



MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts

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Artwork by Olga Mutter, see page 24

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We are proud to publish the Fall 2015 *Medical Literary Messenger*. As we continue to grow, choosing among the submissions has become increasingly difficult. To help, we have added Dr. Megan Lemay, Assistant Professor of Medicine at VCU, as our Associate Editor. As you explore this edition of the *Medical Literary Messenger*, we hope that the stories, poems, and images will inspire you to pause and reflect on medicine and the human condition.

Gonzalo Bearman, MD | Editor in Chief

It was truly a joy to review these poems and stories. I hope these pieces will bring you, as they did me, a revitalizing connection to the beauty and decay of life and health. Looking forward, the *Medical Literary Messenger* will highlight the talent within our own institution, when we welcome the “Diastole” section in our Spring 2016 edition.

Megan Lemay, MD | Associate Editor

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Gone

In patients with mild cognitive impairment,
olfactory identification deficits ... may have
clinical utility as an early diagnostic
marker for Alzheimer's disease.

–The American Journal of Psychiatry

The fragrances of orange, of leather, of cinnamon,
peppermint, lemon, licorice, banana, clove,
coffee, pineapple, rose and fish somehow
escape us, fading with the perfume of the woman
claiming to be our wife, the scent of an unremembered
husband. Gone, too, are the names of the younger ones
who call us mother, father.

Memory becomes a fistful of water,
leaves us feigning recollection, jesting
at its failure, ignorant, finally, of all that's lost.

Told to expect a similarly afflicted host, we'll
soon throng nursing homes with strangers who,
in a flood of bonhomie, reintroduce themselves
again, again, and yet again.

By Carl Zettelmeyer

*Carl Zettelmeyer is a graduate of the MFA Program for Writers
at Warren Wilson College who lives (and ages) in Florida.*

A Faded Scar with Palpable Edges

By Melissa Cronin

The snow fell at a slant, the brisk wind chafing my face, as my father held my arm and guided me to the car. My head felt hollow, like a scooped-out pumpkin. “I’m sorry, Dad. I didn’t mean to...”

“We just need to get you to the hospital,” he said.

In the emergency room, yellow lights flickered, and urgent voices blared from overhead intercoms: “Code Blue, room twenty-three. Anesthesia to room fifteen.” My fingers and toes were numb and my skin was pale like wax from lack of nutrition. Lying on a hard stretcher, wearing a hospital gown as thin as parchment, I thought I might die and that it was too late for the doctors to help me.

It was January 1985, the year I turned eighteen, when mini-skirts were the hottest trend, and Tab was the soda of choice for young girls with the goal of weighing eighty pounds. I wanted to erase the previous few months, when I ate only the minimum amount of calories per day to keep my heart beating: an apple and yogurt, a pita pocket and half a cup of non-fat cottage cheese. Now, I could barely get out of bed or walk to the bathroom without someone holding me up. My father was frightened. So was I.

What had I done to my body? I had washed down my denial of my illness with diet soda, not only Tab, but Fresca, too. But artificial sweeteners were not enough to rub away from my memory the words my doctor had spoken six

“I looked away from my doctor’s unflinching stare and gazed at a watercolor painting on the wall of a hillside carpeted in Ireland-green and sunflowers reaching toward an orange sun. I wanted to hide in that painting, behind a sunflower.”

months earlier when he sat opposite me at his cherry-lacquered desk, his black pupils fixed on me: “You have Anorexia Nervosa.” I had heard of anorexia—another girl, a gymnast who I went to high school with, walked through the hallways in baggy jeans and an oversized sweatshirt, rumors of anorexia turning heads as she passed. At the time, I wondered why she didn’t wear clothes that fit her. I looked away from my doctor’s unflinching stare and gazed at a watercolor painting on the wall of a hillside carpeted in Ireland-green and sunflowers reaching toward an orange sun. I wanted to hide in that painting, behind a sunflower.

