

COMMENTS TO EDITOR: This article has potential, I believe, and the author is an active STFM member, journal author, and faithful reviewer. One review is fairly positive, the other indicates the article has potential. I think we should give the authors a chance to revise along the lines suggested below.

COMMENTS TO AUTHOR: Dear, this is an intriguing article. Its strongest feature is the format of telling the tale in three voices, that of patient, family member, and physician friend and colleague. The story is well-written and provides many insights from these differing perspectives.

We believe, however, that the article can be improved in several ways. Perhaps the most important is the strengthening of the patient's voice. Although X is the "central character," he says the least. Perhaps this is a function of the aphasia itself, but if so, hearing some reflection on his relative quiet would be instructive.

A few other points mentioned by reviewers should be considered carefully.

1) One reviewer says that the piece would have more general interest if Tom, the patient, could share some thoughts about how this experience has caused him to reflect on his previous practice and relationships with patients. Did his own brush with death, and the resultant disability, lead to new insights about doctors and patients?

2) The other reviewer raised intriguing issues about the relationship between language and thinking. While I don't believe a narrative essay is the proper forum to examine such issues, elaborating on the examples the reviewer cites (providing more details about "being in a fog," "not having a clue" about number of fingers) could provide added richness to help the reader enter more fully into Tom's experience.

3) This reviewer also would like to see more about Tom's emotional response to his losses. This is an excellent suggestion, because the "interiority" of this event seems somewhat absent.

Addressing all of the above concerns would deepen the power of the paper and at the same time have the effect of "enlarging" Tom's voice.

4) Finally, the second reviewer asks for more literature citation. This is generally not appropriate in a narrative essay. However, one or two references about the subjective experience of aphasia would not be misplaced.

COMMENTS TO EDITOR II: The authors have done a superb job of responding the reviewer suggestions. In particular, the patient's voice emerges more strongly and clearly (and it is a wonderful voice to hear!). The essay now includes reflection on how this experience has changed the patient's view of the doctor-patient

relationship; more details about the experience of aphasia; and some reference to the emotional impact. The authors also included some aphasia and stroke resources, which I think is a wonderful idea. As well, they include 8 references which are not specifically cited in the narrative. I'm not sure all of these are needed, but I suspect authors provided them in response to reviewer 2, who asked for references. Perhaps you can make a decision as to whether none, some, or all need to be included.

My one concern is that the submission is VERY LONG, 3116 words, so longer than an original article. I think that some passages could be edited down without losing the power of the submission. While I think some latitude should be extended because of the three perspectives approach, I'd encourage the authors to make some cuts to bring it closer to 2500 words.

COMMENTS TO AUTHOR II: Thank you for the additions which really highlight Tom's voice (and what a wonderful voice it is). We also deeply respect your decision not to ghost-write or edit his contributions (which truly does not seem needed in any case).

Our only issue at this point is the length of the article. Normally, narrative essays are about 1000 words. While some latitude can be extended because of the three perspectives approach you've adopted, we'd like you to edit the piece so that it is closer to 2500 words. Perhaps some of the details of the rehabilitation process could be omitted or condensed (cf. pg. 8, various rehab experiences). Perhaps some of the anecdotes, while all powerful, could be eliminated (driving story) or shortened (kayak story).

Also a small thing, but pg 6, line 30 ("My speech therapist met with me once a week from one to nine years post stroke) I don't think quite makes sense.