

SYSTOLE



UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE

2011-2012



2012-2013

LETTER FROM THE EDITORS

Welcome to the third edition of *Systole*, University of Louisville School of Medicine's literary journal, a publication of the school's HEART: Humanism in Medicine committee. HEART is an acronym for Humanistic, Empathetic, Altruistic, Relationship-centered Team. HEART is a group of faculty, students, and administrators at the School of Medicine who are committed to creating opportunities for the medical school community to value the efforts of those who provide quality patient care and foster caring, compassionate relationships. In short, HEART is dedicated to fostering humanism in medicine. This, the third volume of *Systole*, is a combination of works from two academic years. It celebrates the writings of faculty members, medical students and residents during 2011-2012 and 2012-2013. The word systole has Greek origins denoting "a drawing together or contraction." We feel that sharing these writings is one way that our academic community can be brought together to foster humanism in medicine. We are excited to present the following works of art that showcase the creative endeavors of our medical community!

Sincerely,

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Schizophrenic?

Aaron Smith, Class of 2013

Is medical school schizophrenic?
There are neologisms galore
Accruing rapidly as flights of ideas,
With circumstantiality of knowledge,
That seems meaningless at times

The students employ reality testing
Since the environment often appears foreign,
So the students resolve to echolalia,
A seemingly good technique to honor,
But does that prepare us?

Other disorders may become relevant
Like trichotillomania before boards,
Anxiety and Panic, with a splash of Tourette's
Calling out all these frustrations,
And feelings and frets

But then third year approaches
(Let's hope not during a fugue),
Just like a dose of clozapine,
Bringing with it the reality
Of why we endured so much

Failed Considerations

Adam Robison, Class of 2013

Does this end
Countless paths for my focus to flee
 trying to escape from the responsibility
Yet I am here
Thankfully not broken
But close, fragile
Push along, push along
I pull this heavy cart along these many paths
I am not going to succumb
Another hoop to jump through
Late nights and bloodshot eyes
Awe at the mile high stacks
The constant beating of our spirits by some hidden fact
 we failed to consider
No end to deadlines
Pressure, mounting pressure
Test, boards, shelves
All words for torture
Persevere, all we have to do
This too shall pass
Like a bad storm or a bad dream
But I have a feeling
We will look back with fondness at the hidden good
times
 we failed to consider

Matter of Perspective

Alex Bajorek, Class of 2013

Two tiny strings, vibrating in harmony,
Twisting and resonating,
Form formless forces, weak and strong,
Unpredictable, they defy certainty, obey probability,
Atoms converge, sharing and throwing their particles
across the room,
It is a small room,

Covalent carbon chemicals convalescing,
Polypeptides positioned like a glob, globules,
Linearly arranged in sheets and folds,
Proteins forming factors, transcriptional control,
Modifying the assembly line, it is no line at all,
Rather helical, an information highway that is old as life
itself,

Here is the beginning, the source of destruction,
Mutated Myc mutilating control, proliferating
unchecked,
Cellular machinery full steam ahead,
Specialized blood cells, mediating immunity,
Unable to quit, the lymphatics they consume,
Ironically painting Gogh, a beautiful starry night,

The patient lies gingerly, lightly grasping the bed rail,
Fighting back nausea, fighting for focus,
Doctors scribble notes, nurses adjust the chemotherapy
drip,
And her family stands rooted, reaching out with positive
hope,
While they push down their creeping fear,
Hoping against hope that someone, something, will
hear,

On the same building, above on the seventh floor,
A committee meets over turkey sandwiches and
modern décor,
A PowerPoint displays budgets and pie graphs, yearly
projections,
They seem to be balancing the needs of the hospital
with their wants,
And always moving forward, proliferating unchecked,
Merging with larger siblings,

Further away, in the bustling power hub of our capitol,
Under a pearly white weathered roof of champions for
the individual,
Senate and House of Representatives, Surgeon Regina,
Republican and Democrat, shouting and shoving over a
line in the sand,
Polarizing and struggling to develop an affordable plan,
Choosing between a billion for health or for a stealth
bomber,

The entire world groaning, creaking,
Wheezing and puffing with the weight of so many,
Sophisticated scanners that take up a room here,
Lack of vitamins and clean water over there,
Billions moving, shoving, proliferating unchecked,
Fighting for food, for energy, for life and family,

In the vacuum of space, cold and bereft of heat or
sound,
A peaceful earth, seemingly still yet speedily turning,
Do these species realize how lucky they are?
Just a miniscule difference in gravity, different elements
in the air,
If it was too hot or cold, like the porridge of the bear,
And they would fail to be there, unaware,

Beyond this messy existence of organic matter,
A vast and lonely stretch of space,
Sharp meteors whizzing, massive blue giants,
supernovas, nebulas,
Light sucked into black holes, weird extra dimensions,
wormholes, dark matter,
A mind shattering expanse of time and space,
unfathomable,
And beyond.

Where do minds go when they're lost?

Andrew O'Brien, Class of 2013

I heard a story on NPR one day from a woman who had been with a combat unit in Iraq. She was talking about how a soldier had been shot in the stomach and would surely have died had he still had his appendix; it had apparently been removed some years earlier. "That must have been one ectopic appendix," I thought to myself. I spent the next twenty minutes trying to figure out how a missing appendix could have had anything to do with a gunshot wound to the stomach. I finally realized that when she said stomach, she meant abdomen, really probably pelvis. There are many terms that we use very specifically in medicine that everyone else uses differently. I don't think any med student would confuse stomach and pelvis, but there are still some terms that we use flippantly that also have specific medical meanings. OCD is one of these.

When I told my best friend that I had OCD, he said, "Yeah" and just sort of looked at me expectantly, as if waiting for me to get to the point. I thought I had. I had spent the preceding week trying to decide whether or not to tell him, whether to share my pain or not, and it was not an easy thing to say. His reaction made me start to feel like I had just told him I had a hang nail. I'm sure the thoughts that came to his head were something like me repeatedly straightening the pillows on my couch or of me walking around with a level to straighten the pictures on my walls; yes, I do these things, but that's not the point.

Illness, mental or otherwise, is always a spectrum. Everyone here at med school probably has some tendencies along the obsessive-compulsive spectrum, just as some peoples' lipids are probably a little higher than they should be. But when it becomes a true pathology, is something different. The compulsions are

easy enough to understand, I think. I wash my hands more than it is logical to do so. Every door I open I do my best to touch the part of it that is least likely to be touched by others (the spherical ones are the worst: there's really only one way to open those). Every PBL keyboard I use I clean with alcohol first. Every time I shake a hand I have to wash mine before I can touch any of my stuff. For me, these aren't so bad. They can be bothersome, but I can generally wait to relieve them at a socially acceptable time.

It is the obsessions that are the source of my distress. We all get preoccupied sometimes, but I think it is the intensity of the obsessions that make the difference. They are an assault on my mind from thoughts that I don't want and by which I am deeply troubled. In my case, they are thoughts of worthlessness, emptiness, isolation, and other manifestations of loneliness. It often requires the full extent of my energy and attention to try and keep them out. I do my best to keep them away, usually to the exclusion of everything else in my life for a time. Sometimes I spend hours simply sitting, struggling with the battle that rages in my own head, trying desperately to maintain control, to stop the thoughts from filling my mind. And sometimes I can't. Through exhaustion and a sense of futility, I give in; I let them take control and I watch as my sanity slips away. So far, it has always come back and I'm happy to see it; I can't help but greet it tentatively, though. It's like a dog that has gotten loose. When he comes back, he is my dog, clearly recognizable, but he's missing patches of fur and there's a look in his eyes that's not quite the same as when he left. Clearly some part of him didn't make it back from the dark journey he took, a journey to wherever parts of the mind go when they're lost. I look at his tired, haggard appearance, knowing he will never be quite the same again, but I'm relieved to see him, nonetheless. I can't shake the fear

that one of these days he won't make it back at all, however. It's terrifying to watch yourself lose your mind, even for a little while, even if you try to trust it's a transient thing. The irrationality of allowing thoughts to consume me is clear, but I can't always stop it, no matter how hard I try; sometimes I don't have the strength to try at all. When there are external influences keeping me functional, I can get by. I have a lot of wasted time, but I can live my life and fulfill my responsibilities. Not everyone with OCD is so lucky. My goal here is not to generate sympathy for myself; it is merely to give a window into OCD. In the first two years of med school, at least, it is all too easy to forget that disease isn't just words on a page. There are real people somewhere beyond the books and it is often very difficult to capture the character of a disease with a list of symptoms, especially when it comes to mental illnesses. All I hope to achieve with my words on this page is to let my experiences help others understand OCD a little bit better and know that it really can be very distressing and dysfunctional.

Prosopagnosia

Chris Barton, Class of 2014

Who is this man I see staring at me
Within this mirror I can't recognize
A person of familiarity
The world I knew is now a bunch of lies

Dark streets I walk are full of ghostly men
Residents of a world I do not know
They glance my way, though a return is sin
For recognition I will never show

To stare at vacant canvas all day long
That God once started yet left incomplete
Does wear this soul of loneliness's song
But even my reflection I won't meet

So is it truly a face that they see
Or is there really nothing inside me?

A Manicured Farewell

Christine James, Class of 2012

Louis said to Delia 'That's the sad thing with life: there's people always leavin' just as other folks arrive.'

- Josh

Ritter "Folk Bloodbath"

During our second year, one of our preceptorship experiences included a Hospice visit with one of their staff. Every classmate who had already completed their preceptorship told me that while the visits were depressing, the patients and their families seemed resigned to the future—a future that only held goodbye.

* * * * *

As we walked along the sidewalk, the Hospice nurse I was following that day asked me if anyone close to me had ever died. I told him about one of my good friends from high school and how she was killed by a drunk driver. He looked at me and said, "I only ask because these types of home visits can be hard for some students, especially the ones who've never experienced the death of a loved one." I shook my head. I was not one of them. I was prepared.

In the living room, an old woman sat next to the bed of her husband, holding his hand tightly in her own. The Hospice nurse explained to me in quiet tones that her husband had Alzheimer's and had been a patient for quite some time. Her son and daughter were also in the room with their families, speaking in hushed tones, alternating between rubbing their mother's back or silently watching their father. His breathing sounded painful, as if he was choking on the mucus building up in his lungs. Privately, I asked the nurse how many

months the patient had left. As he took out his stethoscope, he replied, "A few more hours at most. But his family doesn't know it yet."