In the emergency room, I lay on the stretcher, shivering, waiting for the doctor to see me. My pulse thumped in my temples and my breath quickened as I wondered what my father was thinking while he sat in the waiting room: *I need to get back to the office. Why can’t she just eat? What’s the big deal?* I wanted to leap off the stretcher, run back home, crawl beneath the blankets, pretend I had never inconvenienced my father.

After a nurse poked a needle in my arm three times before she struck blood for lab tests, then another nurse poked me three more times before she could get an IV into my shrunken veins, I was told

I would be admitted to the hospital. The nurses weighed me every day, facing me backwards so I wouldn’t see the numbers on the scale. They told me if I didn’t eat everything on my plate—the fistful of scrambled eggs, the one slice of toast, and the banana—they’d insert a feeding tube into my nose, down into my stomach, and fill me with Ensure, a high calorie supplement. If my blood pressure was low, they did not allow me to get out of bed. I had to pee into a bedpan.

I don’t remember if my father visited me the entire ten days I was hospitalized.

The nurses empathetically listened to me tell them I could not eat any more after a mouthful of rice or a bite of chicken. After three months of eating only three to four hundred calories a day, I quickly became full. But I believed they could not possibly understand my fear of gaining weight. What if I gained fifty, one hundred pounds?

After I returned home, I felt misunderstood when my father raised his fist at me at the dinner table, yelling, “Don’t eat! I don’t care anymore!”

But when I recall my jutting shoulders and hip-bones, my brittle hair and sunken cheeks, and the constant

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dizziness due to my dangerously low blood pressure and heart rate, I know that if my father had not left his office on that wintery day to drive me to the emergency room I would have died. He cared, but was probably frustrated by his own lack of understanding.

In the months following my hospitalization, I saw a psychiatrist and a nutritionist, but struggled to gain weight. I fought against what my body needed in pursuit of an artificial image. I documented every calorie I ate and eventually memorized caloric contents of a variety of foods. I chewed my food until it was pulverized, as if that would reduce the calories entering my body. At meal times with family, I claimed I had a stomachache. In school, I ate in the guidance counselor's office because I thought everyone else was staring at me in the cafeteria. I thought about the gymnast, and now understood why she wore baggy clothes: she didn't want anyone to see her protruding bones because people might ask her why she was so skinny. Then she'd have to try and explain something she didn't quite understand herself. What would I tell my classmates if they asked me why I would not take off my jacket? "I'm just cold."

As the years progressed, I formed relationships with men who criticized me for either folding the towels or cutting an onion the "wrong" way. Eventually, I met a man who listened to me, allowed me to be me. He encouraged me to nourish my body and helped me understand what it meant to eat healthy: to taste each morsel I

put into my mouth, to savor the salt of an oyster, the spice of chili, the sweetness of corn.

Now, when my nine-year-old niece is watching American Idol and says, "Look at that girl, she's fat," I say, "No. She's too skinny." When I see a woman with legs like pogo sticks posing on the cover of a magazine, I write to the publisher emphasizing that she's a poor role model for young girls.

At the same time, when looking in the mirror, I lift up my shirt, run my hand over my somewhat round belly, feel the loose flesh of my 47-year-old body, and wish it were different—my abs and thighs tighter. But then I remember my husband's early morning whispers, "You're beautiful."

Though I've been at a healthy weight for the past several years, anorexia lingers—like a faded scar with palpable edges. But I also know not to fight against what my body needs, so I eat—I eat my husband's homemade chicken pie with whole wheat crust, his homemade lasagna with whole wheat noodles, and his homemade chicken soup, thick with carrots, celery, and onions. Once in awhile, I even treat myself to a square of dark chocolate, or a peanut butter smoothie drizzled with maple syrup. ✧

Melissa Cronin's work has appeared in Chicken Soup for The Soul, Saranac Review, Under the Gum Tree, Brevity, and more. She is currently revising her memoir, The Peach, a story of collective healing after trauma and the search for a new identity. Melissa lives with her husband in South Burlington, Vermont, where she is a correspondent for her local newspaper. A former nurse, Melissa holds an MFA in creative nonfiction from Vermont College of Fine Arts. Please visit Melissa at melissacronin.com.

