mounted, she began to apologize in a voice of rising alarm, and her hand fell again to my shoulder, this time patting profusely. Finally I straightened up and tried to open the eye. It was impossible. The pain was too great, and when I opened it for a fraction of a second I saw nothing at all but the sharp white light of the squash court. "Shit," I said. "Shit."

Holding my elbow, Vicki guided me out of the court and walked me through the snow to the student health clinic several blocks away. In our hurry to get help, we had left our street clothes in the locker room and were out in shorts and sneakers. It had begun to snow. I remember the hissing sound of the evening traffic on the wet pavement and the feel of the snow landing against our bare legs in an effervescence of icy prickles. The pain in my eye was not like any pain I had felt before. It was as if a hundred grains of broken glass had been ground into the eyeball. I walked with my head bowed and one hand cupped over the eye. I knew that Vicki felt guilty and

sorry, and to try to make her feel better and to hide my fear, I made some joke about going blind, but the joke was feeble because I knew from the volume of pain I was experiencing that whatever had happened to my eye was quite serious and that perhaps it really had been permanently blinded. That thought crept into my consciousness, and now I was beginning to have a hollow feeling of irrevocability, of the impossibility of reversing time and fate. One minute my eye was healthy and keenly following the trajectory of a squash ball, the next it was not and I was stumbling down Massachusetts Avenue with my hand clapped protectively over it.

At the student health clinic, a doctor thumbed my eye open in a way that seemed unnecessarily brusque while a nurse flashed a bright light into it. The doctor said, "You will have to see a specialist." It wasn't the gravity in his voice but the quickness with which he said it that frightened me. The nurse gave me a painkiller, put a gauze pad over my eye, then guided me outside to a waiting taxi and told the driver to take me to the Eye and Ear Infirmary at Massachusetts General Hospital. Vicki insisted on coming with me; I insisted that she not. I didn't tell her that having company with me on a medical errand always felt like a burden heaped upon another burden. Under duress, I didn't want to have to focus on my companion, to worry about her mood or whether she was becoming impatient or to feel guilty for taking up her time. I have always preferred to suffer alone.

I sat in the back of the taxi with my hand held lightly over the bandage. The familiar streets sliding hazily by before my good eye looked only half familiar, and in my heart I knew that I would spend the rest of my life this way, seeing everything in monovision, missing half my visual perception and therefore half the world.

This happened thirty years ago but I still remember the doctor's last name: Cobb. Dr. Somebody Cobb. He was youthful and fit and by coincidence he knew my mother, had examined her eyes just a

few months before, a fact that I found inordinately comforting. I remember that he put an anesthetic in my eye to numb it, dilated both my pupils with eye drops that streamed down my cheeks, pressed my face into a thing like a stereoscope, shone bright little lights into my eyes, and, finally, pronounced the cornea deeply torn. It would take several weeks for it to heal itself. He taped a patch over my eye and released me.

Because both my pupils had been dilated, when I left Cobb's office, everything was a mushy blur. Even my healthy unpatched eye was useless. A nurse accompanied me through the revolving front door of the hospital, wherein I caught my sneaker between the moving door and the jamb, lurched forward, and banged my forehead smartly on the glass, an indignity that under any other circumstances would not have made me cry but that under these circumstances—insult added to injury—brought hot tears of frustration to my helpless eyes. The nurse said, *There, there, now*, with a not unkindly hint of riddance and handed me over to a taxi driver, who guided me by the elbow from the spinning door of the hospital, through the jumbled darkness, and into the backseat of the car. The cold seat shocked my bare legs as I slid myself onto it. As the driver drove me back to my apartment in Inman Square, the lights of the city smeared past the wet car window. Once home, I stumbled my way immediately to bed.

I remember the depth of the gloom I felt as I lay there that night. It wasn't the unfathomable pain I experienced every time I moved my eye right or left or up or down but the certainty that my eye would never be right again. It made no difference that the doctor had said the cornea would heal. I didn't believe him. How ignominious to be blinded by a squash racquet. How ignominious to be blinded by anything at all. What horrible luck. It gave me a dank, sinking feeling of dread. I imagined being totally blind forever and how unbearable that

would be and began to panic a little.\* To be blind would be to become one of those people I had always pitied and slightly feared, one of those people who through no fault of their own had been deprived of their vision and, thus, their real enjoyment of life, their effectuality, their potential. That it was no fault of their own somehow made the tragedy worse.