As the nurse examined the patient, he explained the situation to his wife, as gently as he could. I could see the emotions flit across her face: shock at the little amount of time they had together and the deep despair of what she could not avoid. After a few minutes, her daughter softly asked, "Are you sure there is nothing else we can do? Maybe we should take him to the hospital. They can clear the liquid from his lungs and help him breathe easier, can't they?" I knew the nurse understood the futility of hospital care at that point, but I also knew he would never try to push them in a direction they were not ready to face.

While they discussed the various options, I slowly looked around the living room, a testament to the almost sixty-year marriage this couple had shared. On the mantle were scattered a multitude of photographs from the different stages of their life: weddings, graduations, baptisms, picnics in the park, each one radiating joy and fulfillment. Military medals hung from the wall, honoring his service in World War II and the Korean War. A silver anniversary card sat on a small table, *To my dear and loving wife* scrawled on the front. I found myself closing my eyes, willing the tears to stop gathering, praying to God despite knowing the fruitlessness of my request. I realized then that no matter how slow or peaceful the death, no amount of time made a goodbye easier to bear.

When the patient's wife noticed me glancing at her hands, I told her that I loved her red nail polish. She smiled a little then and said that it was the only color she ever wore, and even though her husband had Alzheimer's, something about the color always made her husband want to hold her hand, maybe a fleeting memory of the wife he fell in love with at twenty-two.

She fell silent for a few moments before interrupting the discussion between her children and the Hospice nurse. I don't want to send him to the hospital, she told them. They began to protest, but she gently hushed them with a raised hand. She just wanted to hold her husband's hand for his last few hours and watch him breathe. She wanted him to do this surrounded by the people who loved him. As the nurse made the necessary arrangements, I watched her close her eyes, seemingly lost in the memories they had created together, her manicured fingers smoothing his hair.

A hot airport

Cory France, Class of 2014

A hot airport. Chaotic malformations that resemble lines. Posters about cholera. I have arrived.

Dusty roads. Dusty roads full of rocks. Rocks, rocks and trash. Dust and trash. Trash, trash and more trash. THERE IS TRASH EVERYWHERE. Dusty rides in the back of dusty trucks past piles of trash covered in dust. Dust accumulation serves as a pseudo-timepiece and exposes the inactive, the sedentary. Broken down trucks are great examples of this. Trucks with months of dust that just scream: "I will never be repaired! I will rust into the ground, I will become dust." A dried up creek bed. Drainage ditches full of trash. Orphanages. So many orphanages full of so many kids who just want toys, broken frisbees, anything. Orphans who just want to be loved, who just want some positive attention. Orphans who may have shoes and definitely have worms and, my god, the flies are everywhere. Orphans who have all

the bad things about Haiti, but don't have last names or birthdays that anyone can remember. They take vitamins that taste like week old fish without flinching in return for a lollipop. They're champs. Orphans who would be more than happy with half of the stuff I throw out on a weekly basis. I'm humbled. Chickens are everywhere. Haitian chickens, not American chickens. Yes there is a difference. Chickens and goats, dogs and ducks. The ducks eat the trash. The dogs eat the trash. The goats definitely eat the trash. I'm not positive but I think the chickens eat the trash as well. I don't know what else they would eat. Sixteen little boys, three ducks, some chickens and trash; sixteen little boys who want nothing more in the world than to be loved.

What do you say to a child without a full name? What do you say to a child who has no date of birth and no record of his past except:

"There was an earthquake. Everyone I knew died."

Year Three

Desha Jordan, Class of 2012

Starts with some worry
Maybe even fear
You arrive...then jump in

Go where? See what?
Do this, do that
Write a note, see a patient

Go here, go there
Up the stairs, down the stairs
In the ER, in the OR.

Copy this, print that
Fax this, call about that
Look up the info
Present to the team
Talk to my patient
Hmmm... MY patient!

Feel less useless
More useful
Still lots to see, lots to learn
Go here, go there
Stop... reflect

Realize how far you've come
Still more to come
Continue on
See more
Do more
Learn more
Excited for what's in store
Can't wait for year four!

If the Horse is Already Dead

Joel Lanceta, Class of 2012

Like most members of my addictive generation, I was on my phone for my daily fix of social networking when I came across a Facebook status – “My dad went from being a Med/surgery patient to being in the ICU and intubated overnight...keep him in your prayers please...” It was from Philip, the oldest son of Jose Garcia, one of my dad’s best friends for the last thirty years. I literally was thunderstruck by this news about Dr. Garcia, or as I called him most of my life, Uncle Boy. Sure, I hadn’t seen Uncle Boy in years and I knew about his failing health but in no capacity did I ever peg him as someone who might die in the near future. He died in the hospital the following Sunday, from cerebral anoxia following respiratory arrest.

My parents were out of the country so I stood in for my dad during the funeral. The morning began with a dismal shower, with clouds that barely exerted a weak drizzle but still added much to the somber mood. There I was, trying to keep in pace with the line of purple flags that slogged along I-64 from New Albany to downtown for the funeral Mass. Riding shotgun was my Uncle Rudy, whose fear of driving over bridges was the reason why I was chauffeuring him. In the back seat was Aunt Betty, talking solemnly, and loudly, in Filipino with Uncle Rudy. We arrived with the funeral procession at the cathedral – candles, rosaries in hand, and filled with Asians from all over Louisville, dressed in black, brimming with grim energy.

The eulogist was Daniel, Uncle Boy’s youngest son, who was the closest to me in personality, age, and friendship. We had both grown up spoiled by our respective moms, became medical students, and inherited a penchant for whiskey and pride in our Filipino culture from our respective dads. It was Daniel,

whose grief choked his words, was up at the pulpit, painting his dad as a Renaissance man – husband, father, grandfather, doctor, singer, musician, chef, and poet– one who would be greatly missed. That grim energy fully developed into complete mourning. Little pools formed like reservoirs underneath Aunt Betty’s eyes, and even under Uncle Rudy’s eyes too.

My mind, however, had wandered off thinking about risk and uncertainty. My dad is 63 years old. Uncle Boy was only eight years older. He would soon be the same age when Uncle Boy had his first stroke. Both of them had had the same deep-fried high sodium, high cholesterol, and low-fiber diet for years, with a cup of white rice for every meal. They’d have meat for dessert if they could. And since it was safer to drink beer than the water in the Philippines, that’s what they had been drinking since they were 12. I could make a tower out of my dad’s medication bottles much like a kid playing with blocks. Beta-blockers, metformin, aspirin, HCTZ – all of these were in his medicine cabinet. All these drugs he divided each week into one of those pill organizers I had instructed elderly patients how to use in the clinic. Was my dad following the same path as Uncle Boy? Suddenly, it was as if I sat in front of a crystal ball. I had a premonition where I stood at the pulpit instead of Daniel, and my dad had taken the place of Uncle Boy – a morbid oracle, but all the more possible.

In some ways medical students become hypochondriacs in white coats. Studying and being in immediate exposure to diseases, we become highly sensitive and suggestible that we are contracting disease we’re preoccupied with at the moment. It doesn’t help having this pathological preoccupation when you see your parents start to develop real age-related changes, and you can’t help but think of all of the disease permutations that can happen. I hear my mom discuss my dad’s high blood glucose, and the complications that

could happen in the future starts running through my head: stroke, MI, cataracts, foot ulcers, UTI's, etc. When I'm calculating CAD risk for patients and I look at factors and equivalents, I notice most of them match my dad. I've seen many patients on my family medicine rotation as old as my dad, or even younger, who are in worse health than him. Most are smokers; he hates cigarette smoke. Many are severely overweight, more so than my dad. Many don't have the active lifestyle or large social and support network he's accustomed to. Yet these patients also have kids who view their dads as being strong, handsome, wise, and dependable. And these kids are just as disillusioned as I am when they see their dads don't go on forever; they lose their virility, their strength, and worse, their cognition. I walk through the endless corridors in the hospital, and often times a patient is being led by their kids or their grandkids in a walker or a wheelchair. I focus on them for a quick second, but then I envision it'll be me one day pushing the wheelchair reluctantly, and I ask myself, *how long can Dad be as healthy as he can be?*

I sat there, contemplating this during the eulogy. Uncle Boy had acute and severe health problems. I was certain Daniel had also run the gamut of fears I have had. But Daniel's speech never focused on the decline and deterioration. Instead, he mentioned all the little goals Uncle Boy had achieved right after his stroke: his learning to walk again, how he was able to communicate faster than the doctors thought he would, how he still continued his love of gardening and worked on cultivating flowers and fruits from the Philippines. It was that word, *gardening*, that triggered a memory in me. I'm two years old, and my dad is teaching me to spray water on his tomato plants. The plants are like tall trees to me, atop of giant mountains of dirt. I pick this ruby-red tomato as big as both of my little palms, and waddle over to my dad. My mom calls out to him to cut

the grass, and then he answers back, “What good is the grass if the horse is already dead.” He laughs, and I laugh, most likely because my dad also made a whiney-sound like a horse.

“What good is the grass if the horse is already dead.” is actually a Filipino proverb: *Aanhin pa ang damo kung patay na ang kabayo*. The proverb alludes to solving problems on time and not procrastinating. The horse is analogous to all problems in life; it would do no good when a solution is brought too late, like bringing grass for a horse to eat when it had already died of starvation.

At the funeral lunch, I gave condolences to Daniel, and some of my own fears about my own dad that fermented during the service. He told me not be preoccupied with it so much – I can check up to make sure he eats healthy and exercises regularly, but most importantly I should enjoy my time with him when I can. We made some promises to catch up in more festive times, watching a Cards basketball game or over coffee, and then I headed back to school.

Uncle Boy’s funeral had a profound impact on my thinking. I left the post-funeral lunch, thinking how I could help my dad live a healthier life, as he got older. It would have to be quick, though, because what good is bringing grass for a horse to eat if the horse is already dead.