Broken

On the cancer ward where
after surgery body parts disappear
leaving stick heads without
jawbones, throat parts,
where a goose neck lamp
sets aglow their emptiness
when the dressing comes off,

where the nurse's knees
turn weak the first time
she sees just half a face,
where desperate eyes
are dulled by a deserting sun,
where life slides down
to the quiet stage,

where a pathologist
sits on a patient's bed,
probing, where does it hurt,
but never telling her by week's
end in the autopsy room
it will be his hands cutting up
her body, coaxing out its secrets,

on the cancer ward
where Death has practice
as a con man sneaking away
a person piece by piece.

By Mary Sesso

Mary Sesso, a retired nurse, volunteers at the National Children's Center and sits on their Human Rights committee. Last year she won the Volunteer of the Year Award. She is active in three writers' workshops, is a member of the Writers' Center, and is working on a chapbook. Her work has appeared in various literary magazines.

Going Viral

You, innocent target with the big dirt ball
in your arms, do you know you're cradling
your own assassin? In the clump of windflower,
aka Japanese anemone—the blossoms look
like sliced boiled eggs in October when frost
turns the leaves all ticky-tacky but can't kill
the white buds bunched like baby fists—
a brash bug the size and hue of a poppy seed
hides from the limelight, but soon will go viral.
Sometime in the next few days a pink patch
will bloom on your arm. It'll itch. You'll swab it.
It won't go away. In a week you'll be sweating
like the toilet tank in August. You'll be in a fever
to garden, digging, weeding, planting, panting,
frying one minute, freezing the next. Know why?
You've got something up your sleeve: bull's eye.

By Nancy Brewka-Clark

Nancy Brewka-Clark's poetry has appeared in numerous publications and collections including The North American Review, Thomas Merton: Poetry of the Sacred, and Visiting Frost: Poems Inspired by the Life and Work of Robert Frost, published by The University of Iowa Press. She lives with her husband, Tom, on Boston's North Shore, where poetry has flourished for almost four hundred years.

Epitaph

for Ron

Today, old man, watching you from the shade,
your foot holding the curb aside, I bend my eyes
to the color of warm resin, move low
over your fingers stained in sap,
their thick arches tracing
over me, bare-thighed
in the yard, and you,
draped in home cut hair,
in small-press verse –

Not you mistaking August
for February, or brother
for son, or forgetting the words,
how they clanged against your teeth,
caught themselves
caustic in limestone cliffs –

If I buried you
deep in the redwood, marked you
with palm-pressed stone, told your children
of their names
needled under forty years
of flesh, as silent as the stories
you hallowed out of their sleep –

If I told them this profile of you on the door,
an old man who eyes the East,
was enough – Would they take these words
and whisper them against some acoustic corner
where you lay ebbing, like low tide,
your refrain unechoed and leaving?

By Sherre Vernon

Sherre Vernon lives, works and writes, in Los Angeles, California. Her poetry has been published in over a dozen literary journals, including Ars Medica, The Coe Review, Fickle Muses, Eclipse, and The Pedestal Magazine. Green Ink Wings, her postmodern novella, won the 2005 chapbook award from Elixir Press. In 2008, The Name is Perilous, a poetry chapbook, appeared in the final publication of the journal Ruah.

Ring the Bell

By Michelle M. Tokarczyk

THE CLIMBING WALL

You take your place in the line filled with children ranging in age from about seven to seventeen. A few twenty-something men wait, their eyes assessing climbing wall number 2, the most challenging, the one that leaves people swinging in mid air, clutching the harness as the guide yells out encouragement, “Get your left foot on the yellow slab. Don’t look down.” You, having tried a climbing wall only once a decade ago, are more modest, and eye wall number 1, the beginner wall. You know you can get to the top of this wall, despite your inexperience and age. Climbing is the kind of sport made for someone like you—a small flexible person with short legs.