Most of us who have healthy eyesight are extremely attached to our vision, often without being conscious that we are. We depend heavily on our eyes and yet we rarely give them a second thought. I, at least, am this way. The physical world is almost hypervivid to me. The appearance of objects is registered instantly and boldly in my mind with no conscious effort on my part. I cannot help noticing tiny details. I have a friend—and not a stupid one—who once spent an entire lunch with a man and never noticed until the very end of it when she moved to shake his hand that he was missing his right arm. How, I have several times asked her with real bafflement, was that possible? Such a thing could simply never happen to me. Ever. I would have noticed within fifteen seconds if that man was missing merely a button on a shirt cuff. I would have noticed whether he had hair in the spaces between his knuckles, would have noticed the length of his fingernails and exactly what shape the fingernails were. I would have noticed the

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\*No, not just a little—a *lot*. A few years before this event I had seen for the first time the film version of *All Quiet on the Western Front*. One scene had stayed vividly in my mind: In the midst of a relentless bombardment, a band of German soldiers are putting up barbed wire to keep the enemy at bay. The younger ones are wild-eyed with fear. The bombardment worsens, and the soldiers are directed to retreat to their dugout. As they go, one of them gets knocked to the ground by an explosion and the next thing we know he is screaming hysterically, “My eyes! My eyes! I can’t see! I’m blind!” and running around in jagged circles. The very next thing we know, he’s dead. It isn’t entirely clear what has killed him, but I think we’re meant to suppose it’s the injuries he sustained. I knew better, though. I knew in my heart that the soldier had died not of his injuries but of the sheer horror at knowing he’d been blinded. I had felt his utter despair, his psychic repulsion, so forcefully that I frowned at the television screen and said out loud, “It’s *better* that he died.”

color of his eyebrows, the size of his ears, the condition of his teeth, the quality of his hair and skin, and all of this without making a conscious effort to do so. If one person in a group of ten is missing the tip of his little finger, I will notice it almost immediately.

This extreme attention to visual detail is not a virtue, just a fact of my person. It happens seemingly involuntarily and strikes me as neither good nor bad. Possibly (because I don't seem to be able to control it) it's a neurosis. Or maybe it's just evidence that I am at heart a shallow person who can't help fixating on inconsequential surface details. Certainly it's superfluous. It doesn't help me at all, I don't need it to survive, and yet my eyes are always searching for information. I will spot an acquaintance on the street, a friend in the supermarket, an old classmate on a subway long before he or she has spotted me. I always remember a face. If I meet a person once, I will remember the face four years later, remember where I first met the face, what other faces were present, and what was the mood of the meeting. I will likely not recall the name, but the face I will remember.

But seeing and noticing aren't a function of the eyes alone. They are as much a function of the mind, and in my case, perhaps they aren't as involuntary or superfluous as I tend to think. On further consideration, I suspect that my mind could not really operate without my eyes, because in fact it is my mind that is constantly asking questions of the visual world, looking for evidence, for information, judging existence on the basis of what I see. In me, it's a kind of tireless vigilance and possibly even a defense. I am like a security camera ever on the watch. The furtive quality of vision feels to me like an incredibly valuable weapon. Everything I see gets transformed into a private sketch or painting in my mind, stored away for future reference, future evidence, future ammunition. I fear that my mind would starve and that I might find myself in danger if I had no visual information, that it's chiefly the light, the shapes, the spaces, the colors that I see that com-

pel me to keep moving forward in life and that keep me safe. The first time I read John Berger's *Ways of Seeing*, I was struck by the sentence *We only see what we look at*. I believe that what Berger meant by this was *We see only what we look at*. But the sentence seems to me as significant in its other interpretation: We, alone, know what we are looking at. Unless some keen witness is watching every movement and focus of your eyes, you alone know what you choose to see and perceive. The employment of vision is private and even covert. And, of course, the beholder chooses not only what he will look at but what he will make of what he sees.

Lying in my bed that terrible night thirty years ago, I concluded that being blind was worse than being dead. Being blind was like lying alive within a locked coffin. I'd be trapped and hidden in that dark box but able to hear the world outside carrying on entirely without me. Blind, I'd be left behind. I would want to hammer on the lid of the coffin and shout, *For Christ's sake, let me out!* but my arms would be pinned to my chest in that tight space and all I'd be able to do was scream. But the screaming would get me nowhere. I'd be imprisoned that way for the rest of my pointless life, conscious of my predicament and helpless to change it.\*

Surely being blind was like being buried alive. I was certain then that I would rather die than lose my eyesight.