Year Three Haikus

Joshua Yuen, Class of 2012

Peds

Kids are lots of fun
Residents are super nice
Red slushies all day

Surgery

Two large bore IVs
Retract. Suction. Fake interest
I hate trauma list

Family

Nice people. All white
"No sweets. No salt. Stop smoking."
I did not get lynched

Psych

"How are you today?"
SSRIs cure all things
Grand rounds food is gold

OB/GYN

Childbirth is crazy
Pelvics and pap smears all day
Look for the ice cream

IM

Haven't done it yet
But looking forward to it
For it ends third year

Lord of the Flies

Abhijit Mahalingashetty, Class of 2014

Comfort is aired out by the opening of the airplane door. Anxiety fills us like the penetrating heat of this land. Reality strikes when we see a mother give birth to her 11th child. The previous 10 children or what pass for children hover outside the clinic. We wonder how she, her family, can support so many. It's obvious from the flies that surround their marasmus bellies they aren't getting the proper nutrition. We try our best to learn the children's names, but after four it gets tough. After seven, they start sounding the same. We are overtaken with feelings of altruism; *this is why we are here*. We swat the flies away but they are of the suborder *pertinax molestia* and keep coming back, so you give up—something the kids learned to do at a young age and were what they were probably saying in a language you couldn't understand, but misunderstood for gratitude. We give the kids some water watching the clinic staff shake their heads and roll their eyes at us, which once again, we mistake for approval. As the days pass, we grow accustomed, at remarkable speed, to an unaccustomed world.

By the fifth such patient we learn to deal with the situation. The first patient is the unexpected shock of realizing that women are still having more than two or three kids. The second is alarming; *don't these women know that having so many kids is putting them at risk?* The third is the worst; you are filled with infinite sorrow and helplessness about their situation. The fourth, is expected; now you have learned that the husband wants more boys to work the fields, get bride prices (without understanding the associated burden this places on a family), and to ensure his legacy is secured (we later learn that his legacy is not much different than *P. molestia*--propagation and spread of

genetics). At some point it occurs to us that there is something odd about these shirtless kids. So we go back to the first patient, the second, and the third and realize that most of the little shirtless kids are, in fact, girls. The nurse shrugs off our questioning and responds, 'Girls are trouble.' What a strange response; we come half way around the world only to learn what we already knew. We've dealt with them. We guess one thing stays the same around the world.

And the fifth? Well, the fifth is accustomed. Now you know the staff's head shaking and eye rolling was really disbelief at what we had done. "Can you believe them? What are they doing giving our water away? It's bad enough this woman isn't going to pay? Now they give away our clean water to these filthy kids. It's a good thing this is a government clinic. No, it's a good thing we make them pay for this *chance*." A few weeks pass; the clinic physician is nowhere to be seen—the nurses again respond with half-hearted ambiguous answers when questioned about the doctor. We curse the internet site's trickery and deceit, "Come learn rural medicine in a developing country with experienced staff and state modern clinic!"

A couple of weeks pass and the unaccustomed world is all the more accustomed. Our time here is coming to an end; we cannot wait to go back home for some ice in our cola, for some cold water; for some air conditioning; for digital cable (anything but "Friends"); but most importantly to be able to use a western toilet and to take a long shower and not a quick bath. We yearn for relief from this place. The clinic has become mundane. Seeing patients come in with unfixable problems has drawn much too much out of us. We hate the clinic staff for being so cruel; for being so nonchalant about their patients; the doctor for never being here; we hate the system that disenfranchises women, children, men, and even the dogs. We have lost weight. We have

alternated constipation with diarrhea for much too long. We, in the cover of night, thank god we never have to experience such poverty; that our kids will never experience the unknowing degradation and humiliation of begging for food, growing up naked, and defecating in the open; of sisters being married after first blood, of brothers being sold into servitude to ensure the family's continued existence. We thank god that we are going into a profession that insures our futures and for the freedom that totes with economic improvement. We feel sorry for these people; the more we think about their situation, the more we want to leave this place. The magnitude of their misery overwhelms our brains; our altruism is on vacation while our empathy is running on empty. Every time we see a patient who has travelled 3 hours to get the equivalent of an aspirin, we feel homesick. One more week!

Finally, one day during our last week, the doctor shows up. Our minds swirl and our brains go dead from the unexpected circumstance (flies take advantage and land on our cheeks). Before lunch, we learn to suture, learn to diagnose nutritional problems in children (the bellies were in fact kwashiorkor), learn the difference between giving advice to women when their husbands are around (rare) and giving advice to women without accompanying husbands (normal); we learn to advise sisters on hiding their first menarche for a few months. We learn to advise mothers on protecting their daughters. We learn to teach brothers to take care of their sisters, to teach newly married girls to have fewer kids than their mothers and we learn that this family physician is in fact much more. He is the pediatrician, the cardiologist, the gynecologist, the medicine for this village's ailments. Before the end of the day, we circumcise boys, take care of hang nails and other random growth, and perform pelvic exams (something

we will never forget because the doctor makes sure we know the difference between girls who have had three children and women who have had 10). We dispense medicine and treatment in a matter of minutes for what would have required at least five specialists and insurance company approval back home.

We rise early today; today we head home to America. *U S A! U S A! U S A!* Our mouths water thinking about the tub of Ben and Jerry's Chunky Monkey we are going to destroy. 18 hours!! Our energy levels today are matched only from the early days. We hurry and cut our two minute bath to one. The head nurse is uncharacteristically early, in fact, too early, making us wonder whether she is as excited to get rid of us as we are of her. Her husband drives us to the clinic, where we say goodbye to the clinic staff. We give each of the four staff members an American gift that happens not to fit in our luggage filled with gifts for our family and friends. At the airport, to our utter disbelief, we are being offered a free upgrade to first class, which we promptly accept. On the plane, the first class hostess brings us two tall glasses—one filled with just ice, the other filled with ice and coke. She winks, "You look like you could use some ice!" *We are already home.* We sit looking out the window and become sad that we are leaving this. A fly lands on the outer window panel. Staring, we put another ice cube in our mouth, turn the air conditioning up, and shut the screen. Hierarchy within the plane: Us, then the flies!

Coming in 3's....

Natalie Henderson, M.D.

The hands were pale white, gradually getting pinker further up the arm. As I watched for an hour, the lips, from the outside in, turned from a plump pink and to a ghastly gray. I lifted the lifeless curly-haired boy onto the scale. Seven pounds eleven ounces. Five days short of his original birthday. I rolled him to slide the yellow and green Winnie the Pooh snap up shirt onto his ashen body, placed a diaper over his bottom, pulled up the striped pants, and placed the too big hat on his head; I watched the nurse on his other side empty all of her tears from under her surgical mask. I rolled his feet in ink and stamped them, the usual practice I was told. Tears did not come. It was a moment when all the emotions you have should elicit tears but the ducts are dry. I was there.

She, the mom, said she had not felt the baby move in a few hours. Medical student, nurse, two residents, and one attending later the mother was told her third child, a son, was not "viable." Her baby was dead and had been before she came to the hospital. Ten hours later, I was standing in the operating room waiting, listening to the silence of beeping machines and laying a lifeless, beautiful boy onto a scale and carefully dressing him. They say it comes in threes. Deaths, births, life events. Well, I pray, sincerely and more than anything else for this week especially, that no other mother, no other father, family, doctor – no one has to hold a baby while staring so hard, begging the chest to rise and fall in a breath, feeling the disappointment when the small breastbone does not move and the pinkness turns blue-gray. So, please, if anything, do not let this come in 3s, at least for mothers.

The enjoyment of my evening, dinner and watching Hopkins and Wipeout is overshadowed by the silent sorrow I witnessed today. How can you move on? I have done CPR on adults and had them die under my palms, but secondary, more times than not due to damage brought on by their own doing. But this perfect baby, this little guy did not have a fighting chance. So despite the fun, I think it is hard to erase what I saw, what I felt.

Your First Year Course Guide

Ram Narayan, Class of 2014

First year of medical school, at orientation nervous and scared,
All of these ice-breakers, I shared things about which nobody cared,
Sitting through multiple presentations about how to survive in medical school,
This sounds challenging and miserable, I feel like a fool.

I walked in the first day of classes and was handed a microscope and slides,
Took one look through the eyepiece, saw something so weird, I needed a guide,
Apparently we're supposed to know the difference between pink and purple blobs,
I realized that I would never be able to do any microscope-using jobs.

After Histology, a cadaver was waiting for me on the third floor,
At times interesting, but the pelvis and perineum made me want to run out the door,
Pages and pages of identification lists, the Gross Notes CD was such a tool,
After hours of frustration in the lab, cut now, ask later was my only rule.

The end of microscopic anatomy brought on the beginning of embryological study,
Listening to all of these long words and random pictures, looking like silly putty,
All the terms started running together, with little idea of what I was learning,
Up late at night cramming for the final, for a sip of cyanide I was yearning.

Apparently not spending enough hours in the Gross lab
already,
Neuroanatomy introduced material that was, pun
intended, heady,
Another infinite list of terms and associations to be
swallowed,
This must be the stress mentioned at orientation, in my
own self-pity I wallowed.

In second semester I began to take full advantage of
online classes,
After listening to professors on double speed, in person
they sounded like molasses,
If you are not a huge fan of lectures, I implore you to
follow my path,
Six hours of lecture a day at double speed, you do the
math.

Even with online lectures, physiology is not a game,
The massive coursepack alone could be a starting
offensive lineman at Notre Dame,
The professors are wonderful and deserve their gig,
Yet they still enjoy torturing students about the body
fluids of a 100kg pig.

Next are the enzymes, that comprise most of Biochem,
Make sure that the lectures do not induce REM,
For you must remember the adage no pain, no gain,
Because it will be a disaster if you forget the electron
transport chain.

I hope you are tired of science, for you'll next be taken
on a ride,
History of Medicine arrives in time to prevent your
brain from being fried,
You'll learn of great physicians that have accomplished
many a feat,

But when trying to remember all the ancient Greek names, you'll feel the heat.

Throughout the year you'll also be introduced to clinical medicine, coined ICM,
You'll treat fake patients, even if you have no idea what's wrong with them,
You'll write papers and shadow doctors on several days,
Where you'll be told that your utter lack of knowledge is only a phase.

Finally, I am sure you will not forget the wonderful ICC,
Because working in subgroups and presenting cases sounded scary to me,
You'll be fine if you just follow your heart,
You might not know the point of the lesson, but you'll know your part.

I hope this poem was helpful for getting you ready,
Make sure not to fall behind, and you will be steady,
Medical school isn't always as bad as all the stories of pain,
But at times you may be too busy to shower and groom your mane.