The only other middle-aged woman who isn’t there to watch her children finds you. Shari is the choreographer for the dance troupe that performed last night. She’s been rehearsing madly; for her, the Alaskan cruise was just hard work. Until today.

“Have you climbed before?”

“Just once. It’s not that hard. You’re a dancer. You’ll be fine.”

The wind picks up slightly as you watch one adolescent, then another, scale the wall. What if you can’t make it after all those children did? That won’t happen, you tell yourself. Your turn. He hooks the pulley onto the front of your harness as though you were a puppet ready to be dangled over Glacier Bay. You chose your slats and you climb. Don’t look down.



Photo courtesy of freeimages.com

You proceed steadily, deliberately using your legs to push your body up. About a third of the way to the top you get to a spot where your legs can’t reach another slat; you pause, realizing you’ve underestimated this climb.

“Put your right foot on the red one,” the man with the pulley yells. Ever so slightly you move your eyes to the right to see the red slot. There’s no way you’ll be able to do this without using your arms to pull yourself up. Why didn’t you see how much upper body strength you needed? You push down on your arms; move your right foot and then your left. You’ve developed a rhythm, and your eyes now fix at the bell at the top of the wall that you’ll ring to announce victory. There’s another spot where your legs are stretched, your arms strain to lift your weight, you wonder. But the bell is within reach, you grasp its string and shake it firmly, smiling at the applause from the crowd you forgot was there.

Rappelling down is swift, your legs repeatedly pushing off the wall like a controlled handball. On the ground you are surrounded by young people in harnesses, parents with cameras readied, and Glacier Bay shedding slabs of ice twice the size of this climbing wall. The man who agreed to snap a picture hands you your digital camera. Your smile cuts across your face; you look as though you want to say something but don’t need to. As you unhook your harness, someone taps the back of your shoulder. You turn to see a woman you hadn’t spotted, her graying hair brushing against her lined forehead as she speaks, “You’re an inspiration.”

SURGERY

There’s an incision halfway down the middle of my left breast marking the before- and after-cancer periods of my life.

In the months after my Alaska cruise I’ll think of another picture: the mammogram taken one week after the climb, the mammogram that showed calcifications. These could be harmless. But they aren’t. When I get the call telling me I have something called DCIS (ductal carcinoma in situ) I see my life shattering in front of me, and all I can hang on to is my cell phone. I need surgery. And probably radiation. And maybe chemotherapy.

Two and a half weeks after my diagnosis, I go in for a lumpectomy. I think I know what to expect; my husband, Paul, and I took detailed notes

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during my meeting with the surgeon. I read about the procedure on the internet and in Susan Love's *The Breast Book*, a book touted as the Bible for women with breast cancer. But it's always the parts that you skim over that get you. Before they can operate on a woman without a palpable lump, surgeons need a map. About an hour before the surgery I'm called into a room and seated in a big chair with large firm arms that I grip onto steadily. Then I'm rolled to a machine that compresses my left breast—a lot. Technicians mark a path through my breast tissue using a wire and dye. Maybe they've given me a local anesthetic, but with my breast in a vise, what looked like two or three large hairpins stuck in it, and a wire passed through it, I can only grimace.

"You did great," one of the technicians told me when the procedure was finally finished. "The worst part of the day is over." She is right.

With the pins still in my breast, I find Paul busily reading his Kindle for distraction, and then I am led to the next waiting area, where we sit until I'm called for the operation. When my surgeon brings me into the operating room some of the staff I hadn't met introduce themselves. Someone asked me what I was having done; I told him a lumpectomy, then added that I'd need the pins removed. I stand on the stool next to the operating table and carefully, so as not to dislodge the pins, let my gown drop, standing naked before the people I'd just met. I then lay on the operating table for only a few minutes before the anaestheologist puts the mask over my face, and I receive it like a sacrament.