Aias came out of the surgery with hard transparent plastic protective covers taped over his eyes and moving a bit unsteadily at the side of the surgeon. I hooked his arm through mine and led him across the waiting room, in which that day there sat a preponderance of Hasidic

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\*Years later, when I read in Leonardo da Vinci's *Paragone* that a man who had lost his sight was like "a man shut alive inside a tomb where he could live and move," I thought that if he had only removed the second clause, his description would have been dead accurate.

women. Some wore heavy loaflike wigs that gave them an armored appearance, and those wigged women who had bandages on their eyes looked particularly baleful. As we moved toward the door, the surgeon gave me a startling nudge in the ribs with his elbow. "What about you?" he said. "You want the surgery?"

I laughed with false agreeability and nodded in a way that meant *Oh, sure! Good idea! Thanks for thinking of me* while in my heart I was thinking, *Fat fucking chance. You wouldn't catch me dead submitting my eyes to that knife.*

For a while Aias had been encouraging me to have the surgery. He hated it when I reached for my eyeglasses, hated the way they looked on me. But even though it was true that at age forty-nine, I found my eyes rapidly weakening, I was adamantly set against laser eye surgery. I couldn't read a thing now without magnifying lenses, not unless I squinted severely and held the text as far away from my face as my arms would allow. I often heard myself muttering with ornate irritation, "I cannot see a *thing* anymore." And yet I would rather be dependent on eyeglasses and the annoyances of losing them, sitting on them, endlessly wiping fingerprints from them, replacing the loose screws on them, rummaging constantly in my bag for them or thrashing my way through the house in search of them when in fact they are sitting atop my head the whole time, silently mocking me—I would rather endure all those minor annoyances than surrender my eyes to anybody or anything over which I could not have complete control.

The surgeon said his unsmiling good-byes and admonished Aias not to exert himself unduly for the next forty-eight hours. We took a taxi back to our hotel, where Aias lay on the bed, head propped up on three pillows, hands by his sides, nose and toes pointing at the ceiling. With the bulbous protective cups over his eyes, he looked somehow incarcerated, detained. In an hour or so I was to remove the cover-



ings and put medicinal drops in his eyes. It struck me as I looked at him lying there that being sightless was akin to being toothless. Self-defense and aggression both seemed to me difficult to achieve fully when you had no eyes or teeth. For a few seconds I imagined Aias toothless, his mouth caved in. Which would I prefer him to be: toothless or blind? Toothless looked bad, but then some kinds of blindness did too. Toothless was a condition that could be remedied with a bit of expert dentistry, whereas in most cases blindness could not be remedied by anything at all.\* I sincerely hoped that Aias was not blind. Soon enough, when I administered the eyedrops, we would have the answer.

I went to the window and looked out. I could see Jerusalem's old cemetery on the hill to the north. The stones of the tombs gave off a parched, senile yellow light and looked, from this distance, for all the world like the rubble of a ruin. A phalanx of stiff-spined cypress trees stood at the edge of the cemetery as cars crept by on the avenue below it—Israelis going about their business while the skeletons above them lay motionless in their tombs, a silent reminder of what was ahead for all of us.

Bored, I lay down on the bed next to Aias and held his hand. I knew he disliked being idle and debilitated. But he was a patient person, far more patient than I. Had I been in his position I would have been restlessly bad-tempered, complaining bitterly, and emitting dark vocal sighs of despair every sixty seconds or so. Aias, however, was silent and relaxed, waiting for time to take its course. He could even smile at his predicament, showing his strong teeth. I smoothed his knuckles and fingers, put my arm over his chest, kissed his neck and ear. I admired

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\*Later, I'll discuss some of the cases in which sight has been surgically restored to the congenitally blind. The earliest reported instance came from Arabia in the year 1020. By the year 2000, there had still been only a very few successful cases.

his patience and his equanimity. He made it easy to take care of him. I pressed my cheek to his, kissed him on the mouth. He kissed me back. The call to prayer suddenly began quavering from ten different directions outside our window, and we lay that way for a long while until one thing led to another and even though the surgeon had said that Aias should not exert himself in any way, we exerted ourselves. Gingerly we did so, and while we did, I was very careful to keep my hands away from his face, fearing I would damage his eyes.