Of all the advice I heard throughout first year,
There is one tidbit I wished I would hear,
If you ever feel that your brain is being frugal,
Always remember to turn to your best friend – Google.

The Emergency Room

Cory France, Class of 2014

The emergency room is full of drunks.
One is looking for beer and a sandwich in the fridge.
Another is being very polite, but keeps falling out of his bed.
Two won't stop shaking,
and they wish they were still drunk.

I feel like this is their home.
Some of them know nurses by their first names,
even in their drunken stupor.
They lay back and relax,
trying to find something good on TV.

Please just get them help so they'll stop drinking so much.
Please just get them sober so they can leave.
Please just have them walk down the hall without stumbling too much so they can be released.

The nurses seem slightly amused,
in a frustrated "not again" way.
The students tend to stay away,
I think they're afraid of them.
I know I am.

The residents are mad.
The residents don't want them here at all.
They're walking the drunks down the halls.
They're making them leave.

The attending has been here longer,
he's accepted this relationship.
He just sighs...
and admits another drunk.

“Let’s Go”

Bobby Klapheke, Class of 2014

“Let’s go”

You keep mouthing
with your lips
No words come out
But we know that’s
what you want
Because we know
where you are
“Where would we go?”
“Home”
You keep repeating
We feel your frustration
But this isn’t an option
Not now
“Let’s go”
She shakes her head
As she holds your
swollen arm
I pace around your
room
But this isn’t yours
It belongs to the
hospital
It will never be yours
I want to leave too
An ICU is no place to
spend Easter
“I just don’t
know what to do”
No one does really
Not exactly anyway
This is an educated
guessing game
We call medicine

“Should I move

her out of University?”
Continuity of care
Has to mean something
for her
To start from square
one
Is not a viable option
“What do you
think?”
My opinion means
nothing
Yes or no
She will still be bed
ridden
Still trapped
“Do you think
she needs it PO or IV?”
Again I am no reference
MS1 is a humbling time
Her balance is transient
Her physiology artificial
“Trust the plan
they have for her”
I say with some sense
of reassurance
Probably more for
myself
Watching her rate race
Her pressure fluctuate
Crude beeps and
bumps
Mysterious bells and
whistles

“Just try to stay
happy”

As if one can will away
sickness
She cannot take
responsibility
For a disease she does
not control
A smile will do more for
us
Than it ever will for you
All we want is your
comfort

“Too hot”

We will turn the dial
down

“Too much

pain”

We will give you more
meds

“Too smelly”

We will put coffee
grounds under your bed

“Too much

hospital”

We will do nothing
Because this we know
you need

To hold you in balance

To keep you alive

“Her trache

needs swabbing”

I wish we shared the
same air

“I’ll grab a

nurse”

They help gladly,
somewhat surprisingly
Given that you would
yell at them if you could

“Remember
when?”

This is not all sad
Your eyes meet mine
You have lived so richly,
so lovingly

We want you to feel
our love now

Because we owe you
the returned favor

“We’re

traveling this summer”

“Will you

work?”

You write with great
focus

The trembling pen tied
by a shoelace

To your clipboard, your
conduit

We stay connected

When almost
everything else

Tries to pull us apart

“We have to go

now”

“Let’s go”

Again your dry lips part
and quiver

Again we must appear
to deny

Removing the gown,
the mask, the gloves

I am baring myself to
you
As you so bravely have
revealed to us
 “Goodbye”

Meekly I wave, you
smile
You will never know
That you will always go
With me

MRSA

Drew Chalkley, Class of 2013

My grandfather, Judson Ireland Chalkley, M.D., was a medical student at the Washington University in St. Louis in the 1930s. While he was in medical school, he went into one of the biology labs with the leaded paint and painted black lab tops. He was there to check on some plated bacteria with some of his friends. Like many people before him, his plated bacteria had been contaminated by the open windows with Penicillium bacteria. He and his friends, like many before, did not make the great leap that Alexander Fleming and the subsequent great minds that developed penicillin did. They were not even aware of Fleming's work and his great discovery in 1928. Judson, afraid of bad marks, threw the plates away and replated the bacteria.

Several years later Captain Chalkley, serving in 551st airborne, parachuted out of a C47 into the Hartuby River Valley in southern France on August 14, 1944. The War Department of the Army prepared Judson for combat by training him in Panama. He eventually participated in the liberation of southern France. Within hours of landing in France, Judson was under heavy fire taking care of the wounded. He often said that his time in Cannes was one of the most pleasant periods of the war as he was greeted with aged cognac and shouts of "viva la America, viva la France." Though the liberation of Cannes sounds like one of the more romantic ideas of World War II, it remained deadly business. The Germans used the Red Cross banner of the ambulances and helmets as targets. At times, Judson had to drive the ambulance himself through enemy lines to the hospitals because the ambulance drivers refused. However, it was not enemy bullets that removed Captain Chalkley from the European theatre. During a

lull in fighting near Cannes, he and his buddy drove up some of the alpine roads in the Alps in a medical Jeep for fun. It had gotten dark on the return back and it was protocol to drive "blackout" (without lights). His buddy was driving and a full moon was out. Coming near a stream, the reflection in the stream disoriented his buddy and the jeep slammed into a tree immediately killing the driver. My grandfather was ejected from the vehicle into the stream. When he came to he was beginning to drown in 6 inches of water. He fought to hands and knees. Next thing he knew he was in hospital at Marseilles with a Staph infection and temperature of 107. A very brave physician risked a court marshal, without blood culture, to start a very rare new drug, IV penicillin. Judson's wife was informed in a preliminary letter that her husband would probably not come back (the type of letter all the wives of the war knew brought death by next post). He eventually recovered very much due to the physician's courageous actions. Unfortunately, while in the hospital he had acquired TB in one lung and was sent to Denver for further medical treatment and eventual medical discharge.

During Fall Break 2003, my dad, brother and I were drove to Colombia, Missouri, to see my grandfather in the hospital. My grandfather, always one who loved food, fell out of his wheelchair reaching for a watermelon in the refrigerator a few weeks earlier. He had broken his hip. An insidious MRSA infection followed and he was fighting for his life. We made it and my grandfather had never looked worse. He was still fairly stable and we went to bed that evening. Going to the hospital the following morning no one had called us, all seemed well. My dad nonchalantly dropped my brother and me off at the front of the hospital. When we reached his room he had been dead for 5 minutes. He had rapidly declined over the last half hour and had died. I met my father

coming off the escalator and had to tell him his father had died.

My grandfather was born before the era of antibiotics. Penicillin saved his life and its misuse created the monster that killed him.

My Hands

Robert Stowe, Class of 2013

Medicine examines all the promontories and precipices
of patients,

And yet I have become acutely conscientious of the
patients' hands.

This patient's hands are the product of a glandular
malfeasance.

This patient's hands are the product of a mercurial
remedy for morning sickness.

This patient's hands are the product of an
immunological turpitude.

This patient's hands are the product of unbridled
fibrosis.

Whimsy muses that the eyes are portals to the soul,
They offer an unfettered glimpse into one's fire and
firmament.

How Whimsy does mangle on myopic optics!

Surely this inchoate purview falters in its consideration
Of the topography-laden story in one's Hands.

Hands are element in the chronicle of the individual
And yet possess parallel prognostications of potential.

I observe my hands and see my past and future.

I can see the irony in having a scar inflicted by a coffee
can,

While having deftly eluded the whirring blades of a
garbage disposal.

I can see my father and his genes,

As if imprinting his years of cacophonous carpentry
onto my fingers.

I can see myself as a father, holding my child's hand,
Teaching the grip to the perfect curveball.

I can see myself as a physician.

The physician's hands are deft tools of healing,
They can steady the heart with a carotid massage,
Adroitly navigate the human anatomy and excise
malady and malaise.

A physician's hands guide a newborn to life
And are among the solemn few left at life's
dénouement.

And yet the physician's hands can be their worst
enemies,

Vectoring the most unpropitious agents of infection,
Casting aspersions on the best of medical intentions.
A physician's hands can fail to heal.

I observe my hands and see my present.

My hands are gnarled and misshapen;

An insidious humoral insult I endure.

Will they impede my medical future?

Will I be able to create a fist to grasp a scalpel, wield a
reflex hammer,

And not feel this aberrant contraction and pain?

Yet I persevere, because these uncertainties cannot
prevent the promise

Of my physician hands.

It is a question I ask myself and I ask of my hands,

"What story do you tell and how will that story change
tomorrow?"

Death at Dawn, Life at Dusk

Suzanne McGee, Class of 2013

As the sun rose into the Sunday morning sky, I nervously entered the old government building in which the state medical examiner's office is housed. For my sophomore pathology class, I was required to spend a morning at the medical examiner's office to view autopsies. I really had no idea what to expect, and I certainly did not expect that the experience would profoundly impact my view of the world in such a profound way.

After gowning and gloving up, I walked into the autopsy room. Then I froze.

It struck me like an angry lightning bolt. It sent cold shivers down my spine and made my hair stand on end. I felt like someone had kicked me in the stomach. Pure shock, I felt.

Before me laid a young teenager, dead on a cold metal autopsy table. A teenager my sister's exact age. That could just as easily have been my sister lying there, and I thank God it wasn't.

She was a strikingly beautiful young lady, with flowing dark hair and piercingly captivating brown eyes. I got the sense that she was a vibrant girl who was loved by many in life. But when I met her, she was gone. Lifeless. The antithesis of vitality.

A beautiful young life had tragically ended. And there was absolutely nothing I could do about it. That reality stung.

Physicians are supposed to keep a certain level of emotional distance from their patients in order to stay objective in their treatment of patients. However, my experiences at the medical examiner's office made me realize that it is difficult at times not to cross your toe over the line of ideal emotional distance. Keeping an "ideal" level of emotional connection to a patient (alive or deceased) is a lot like trying to perfectly balance a see-saw while standing up. It is certainly possible to stand in the middle of a see-saw and keep one's balance, but at the same time, it is very difficult to maintain perfect balance in the middle of that see-saw without wobbling the see-saw one way or another. I imagine that in certain cases, physicians might make that metaphorical see-saw of emotional balance wobble so much that that it completely tips over to one side or the other. Certain patients evoke strong emotions like sadness, frustration, anger, and empathy in their healthcare providers; it must be difficult to maintain perfect emotional balance when dealing with patients who evoke such emotions in their physicians.