When I awake I feel an ACE bandage tightly around my chest and recall that my transgendered male students have talked about wrapping themselves this way. Why did the surgeon's nurse tell me to bring a sports bra when there's no way I could wear one? Groggy from anesthesia and stress, I have only vague memories of Paul and a nurse telling me to breathe, then an oxygen mask being put over my face. After later munching on graham crackers and sipping coffee (both much needed), I'm pronounced ready for discharge and wheeled home with a list of instructions and a prescription for a pain killer. Surprisingly, there's almost no pain, despite the swollen black-and-blue left breast that is revealed when I'm allowed to pull the bandages off.

RADIATION

It's an irony that most cancer patients note: radiation causes cancer, but radiation treats it.

Today, all the doctors assured me, radiation is very safe. Still, my cancer was in the left breast, right over the heart, and I'm nervous. To protect myself against an inadvertent zapping, I choose a facility with a table on which women can lie prone rather than on their backs as is customary. The affected breast is put in a hole in the lead table and, hopefully, it alone gets the radiation.

For the first of my seventeen treatments Paul wants to come inside with me, to reassure me during this strange

procedure. That's not allowed; once the radiation begins, even the technicians leave the room.

"It's hard sometimes, but please keep absolutely still," a tech who introduces herself as Gina tells me.

"I stand on the stool next to the operating table and carefully, so as not to dislodge the pins, let my gown drop, standing naked before the people I'd just met."

"If you move, we have to start all over. But we can hear you, so if you need anything, just yell."

"What would I need?" I imagine myself calling for a smoothie during the ten-minute procedure.

"Well, you might have an itch. If you yell, 'Tch!' we'll come in and scratch it."

I'm correctly, meticulously positioned on the table; they leave, and the procedure begins. From the corner of my left eye I see a small green light blinking at my body. At every treatment I am reminded of the green light on Daisy Buchanan's home, the one that Gatsby wistfully glances at from across the water. And I never have an itch.

CHEMO

I'm not sure what I envisioned when I thought of chemo, but it was not sitting in an easy chair and eating my peanut butter sandwich while the nurse threaded the IV tube into my right arm. Steroids, anti-nausea drugs, and the chemo drug carboplatin, though not uncomfortably cold, are all noticeably cooler than body temperature. It's an odd sensation being chilled from the

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inside out.

I'm getting "chemo light," a new trial procedure for women with early-stage triple negative breast cancer. I'll need only 6 treatments. I won't lose my hair. My immune system won't be too compromised. Still, Paul is worried; a little bit of poison is nonetheless poison. He eyes me vigilantly, lovingly. There's not much to see. I sit being infused for an hour, go home, and run errands. For the first two sessions.

On the evening after my third session my body shakes violently; every muscle aches and weighs me down. Paul takes my temperature; it's 101.5. When we get to the hospital it's 102.6.

Barely able to keep my eyes open, I'm given a mask for protection against any possible infectious agents, then wheeled into an isolation unit. Blood tests, urine tests, and fungal cultures are taken as I nod consent and Paul articulates. (Weeks later, I'll learn that contaminated steroid injections have infected several people in several states with an often-fatal meningitis.) No infection is found. I'm admitted to the hospital, and it takes two more days before the numerous physicians, including an infectious disease specialist, are convinced again that I've no infection. It's just the poison I'm getting to protect me.