Eventually, Aias's eyedrops were due. I settled my eyeglasses on my nose and carefully peeled away the adhesive tape that held the protective plastic covers in place. The eyes were filmy and watery. Aias blinked and looked beyond my head in a testing way, trying to focus. I held his eyelids apart and put three drops into each eye. The liquid pooled, then streamed from the corners of his eyes and slid toward his ears. When his eyes cleared he looked at me for a while, minutely examining my face. Finally he said what I knew he would say: "Those glasses you're wearing are no good."

Surprised and relieved that he could see me through all that rheum, I said, "How come?"

"They make you look old. They make you look like an old schoolteacher."

Just around that time I had, in fact, become a schoolteacher of sorts. I had recently taken a job as a volunteer teacher at the International Institute for Social Entrepreneurs in the city of Trivandrum in the state of Kerala in southern India—nearly as far south in India as a person can go without stumbling off the end of Cape Comorin and plunging into the Laccadive Sea. The school was not exactly in Trivandrum but eleven miles outside the city in what seemed to me a deeply insignificant coconut and banana jungle set between a tiny village and a muddy lotus-choked lake called Vellayani. Housed in a walled brick

compound of brand-new construction, the school comprised four buildings—an office building, a dormitory, a dining room/kitchen that also served as an auditorium, and a classroom building. I was there to teach English and anything related to it. Communication, pronunciation, elocution, writing of all forms, grammar, punctuation, public speaking, whatever the students needed in this broad area, I was to help them with it. Not having had more than two years of experience with this sort of thing, and that nearly twenty years ago, I was only one step ahead of my students. There were some two dozen students between the ages of twenty and fifty-two. They came from thirteen different countries. There were two from Madagascar, three from Kenya, one from Norway, two from Ghana, one from Japan, one from Colombia, one from Nepal, three from Germany, three from Liberia, one from Sierra Leone, one who got chased out of Liberia as a boy and ended up in Sierra Leone, one ethnically Indonesian man from Saudi Arabia, two technically Chinese people from the Autonomous Region of Tibet, and one irrepressibly cheerful, fast-talking young woman from so extremely far northeast in India she might as well have been Bhutanese.

One of the criteria for admission to this school was that the student be proficient in English. For a couple of the students, that criterion appeared to have been waived. Though they could all put together simple sentences, only a few were truly proficient in English. The Kenyans' national language was English and they were, of course, fluent in it, though their English was full of quirks and Britishisms and their accents were so rich that one had to concentrate carefully to follow what they were saying. The Liberians, for whom English was also the national language, were also very good at it. They knew English, understood it perfectly, but when they spoke it, they were almost completely unintelligible to the rest of us English speakers. No amount of careful concentration could solve this problem. The number of times

I had to say “Sorry, what did you say?” to my Liberian students in the first few weeks of meeting them was a source of regret for me. I felt for them. With their nation, their lives, their education, their very psyches disrupted and dismantled by Charles Taylor’s nightmarishly weird Liberian civil war, they were not like any of the other students at the school, and they felt their difference and were, I eventually came to realize, quietly wounded by it.

The other important criterion for attendance at this school was that the student had to be either legally or entirely blind. Thirteen of them were completely blind. The rest were in various stages of blindness, low vision, or visual impairment. Some could see a little light, a little color; some could see objects dimly; a few could read printed type if the type was very large and they pressed their noses up to the page. Most could read Braille; most were in possession of a white cane.

My reason for going to India to teach blind and visually impaired people was not that I wanted to teach English or live in India. I have never really wanted to teach, and I might as well say now that, although I’ve tried over the years to see the charm of India, after five separate trips there—a couple of them extended—I still do not see the charm of India. No, I was teaching at this school solely because I had developed a strong curiosity about blindness and wanted to meet blind people, to spend time with them, to get to know them, to find out how they think, to see how they live in the world, how they navigate, how they talk and eat and dress and write and shave and brush their teeth, and learn just about anything else I could about blind people without trespassing too far beyond the limits of decency. Teaching in a school for the blind seemed to me a good way to learn, and I was given the rare chance to do that in Trivandrum, Kerala.

I had begun to develop this interest in the blind four years before, when an American magazine sent me to Tibet to write an article about Sabriye Tenberken, the blind German woman who, together with her