My see-saw of emotional balance wobbled quite a bit while I observed the young lady's autopsy. I can't even begin to express the deep sorrow I felt as I watched her autopsy and reflected on the tragic circumstances surrounding her death. As the pathologist dissected her heart, I remember her remarking about how this girl's heart was so little. It didn't even have enough time to grow to its full potential. I couldn't help but think that her heart still should have been beating in her thorax, circulating life-giving blood that would nourish her growing body and mind.

Images from this girl's autopsy were seared into my mind—probably permanently. I couldn't shake the feeling of sorrow I felt from knowing that this girl's life

was over so prematurely. Her family must have been devastated. It must be unfathomably horrible for a mom and dad to bury such a young child in the womb of the earth.

I spent the rest of the day trying to forget what I experienced, but that was a lost battle.

As dusk fell upon the city, I headed to the hospital to conduct a survey and collect some blood from a post-partum mother for a research project. One of my favorite parts of being involved in this research project was that I often got to see the moms' cute newborn babies. After I collected one mom's blood, her baby became cranky and was letting us know under no uncertain circumstances that she wanted some attention. I picked up the sweet cherub-cheeked baby and held her in my arms. I couldn't help but notice that this little one had thick brown hair and piercing brown eyes—just like the deceased young lady I had seen that morning at the autopsy. There in my arms was a new life with limitless potential—a stark contrast to the death and end of potential I witnessed that morning during the autopsy. That baby, fresh out of her mother's womb, was a gift to her mom and dad, and she was a gift to me that night.

After I left the hospital, I took a walk to reflect on the day's events. The extremes of the human experience I witnessed that day were staggering. In one part of town, a mom and dad were mourning the death of their precious daughter and wondering how they would be able to live without her. In another part of town, another mom and dad were rejoicing in the life of their newborn baby and anticipating all the experiences—good and bad—they would have with their new daughter.

Life is so precious, beautiful, and fragile. The human body is an extraordinary machine that has an incredible reserve, but, even so, life (at least in the physical sense) can vanish as quickly as it begins. When one experiences the death of a loved one or the birth of new life, this reality becomes ever more apparent—in a starkly contrasting way.

Oddity

T. Scott Tatum, Class of 2012

I just saw the product of a 20 week pregnancy.
It was wrapped in a towel with its head exposed.
The whole living thing could almost be held in
The palms of my hands.

I planned on this being a “baby,” but when I saw it,
I’m not sure what I think it is.
It has a heartbeat and it breathes from time to time.
It kind of looks like a baby but not quite.

I wanted to think that it has a soul, but when I saw it
I just felt weird inside.
I felt some kind of raw emotion well up inside me.
It was a little like sadness but also like nausea.
I thought I would feel sorry for it, but instead I just
Feel confused.

My chief snapped at me when I asked if I could see “the
baby.”
She said, “Please don’t ever call that a baby!”
At first I was irritated when she said that, but
Right now I’m just confused and a bit nauseas.

2012-2013

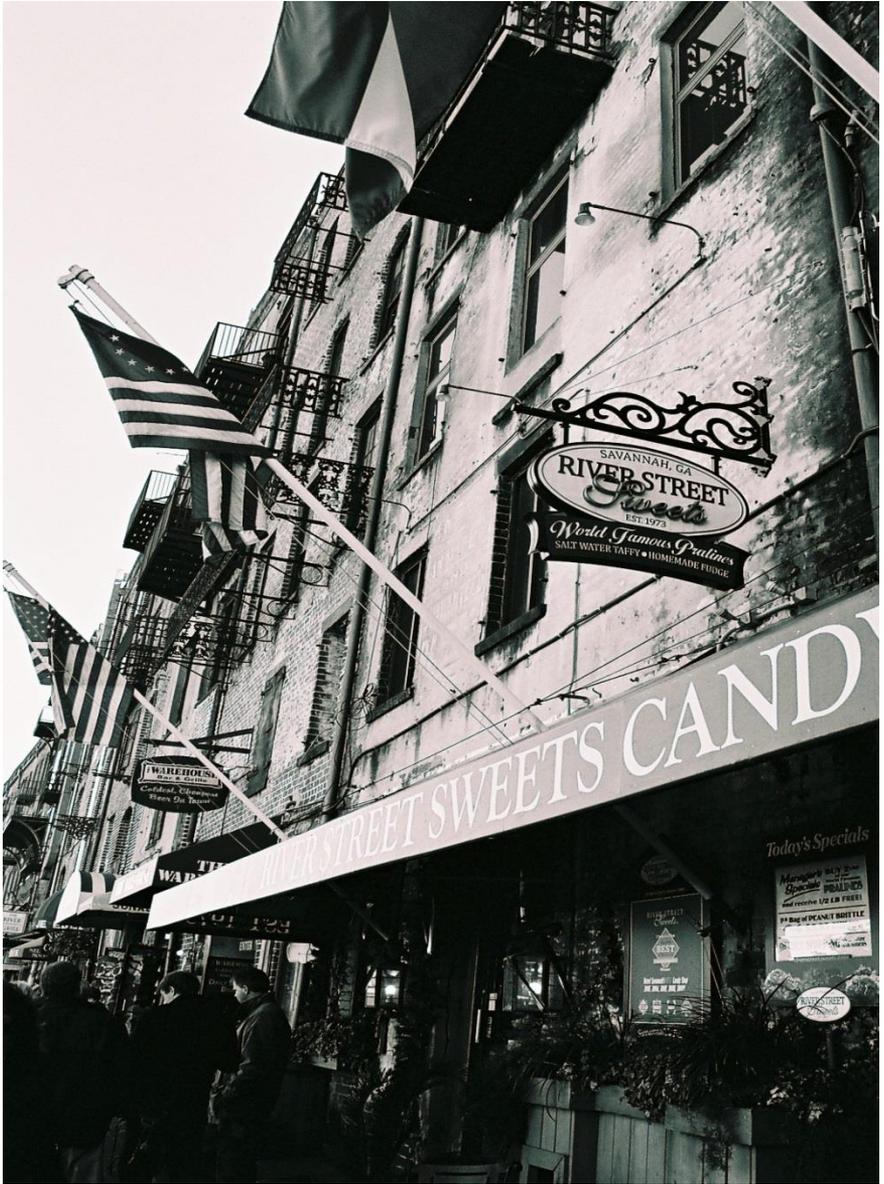


Photo By Sarah Kayat, Class of 2016

Fitting 10,000 People in One Bed

Rudra Pampati, Class of 2016

I hated riding trains in India. The A/C carts were always freezing; whoever was in control of the train cars' climate always seemed to overcompensate for the sweltering heat outside. Riding overnight meant fumbling with scratchy sheets and blankets, the small beds restricting any tossing and turning. With four more hours on this train and the inability to sleep I began to imagine the next week of my life. On this particular trip, I was heading to a village in southern India with four other American undergraduate students also of south Indian descent. We'd been selected for an internship at the Care Hospital in the city of Hyderabad. The internship involved shadowing doctors and surgeons to get a glimpse of healthcare in India. What was unique about this particular hospital was that it had a small satellite hospital about 300 miles out of the city, in the village of Lakkavaram. That's where this train was heading, out of the city and away from civilization. Having traveled to India almost once a year, I was conditioned to the harsh differences between American and Indian cultures—unregulated automobile emissions, general lack of respect for traffic laws, and the constant whirring of ceiling fans in every home. But adventuring into rural to witness firsthand the shortcomings of healthcare in these areas was sobering.

After arriving at the nearest train station, we squished into a mid-sized SUV for over an hour. A bull-drawn cart rode by and we turned into the dirt road that led to the hospital. It was two stories and stood prominently, relative to the straw huts and delicately built brick homes that surrounded it.

There were four bedrooms in the hospital, one permanently occupied by the hospital manager. The other three were for visiting physicians. I opened the

bathroom door, turned on the light, and immediately spotted a few lizards and cockroaches darting through the window and drain. I had anticipated this; cockroaches and lizards were prevalent in the city. I wasn't, however, expecting the discordance that kept me up at night. The obnoxious chirps and croaks of seemingly thousands of insects resonated in our room. It was as though a giant cricket was sitting on my pillow, chirping incessantly into my ear. I was afraid to open my eyes.

On the first day, the hospital manager, whom we called *Babu*, meaning "mister", gave us a tour of the small hospital. There were 8 beds, one of which was taken by a sixteen year-old kid. He'd hurt himself badly chopping wood, and even from my little experience, I could tell the wound on his leg had been poorly sutured. As *Babu* attempted to explain the boy's situation in his broken English, the boy took a hard drag of his cigarette, as calm as could be. *Babu*, who was no surgeon, had sutured the leg a few days ago. It was clear from *Babu's* eyes and limp mustache, he worried for the boy's health. The primary care physician was to come from the city later that day and check on any patients.

Villagers received little immediate care. *Babu* did his job the best he could with his limited knowledge and resources, while patients used tobacco or alcohol to relieve their pain. There was no constant primary care, only sporadic physician visits.

We spoke with the visiting primary care physician, Dr. Chandrasekhar. He explained the rotation: about twice a week, a physician employed by Care Hospital would visit the village for two or three days. Within that short time, he'd have to generally treat dozens of new patients as well as check up on past ones. We sat in one session, from 9 am to 2 pm. From the corner of his office, we watched him work like a machine. A patient

would come in, usually barefoot and in tattered clothing. I could recognize Telugu, which was the language of the area, but the accent of the villagers was so strong that it seemed entirely alien to me. The doctor would ask a quick series of questions, inspect the patient, think for a moment, and then write in his or her file and send the patient out the door. After witnessing this for five hours, beads of sweat dripped and mosquito bites itched, and we paused for lunch. All the food was freshly picked from the area and prepared by local cooks. It was delicious, and lizards and bugs all seemed to agree. Dr. Chandrasekhar told us about India's rural healthcare. Simply put, it was found that 10 beds were available per population of 100,000, a staggering imbalance. Dr. Chandrasekhar was brought up in the city, gone to medical school in the city. As much as he enjoyed treating these patients, he needed amenities. Inconsistent electricity was hard to transition to, as was a lack of general infrastructure and separation from his family. Nonetheless, he felt that the Care Hospital in this village was much more sufficient in providing care than the majority of other rural areas. After that, my fellow interns and I decided to explore the village. On either side of the road, villagers in loincloths stood outside their straw huts, smoking cigarettes and spitting tobacco. They'd smile, some with very few teeth left. We came across a young woman, she couldn't be older than twenty, but five kids swarmed at her feet, naked and abnormally skinny. They all gleamed under the sun; the heat seemed to create a constant layer of perspiration on their skin. At the mother's request, we took a digital picture of her and her family. Her eyes lit up as she looked at the LCD screen. Nothing in her life was digital, and her experience with technology probably peaked with an old radio. In broken Telugu, we attempted to communicate our origin, age, and why we were there.