My oncologist tells me I shouldn't have had a reaction with the small amount of carboplatin I'm getting. My radiation oncologist says my reaction is rare. I don't care what should have happened or what's rare; I know I got terribly ill. Before my next three chemotherapy sessions I'm given IV Benadryl

"After my last session, as I shake under the covers waiting for Paul to tell me it's time to take Benadryl, I am certain that my body could not tolerate much more of this drug."

to mitigate carboplatin's effects on me. I'm told to take over-the-counter Benadryl if the shakes and fever return hours after treatment. They do, so I regularly take Benadryl, never exceeding the recommended dose. But I apparently take more than my body can tolerate; when I get up in the middle of the night to use the bathroom, I faint.

I'm puzzled to find myself on the floor and Paul standing over me.

"Want to get up?" He extends his hand.

"I can't. I'm too weak."

Quickly, he puts a cool, wet washcloth on my forehead. It feels surprisingly good. He brings me water to sip while he cradles my head in his forearm. In a few minutes I'm ready to go back to bed and not even remember falling asleep.

After my next two sessions I'm more careful with my Benadryl doses, but my reactions begin progressively sooner after the chemo sessions. After my last session, as I shake under the covers waiting for Paul to tell me it's time to take Benadryl, I am certain that my body could not tolerate much more of this drug.

ENDINGS

While many cancer patients get radiation first and then chemotherapy, my treatment plan interspersed four or five days of radiation therapy with one day of combined chemotherapy and radiation. The regimen was condensed into five intense weeks. While my che-

mo sessions jolt me into a flu-like illness, I feel no ill-effects after any given radiation treatment. Yet, after about three weeks I am, as survivors and patients have told me I would be, more fatigued. My left breast and chest are also a bright red sunburn color, painless, yet startling.

My last radiation treatment is similar to every other one. I sit in the waiting room with Paul drinking Keurig coffee and munching on Graham crackers until I am called. Gina wishes me luck, adjusts my position, leaves the room, and I watch the green light one last time.

The last chemo session marks the end of all my cancer treatments, as it does for many women. Perhaps for this reason the chemo staff has created a ceremony that I choose to complete. After my infusion, I go to the unit's front desk where I'm given a small hand-held bell like the ones my elementary school teachers used to announce the end of lunch hour. With this bell I'm handed a small placard bearing words for me to recite as I shake the bell: "Ring this bell, three times well/ Its toll will clearly say/ My treatments done/This course has run, and /Now I'm on my way." As an English professor, I may have been critical of the simple forced rhymes, but I wasn't. ✧

Michelle M. Tokarczyk has published poetry, creative nonfiction, and literary criticism. She is a professor of English at Goucher College. She is also a very grateful 3-year survivor of Stage 1 triple-negative cancer.

Shiva Dream

I dream of you in Shiva's likeness: fair
From crematory ash, though your pale's true;
As you're never clothed, tiger pelt, chest bare;
Serene, meditative—here, two congrue.
Through Shiva's whirl of limb and rap on drum,
The universal tempo's set to stun;
Your modus op's more Stratocaster strum,
But your wicked-hot licks could start the Sun!
Shiva's ascetic-gaunt, one-pointed-lithe, and
You've been whittled by illness, Lyme Disease;
Still, the product's the same by various method:
Purifying trials our stars appease.
May Blue-Throat model paradoxical goal:
Imbibing doctors' poison, fract'ring whole.

By Jennifer Kemnitz

Jennifer Kemnitz is a poetry editor for VoiceCatcher. Her work has most recently appeared in the Kerf and We'Moon, and has been anthologized by Poetry on the Lake, The Poetry Box, and VoiceCatcher. In 2015, Ms. Kemnitz was nominated for a Pushcart Prize.

Anorexia Nervosa



Painting by Mohamed Osman

I don't like my body shape. I am morbidly obese. My face is moon-shaped. My chin feels heavy. It hangs beneath my jaw. My breasts are like mountains. They are heavy. They pull down my shoulders. They cause me to hurt. I feel a wave of fatty folds on my belly. They cover my groin. There is a lot of wetness between these folds. They think I am starving to death. I feel very energetic, despite all my heavy weight. I need to lose more weight. I will burn more calories. I will exercise four hours a day. My doctor is concerned. He urges me to get immediate care. Do I need care? I still perceive myself as being obese. I hate obesity. It makes me feel ugly. I wish I were slim. Why is everybody concerned about me? I am healthy. I just see myself as obese. It makes me feel depressed. Food is disgusting. It caused me to gain weight, which is why I am fighting this battle. I wish I looked like a supermodel. Have you ever seen an obese supermodel?