We walked away, feeling as though we'd given this family their highlight of the month.

We reconvened with the primary care physician the next day. Again, he worked like a machine, repeating the same process.

A machine. That's one of the potential solutions to improving healthcare in rural India. We visited the George Institute, which sought to implement telemedicine in the surrounding villages. Using a diagnostic kiosk and an Internet connection, the gap between urban physicians and rural patients could be bridged. In turn, the stresses on visiting physicians and the lack of immediate care for patients could be somewhat alleviated, as a general physician could treat patients in the village more promptly and efficiently from his office in the city. It seemed to be the closest thing to a solution, yet still remained somewhat of a compromise.

A week in the village gave me a glimpse of the lack of healthcare in rural India. The last day, as we were leaving, *Babu* ran into the hospital, carrying a young girl. The girl was unconscious, her body limp in his arms. From what I understood, she accidentally poisoned herself. After setting her down on a bed he sprinted for the phone and fervently called the hospital in the city. Stunned, we stumbled outside the hospital before he hung up. But as I turned back before stepping into the SUV, I saw *Babu* return to the girl's bedside and simply hold her hand, tears welling in his eyes. I realized then that neither *Babu* nor any telemedicine kiosk could save that girl. This is what 700 million Indians dealt with everyday.

Wilderness Inside

Aaron Smith, Class of 2014

Skin split and muscle torn
The sternum broke in two,
Under the pressure of surgical steel,
Revealing the treasures in his chest.

A field of flesh in a vibrant red
And the purple hue of a sponge-like lung,
With a mangling of fascia and tendons,
Like a deep thicket of vines entwined,
A wilderness with a pulsating rhythm,
It was foreign, yet familiar territory.

Fortunately, in such a short time
An insufficiency becomes competency,
With a precisely placed mechanical valve,
Resuming the lock to the flow of life.

Duty Hours: a Haiku

Jeff Grill, M.D.

Cherry blossoms fall
On residents who checked out
No learning today

Jenny in Cool Waters

John Patrick Greenwell, Class of 2015

You Were Jenny Greenteeth's Once

The lake is beautiful, but mother warns you to stay away.

Deep in the woods, secluded, alone, it shimmers beneath the moonlight, an endless midnight dance performed for an audience unseen. In the depths, invisible dancers pirouette and prance about so gently, so delicately as to be imperceptible, the only evidence of their footfalls, the ripples on the quiet surface.

"You watch out by that lake, and don't you dare sneak into those woods at night," mother lectures as she tucks you into bed, "Mark my words young man, Jenny Greenteeth is out there, waiting for you to wander off."

Cold air fills your lungs and for a moment, you think about turning back, but you press on. Autumn is here and soon the lake will freeze. You have to see it one last time.

She calls to you. Amidst the trees and bushes, in the rustling of dead leaves, in the chirping of the insects and the squeaking of the mice in the underbrush, she calls to you. The barn owl hoots, the toad croaks, the audience has gathered for the emerald ballet and she calls to you, "Will you, won't you, will you, won't you, will you join the dance?"

You Were Jenny Greenteeth's Once

The faucet drips, each droplet echoing ceaselessly into oblivion. They fall like kisses on your forehead,

pounding the words into your skull, "Good morning. Good morning my darling."

"Hair like duckweed: long, unkempt, and greasy," mother says, her spit wetted handkerchief rubbing mud from your cheek. "Green like the rest of her too. Putrid green, sickly green, green like old peas, green like the lake. And that's how she gets you. She is ugly and nasty, old Jenny Greenteeth. It's almost a blessing how she blends into that lake. The Lord spares us the sight of her."

It is raining in April, is it her birthday?

You stare into the bottles of rainwater on the windowsill; your eyes pour over them, searching them for a sign, a memory, like letters from home.

"Older than time itself Jenny is, sitting in that lake for eternity, growing older and more hideous with each passing day," says mother. "Skin as thin as paper, covering long bones as brittle as Grandmother's peppermint bark. But strong, with a grip like death."

Hot water boils over bitter grounds, a bubbling cup of swampy mud. Brown sludge at the bottom of the mug: a reminder.

You Were Jenny Greenteeth's Once

Cold air grows colder still. Beneath your feet, twigs and branches snap and crack, reverberating through dark infinity. Around you, animals scatter and clear a path. Above you, the limbs of dead trees span the sky, arms reaching ever higher, their spindly fingers clawing as if to grab hold of the moon.

The lake is pure. It is crystalline, cool, liquid glass. A hand caresses the dark mirror and a face blurs and distorts, whose are these? In the dark, it is impossible to tell.

You sit down on the mossy shore and place a foot into the soupy shadows. The mosquitoes buzz in the midnight air and the choir sings. The orchestra is gathered, they tune their instruments in rattling cacophony, but there is music in the discord and you bob your head and splash your feet.

“Oh she’s a tricky one, old Jenny, with her murky home all dressed up and painted over, but it’s a deceiver’s kingdom, a wicked lie, and don’t you go believing it! Oh I know where you’ve been going,” uncle’s caterpillar moustache bristles up and down, “don’t think your mother hasn’t told me. Jenny makes suitors of us all, but it’s the smart ones who know to stay away. It’s fingers and toes for Jenny, that’s what she likes best. And she’ll add yours to her collection if you’re fool enough to come courting.”

Your leg is in the water now; it laps at your thigh coolly, teasingly. With each step the lakebed slips further away, how deep must you go before you could lie down? The lake is calm and still and as it comes to reach your neck you feel as an insect preserved in amber, kept forever in her embrace. Is it the water now that wraps itself around your chest with such bitter tenderness, or is it her, is it Jenny come to lay you down? You step further but there is no ground beneath your feet, only the deep, the umbral deep. There is a tickling at your toes, a curious fish perhaps? Or is it playful Jenny?

A whisper on moist, night air, “Will you, won’t you, will you, won’t you, won’t you join the dance?”

You Were Jenny Greenteeth's Once

Moonlight gives way to sprawling emptiness as the thick liquid buries your face; Jenny kisses you, cheek and chin. There are icicles in your lungs as it slithers its way inside you, winding its way into every part of you. Down, down, deeper and deeper, and you feel yourself start to spin, to twirl, to glide. The dance begins.

There is no light but she is there and you know her. She has placed her long fingers around your neck and her grip is strong, but it is not frightening. She pulls you to her bosom and there is love there. You know that there are flowers in her sea foam hair. If you could but reach and pluck one.

But no, something is wrong; the dancers' steps have lost their rhythm. Legs sprawl about in jerking, random motions and the beauty is gone. The serpent in your chest forces its way out in an ugly splat.

Uncle's bristles touch your lips and there is hot air in your lungs again. You feel her slip away, back into her sunken world.

Your vulgar coughs mask the words, splashing wounded on the shore, "Would not, could not, would not, could not, could not join the dance."

You Were Jenny Greenteeth's Once

Portraits hang in puddles and the trickling streams of runoff form red strings of remembrance around your finger. But to be with her again, but to dance the dance all night, all day, forever on that verdigris stage. You carry no umbrella, you cover yourself in her.

All the oceans in all the world, all the rivers, streams and brooks, all the beaches, all the shores, all bustling ports and quiet docks: open sewers, sullied and sickening. There is only the lake. Let Poseidon have his kingdoms, save only that dark palace where she holds court in dreams.

“What were you thinking? Didn’t I warn you? Didn’t we all warn you?” Mother’s tears smear your face. Hers is a salty love, a warm love, not like Jenny’s. “I won’t let her have you, oh no. Jenny won’t have another man of mine! How many? How many of our boys does she need?”

You are dripping as you buy your ticket, the crowd around you stares. Let them. Let them look upon your body, covered in her raindrop kisses. They are there for the world to see and to envy. You show them a love they will never know, a love they can never understand: a love that envelops, that covers, that soaks into the very core of you. You are marked, you are hers forever.

You Were Jenny Greenteeth’s Once

She is only a greengrocer’s daughter, but you have seen the way she dances on the dusty wood floors of her father’s shop past closing. Seen how she spends her evenings practicing her arabesques. She has not mastered penché, but her arms as she moves from first, to second, and then to third, how elegant. She dances as water dances, that secret dance visible only through immersion, through complete surrender.

“I see the way you look at her,” there is wailing in the house. “Don’t pretend! She’s no good, no good for you. Better you should stay away from her, better to save yourself the sorrow. Oh but do you listen? Oh but have

you ever listened to poor mother? Wait until uncle hears, he won't always be there to save you falling in you know."

It is warm amidst the trees, but cool by the lakeside, cool enough to linger, cool enough to lie among the green grass and the soft moss. Pollen drips from her fingertips as she gazes at the flower you have plucked for her. It drifts like gold dust on the breeze as you begin the pas de deux and now it is on your hands and her arms and shoulders and chest, her lips and your lips and you are as two exquisite sculptures carved of liquid wealth, formless, blending amongst each other seamlessly. A living statue, two figures captured in the moment when their very atoms have merged. Hearts, souls, bodies: once two, now one irrevocably.

A cold finger finds its way to you, wet and slender, and it places on your forehead a kiss, soft, forlorn, and heartbroken. A tender touch for words unsaid, "Would not, could not, would not, could not, would not join the dance."

You Were Jenny Greenteeth's Once

Years pass, time goes by, and she has had enough of you. It is raining when she leaves, wet and sorrowful. She is wounded beyond measure, to have come so far, to have left it all behind, all the dances. She still practices her arabesques on the patio at sunset and sunrise, her delicate body curving to meet the contours of the sun, but no more. No more to waltz, no more to dance, no more to caper in the night.

"I look at you," she whispers with her lips against your neck, "and I see another in your eyes." And she is right.

Days pass in heavy rain, it floods the streets, it fills your boots, it soaks into your socks and into your clothes and you know it is her and she is crying. She is weeping tears of love for you, and in each tear an invitation, "Will you, won't you, will you, won't you, won't you join the dance?"

She is leaving, walking through the door. And you are leaving, taking the first steps off the train into that old town, home again, soon to be leaving once more.

The old men mark your face as you pass them for they know; they know the look of a man in love. That glow, that air, the music in his footsteps.

Out and out, into the heavy silence of the woods where dark comes early. The denizens watch you there too, but it is something else they see in you, a different face you wear. You carry her on your flesh and they can smell her on you, damp and old, the smell of mildew and of mold. How long since she made you hers? Was it then, that night spent sinking, dancing, embracing? Or was it before, long before when she took you as one of her own?

You take off your shoes and socks, your trousers and jacket and shirt. You stand at the lakeside, staring into the water again, familiar and welcoming. You can hear the band strike up, and you place a foot softly upon the lake. Only your toe breaks the surface. You can feel the water bend around it, curving and gliding and molding to its shape. And then the foot. And then the leg. And soon you are floating there, alone.

The music plays but you have no partner. Where is Jenny, lovely Jenny of pointed toes and outstretched arms? Of the green stage and the emerald kingdom?

Farther out you float, farther and farther until at last you reach the middle of the lake and there is nothing beneath your feet but an abyss which stretches out, past time, deeper than the world, a blackness which falls forever into the core of things. The music has begun to swell and still your partner is nowhere to be seen. You cannot dance alone, not tonight, not now.

And then a nibble at your toes, a gentle tug on your fingers, the soft caress of duckweed at your chest, a kiss upon your neck. Her fingers dig into you like spiders' legs, sharp and crooked and yet so delicate. She is cold beneath the water, and you feel yourself give way.

There is a voice at your ear, "Will you, won't you, will you, won't you, you will join the dance."

You begin to sink, and it feels right to be inside, immersed completely in Jenny at last. You are surrounded by love, and in that stygian blackness, you know.

You Were Jenny Greenteeth's Once
And She Calls You Back.

A Meeting with Mr. Doe

Lindsay Smith, Class of 2016

I'm sitting on my couch in my sunlit front room, dozing cats on either side of me. I had coffee and cinnamon rolls for breakfast and I'm still in the gnarly sweatpants and sweatshirt I slept in. And I'm having trouble not dwelling on last night.

It was my first time shadowing in an ER. My second time shadowing ever. I scheduled it for 4pm to midnight in hopes of seeing something interesting, Wish granted.

It started out slow enough. I learned how to tie sutures on a laceration on an inmate's face. I helped hold down a thrashing panicked man who was in the depths of a severe respiratory distress, eventually the sedatives kicked in and he was still enough to be intubated. There were a few drunks, and a couple people faking strokes or seizures (why?). Took a food break with a third year, and, at his request, critiqued the composition of his vacation photos. Protip: follow the rule of thirds, and have a way for the eye to enter and exit the composition. He advised me on getting through first and second year. The five hours I had been there felt interminable.

Then John Doe arrived, an unidentified victim of a hit and run, and no one was sure how long he had been outside. Two days of teaser spring weather had gave way to a chilly nighttime reminder that winter wasn't over yet. He was unresponsive, blown pupils, cold skin, feeble pulse, and low heart rate. He also sorted a broken wrist (hands aren't supposed to, well, dangle like that) and femur broken in two places- fortunately nothing piercing the skin. Upon noticing a distinct lack of lung sounds, bilateral chest tubes were placed by a trauma resident who seemingly materialized out of thin air. The patient was promptly intubated. Surrounded by a whirling team of medical professionals, injecting epinephrine and calling out vitals and shouting for this or that, his pulse... stopped.

There was a pause in the madness, and someone started doing chest compressions and the fury of movement around the motionless man resumed, faster than before if that was even possible. As a mostly useless first year medical student, I was holding up and

squeezing bags of fluids when the attending asked if I knew how to do CPR. In theory, yes. On dummies, yes. In a classroom, yes. On a mostly dead person? No. He took the bags of fluids from my hands and told me to try it, nudging me towards the patient with his elbow. It was all very slow then, but fast at the same time- like only what I was doing was slow and reality around me sped up. I told the third year doing compressions that I was ready to take over whenever he was tired, he stepped aside and said with a smile, “Just do the beat of ‘Stayin Alive’.”

Quiet Insubordination

Sarah Kayat, Class of 2016

FIRST PLACE ENTRY

Every two years, we met a throng of family members at the airport in Damascus as we toted our oversatiated luggage from baggage claim to public reception, eagerly anticipating another scorching summer in the “homeland.” Invariably, we found everyone, young and old alike, changed in some minute way; some displayed deeper creases, the once narrow cracks in their faces etched into wider crevices; others had grown a marginal few inches; a couple had finally developed the capacity to grow facial hair. Most of the two and a half months we spent in Syria were in the city of Homs in the arid west of Syria with my maternal grandparents. Close to the coast, Homs boasted sweltry days tempered by cool, breezy nights. My aunts, uncles, slew of cousins, grandparents, and I spent the bulk of our time catching each other up on what had transpired in the past two years- graduations, engagements, births, residential

moves, and other milestones that we were sorry we'd missed. On several occasions, we would rent a large van (necessary considering our ever-expanding numbers) and make trips to ancient ruins that speckled the countryside like line towers. When we took the *karnak*, Syria's analog to the Greyhound, and made the trek to Damascus, we would sit atop the breathtaking Bloudan mountains overlooking a bustling lit city of 1.7 million- truly the city that never sleeps- over a humble meal of yogurt, pita, hummus, and sweet mint tea.

Amidst all the bustle, there was admittedly a copious amount of down time. What to do in that spare time was a singular prerogative, but it was often just another opportunity to do something together. My cousins and I would often opt to roam the sprawling open-air market that was nestled in a place walking distance from my grandparent's house and grab a *bourri*, or cone of ice cream, to help cool off in the blistering afternoon sun. My grandmother would spend the afternoon in slumber after a late lunch sleeping off the exhaustion of a day occupied doting on and scolding hyperactive grandchildren, preparing immense and ornate dishes, and listening to incessant chatter about the most recent town gossip. My grandfather spent his reprieve telling stories. He had plenty of stories, and with so few people to tell them to, I often volunteered to listen. Over the nauseating billow of smoke from the burning cigarette cradled between the plastic pegs of his ashtray and through waves of unfiltered detail, I sat and relived what were highly treasured moments in his personal life story and the history of the country he called home. My younger male cousins- my 11-year old younger brother at the time included- resorted to one of the most popular pastimes of their demographic the world over; soccer. Travel most anywhere outside the US and you will soon realize that what we only sardonically call 'football' here in the US is the *raison d'être* for most of

the rest of the world. Soccer is the entertainment soma for the wealthy and poor alike. Stadiums are readily filled with raucous fans zealously shouting words of praise and adulation for their favorite teams and almost necessarily, invective at their opponents. Kids of all ages crowd the streets and alleyways by concrete apartment buildings emulating their soccer icons, albeit without the regulation goal posts or well-manicured turf and instead having to grapple with lines marked in the dirt and cobbled, dusty streets. Induction into the world of soccer starts early and retention lasts forever. This is true in many countries. Syria is no exception.

On one particular occasion, my brother Adam and several cousins made the short trip to a local school's makeshift soccer "field" for a pick-up game with some of the other kids from the neighborhood. This soccer field was not a field, but a wide tiled expanse with two goal posts on either end. Not too long into the game, Adam, in the midst of play, stumbled and fell on his arm, with no turf to cushion the blow. He was in excruciating pain and knew immediately that something terribly wrong had happened. He cradled his arm the entire way home, helped along by our understandably concerned cousins, and went straight to Mamdouh, my older brother and a medical student at the time.

Mamdouh took him to the hospital. Adam didn't have to wait long before he was seen by an amiable, young physician who inspected his arm and ordered an X-ray. He quickly determined that Adam had sustained a greenstick fracture of his radius; like what you'd witness in a young tree branch after stepping on it. The physician, being a generalist and well versed in applying casts, took care to comfortably set Adam's arm and wrap it appropriately. This physician was not unique in any noticeable way. He was pleasant and punctual and clearly competent in what he did. For a month or so, the cast was the only reminder we had of the services

rendered by this otherwise inconspicuous friendly Syrian physician. His name has since been brought back from the annals of our memory of that time in a much weightier and dismal context.

The Arab Spring, which arose out of an act of self-immolation of a Tunisian street vendor but which divulged much deeper discontent and anger at the status quo, began in late 2010. After spreading through Egypt and Libya, it finally arrived in Syria in March of 2011, a development that paradoxically surprised some and surprised no one, simultaneously. People were demanding change and the ouster of a corrupt regime that had reigned for 40 years with impunity and a strength of will predicated upon silence of opposition by torture. It was meekly hoped that Syrians would experience similar expediency in their mission to overturn Assad and the regime that supported him as was witnessed in other countries in the bloom of the Arab Spring. This was unfortunately not to be the case. More than two years into the conflict, 93,000 lives lost, over a million refugees and many times that internally displaced, Syria is still tenuously ruled by the Assad regime and has become a haunting specter of what it once was. Nevertheless, Syrians remain steadfastly vigilant and loyal to the revolution that began in the small rural town of Dar'aa in southwestern Syria, despite the distractors of ideological disunity among the opposition.

A major player in not only the Syrian revolution, but those in Egypt, Libya, and Tunisia has been online activism; Facebook seems to be the common denominator. Facebook helped instigate the protests, but it is also oddly one of the more accurate purveyors of details on events on the ground. Family and friends often check the profiles of their loved ones who remain in Syria and still have access to Internet to investigate the specifics of the most recent explosion reported in

US media and to make sure their loved ones are still updating their profiles and hence, safe. Facebook also happened to be the medium by which my family found out of a story that is all too commonly heard in narratives of the Syrian conflict.

Mamdouh and one of my cousins studying abroad came upon the name of the doctor who had cast Adam's arm that day so long ago, on Facebook. His name was passed through the bits and bytes grapevine as someone who had aided the revolution by treating wounded protesters. In any conflict pitting a murderous regime against its own people, this effectively counts as treason. In the Syrian case specifically, it could easily be a fatal decision. It was discovered that this physician had been treating protesters, a decision which is almost not a decision. He most certainly understood the consequences. There is no doubt that having lived in Syria his entire life he knew the repercussions of this act. On the other hand, how could he belie the oath he took as a physician and refuse to treat someone ill or injured for fear of reprisal by the regime? His active decision to do what he promised an oath to do was not deterred by the knowledge of what could befall him if he did. His act was a silent one. It required neither guns nor ammunitions. It required suturing threads, analgesics, gauze- all things that were in dwindling supply. For his silent act of treason, he was taken by the *shabiha*, or Syrian state police, and tortured.

We are not sure, but we think that he is one of the lucky few who survived his terrible ordeal. With no formal connection to him or to his family, we found it difficult to definitively determine his whereabouts or health status. Ultimately though, that wasn't the point. This doctor could have been any one of hundreds or thousands placed in an identical position who made the same brave decisions. He embodied a scenario that was not particularly unique or shocking. While it sounds

callous, it's true. His story is one of silent, persevering heroism, though he would probably object to use of that term. To this day, I could not tell you where this man lives, or whether or not he continues his "subversive" treatment of government rebels and protesters. There are no monuments built in his honor. His name is not one you will hear on the evening news, nor will it be one that will inspire even a flicker of acknowledgement amongst most Syrians who already wearily carry with them the names of so many who perished for a cause. He was a man acting in the capacity of what his formal education allowed in a field that mandated certain overarching principles. They are simple principles. Do no harm. Care for the ill, irrespective of background or creed. There isn't any curriculum that could have taught me that lesson better.

What's happened in New England

Aaron Smith, Class of 2014

I need melatonin, then maybe I can get some sleep,
Without concentrating on the inability of humanity to
control itself.

It seems common sense should take precedence, but
often doesn't.

It's hard to believe that chemical imbalances can lead to
such atrocities

How can what makes us human turn us into monsters?

How can our brains malfunction to this extent?

It's not at all concrete like the beat by a drum,

But an abstract concept permeating through us.

Is the key in understanding one's own psyche or

Does it fall on the responsibility of mothers, fathers or
doctors?

No matter the case, it happened.

A culmination of an even more dangerous triad

Than that of Virchow, breaking into a rage.

He was an embolism, his heart paradoxically taking
theirs.

Let the Silence Heal

Sara Woodring, Class of 2014

SECOND PLACE ENTRY

The elevator always smelled the same – musty, mixed with equal parts of hope and defeat. The doors opened and I wound my way through the turmoil of the emergency room looking for one face that didn't belong. And I found him. I found those eyes. We searched out a quiet room, not recognizing at the time the irony of our futile attempt at finding calm amidst the chaos. He stood proudly and offered me the comfortable chair. He sat sheepishly as I, instead, offered it to him. And then I asked him to share his story.

This was the first time I really looked into his eyes. He smiled broadly, but only with his mouth. You could see the wrinkles on his face, and I pictured the life that led to those wrinkles. This man's face knew smiles and laughter and true joy – but not today.

For a moment, there was silence as some great grief flashed in Mr. Ellingsworth's eyes. Then he began to softly speak. I heard the story of a veteran who had great pride for his nation and family and knew the meaning of hard work. He served proudly in the Vietnam War and returned home and resumed working immediately to take care of his wife and children. He retired after 40 years of work in the civilian world following his time in combat. His eyes brightened when he described now spending his days going to the gym and having lunch with fellow veterans who have recently retired.

Then he paused again. "But I've never been able to sleep. And that certainly hasn't gotten any better

lately.” Suddenly, his eyes that were so expressive couldn’t contain themselves any longer. One tear slid down his weathered cheek.

“Doc, I know I’m getting older and I’m supposed to lose my memory, but why can I never forget this one thing”. He painted the picture of a war time that I could never imagine. He described a deep hole dug in the ground where all waste products including expired cartons of milk and other food products were thrown at the end of each day. A guard was stationed near the top of that hole to ensure that none of the surrounding villagers came to steal any discarded supplies or food items. Another pause was followed by a waterfall of tears as the soft, yet strong voice finally broke. I offered him the tissue box and he gently pulled one sheet to his face. And then he was back in Vietnam.

There was a young boy that tried to sneak into the pit to gather some expired cartons of milk for his family. The guard, who had been ordered to shoot anyone who tried to enter the trench, had proceeded to carry out his orders. There was more silence.

Mr. Ellingsworth recounted how he pulled the young boy out of the ditch and, as if the boy were present in the room with us, showed me how he tried to stop the bleeding. He had administered CPR until he couldn’t deny that the child was gone. He looked at his hands and I knew he saw and smelled the blood of that innocent child as he physically tried to wipe it off in that exam room forty years later.

He then folded his tissue neatly and straightened his glasses and explained matter-of-factly that after he buried the child, he went up the hill to change out of his bloody fatigues and went back to his work. The room

was filled with a heavy silence as Mr. Ellingsworth stared at his gnarled hands. Seeing. Remembering. Trying to forget.

After a long pause, I responded to that experience with words that seemed so meaningless compared to what I had just heard. I will never forget how hard I had to work to contain my own tears and the wail that welled up inside me as I watched this hero so vulnerably share his memory with an utter stranger. As medical professionals, we are taught that we must be careful how we show emotion, of course. But in that moment I wanted to break all the rules. I wanted to talk with him for hours or let him cry on my shoulder or...simply let the silence heal.

I was reminded of my own countless family members who had served our country and had come home with only the “good stories” of their time overseas. I can remember asking them to share their story and watching as they seemed to clutch most memories so closely – because, you see, if they released one finger from them, their grip would fail and they would lose whatever honor or strength they felt they must continue to show.

But, in that moment with Mr. Ellingsworth, he tried to take me there. Someone tried to let me into that world. And I will be forever grateful. My encounter reinforced to me the importance of a silent pause. It can be uncomfortable. Ten seconds can feel like hours. The weight of the silence can at times be more than we want to bear, so as doctors we try to fill it with empty words.

But silence can bring healing. Silence can allow someone to open themselves and share more than they

intended. Silence can allow us to process our emotions and recognize the weight of our words.

Time is precious, yes. Does this mean that every second must be filled with a word or action? Can't we just let the words fall and the air breathe between us for a moment?

Yes.

We can.

As physicians, we are taught and molded to have an efficient and helpful response. We must fix it and we must fix it immediately. I've realized, though, that sometimes "fixing it" means leaving it be.

I will remember Mr. Ellingsworth's humble "thank you" as he firmly shook my hand and I fought tears as I thanked him in return for far more than he knew. I will remember that just as my hands were made to fix things, so was my ear made to listen. And I will let the silence heal.

Holding Hands

Jon Feist, Class of 2014

Bob was transferred to inpatient hospice because he had been increasingly short of breath since the fourth of July. He had received the diagnosis of pulmonary fibrosis two and a half years ago, but told us he hadn't really had that much problem with the symptoms until six months ago when he noticed it was harder to breathe walking up and down the hospital hallway after his wife of 61 years had surgery. He entered hospice care in June after a trip to the hospital for severe shortness of breath. When he couldn't eat very well on independence day because he had to breathe rather than swallow his food with his home oxygen cranked up as high flow as it could be, he and his family became more worried and anxious about his condition; they decided to take him to inpatient hospice care. Bob was well aware that it was not normal for him to be breathing so hard and he and his family decided that they would like his shortness of breath to be stabilized and hopefully in two or three days, he could go home and enjoy some time with his family. They all knew that death was coming, and comfort was of utmost importance. Bob had a significant amount of anxiety from his dyspnea, and these were the two main concerns he and his family had.

I met Bob's wonderful wife, daughter, and granddaughter and saw Bob before rounds the next morning. He was noticeably breathing much harder and could only gasp out a few words of answer to my questions. His food lay untouched on the tray, and he was moaning with anxiety and effort to fill his scarred and shrunken lungs with air with every quick, shallow breath. The nurse, social worker, the physician, and I updated the family on the situation, making sure that they knew there was a possibility that this was a step

toward a more rapid decline, or it could be a “dip” in his health and that we would make him comfortable breathing. His wife then told us how, recently, Bob has been so short of breath that he has trouble sleeping and sometimes cannot even speak, so they would both lay in bed, holding hands. She told me that I would be surprised how much you can say by holding someone's hand. “That is the way we have communicated recently,” she said with a pleasant smile, “we just hold each other's hand and squeeze. I know he loves me and he knows I love him.” I felt a mixture of sadness at this remark because of Bob's condition, but joy at the thought of knowing someone so well in 61 years of marriage and raising five children that communication was largely nonverbal, almost telepathic. I struggled with what that meant to me.

Later, Bob became more short of breath and even confused. I saw his granddaughter with tears in her eyes sitting in a chair in the hallway. I was very moved, and inquired as to how she was doing. She began to cry and told me “Thank you... Thank you for taking care of him. I know he is getting worse. I don't want him to go, but I also wish he would go quickly!” Swallowing back tears of my own, I held her hand and told her what a pleasure it is to care for Bob and to see a loving family supporting him. I told her that it was clear to see that she loved him and clear to see that he loved her so much. I said I was so sorry that she had to go through this. She squeezed my hand tightly, and I realized just how much you **can** say just by holding someone's hand.

Third-World Phantoms

Sarah Kayat, Class of 2016

By any objective measure, it was foul. Perhaps putrid was a better word for it. The scent wafted over the rim of the enclosure and accosted her nostrils with its deep and layered stench. It hung in the air gaily as if welcoming passersby into its sphere of influence, waging a cold war against the crisp air a few blocks down. The not yet rotted food laced with spilled diesel from the streets packed a crude punch. She sauntered by and did not wrinkle her nose. Her eyes remained steadfastly open despite the caustic smell. She didn't care; she was lost in reverie. She recognized that the trigger was the smell of old garbage, undeniably. She was aware that those around her were ramping up their pedestrian speed, trying to shorten their exposure. This did not phase her. Saccharine memories of the homeland, with its ubiquitous dumpsters littering the side streets, flooded her consciousness. Watermelon rinds and small black plastic sacks once carrying vegetables from the local farmer's stand lay strewn a small radius from those dumpsters. Periodically, a man and his boy would arrive on a donkey to salvage the bric-a-brac of other people's lives. Her heart clenched as she remembered, as if trying to contain the memories and thereby, preserve them. No, she did not quicken her pace. She took her time and gave free reign to the phantasmagoria of her mind.

MRSA: a Haiku

Klint Schwenk, M.D.

Summer heat is on
Redness, warmth, induration
I and D, Bactrim