An American board certified physician and accomplished visual artist, Dr. Mohamed Osman was born and grew up in Somalia, and he completed medical school in Russia. After training, he practiced medicine in Kenya and Somalia before moving to North America. It is his belief that every human being is an artist. In his words, "Art is not limited to a depiction of our reflective world or environment. It is much deeper. Our creative mind has no boundaries. Art is not stagnant, neither is our creative mind. The dynamic of image creation is just a reflection of an energy emanating from our creative mind. Passion, love, curiosity, and attentiveness are the fountainhead of creative energy. Simply attending an art college will not turn people into artists. Art is already within you. I realized that art is interwoven with medicine, and I have continued to work on the idea of transforming the literary language of medicine into art images. An art image is not simply an image; it represents a source of information, cognition, and coded message." To this date, Dr. Osman has created more than 200 medicine-related images and more than 20 of those have been recognized and published by medical and humanitarian journals worldwide. Dr. Osman also published a book called Art, Medicine and Culture. Currently, he works for the United Nations as a physician.

Hospice Nurse Retires

What made my friend visible
were the patients she used to visit
who saw her through no pretenses;
when death hovers, there is no need of it,
and that is where she walked,
in the face of death daily
and all the people who wore death's face
be it a young man, an old woman,
a young mother in 4th stage cancer,
they all saw Jean clearly, vibrant,
felt her loving hands upon them
waited between visits
for her to bring what was invisible
that passed from her hands to theirs
back again so they could feel whole,
and acknowledged, when others were afraid
to approach, but not Jean;
all was visible before her,
their beauty, their strength,
pictures of their children
beside their beds, she saw
their determination
to hold onto this world
and to let it go.

By Laura Rodley

Laura Rodley is a Pushcart Prize winner, quintuple Pushcart Prize nominee, quintuple Best of Net, and in Best Indie Lit NE. The publisher Finishing Line Press nominated her book, Your Left Front Wheel Is Coming Loose, for a PEN L.L. Winship Award, which, along with Rappelling Blue Light was a Mass Book Award nominee. Former co-curator of the Collected Poets Series, Rodley teaches a class called "As You Write It." She edited and published As You Write It, A Franklin County Anthology volumes I-V, which has been nominated for a Mass Book Award, and she has been a featured reader at the Greenfield Word Festival since its conception and elsewhere.

Fernand

To the Star of the Sea they offered up ardent prayers

—Pierre Loti

I leave my sister's house in Elmhurst where my dopamine-doped brother-in-law Fernand no longer dreams of Brittany and its pale sea but sometimes sprints down Queens Boulevard with his walker. Even now, Fernand is a practical Breton but not stark and spare like his homeland dragging its drapery of clouds. His warmth is in my bones.

Two trains. The R. The E opens at Lexington. A large blond woman dressed in a suit gets on, ordinary, but with something—a slight halting—as if she were new to walking. So when she sits down next to me I shrink slightly. She has a thick grace, her face planed wide like a French peasant, skin stretched over her cheeks, almost transparent.

The E rolls on towards 5th and then she starts to cry—really cry—tears flooding down her face. Then she sobs, sobs out loud, her shoulders quake, her face in her hands, all eyes on her. The air shifts around her and we all want to cut her off like she's a junkie or homeless, lugging her tons of useless crap. Her blue suit skirt is touching my thigh though she's as far away as a boat drifting over the horizon. I want to bring her back, hold her, speak to her with tender voice like I want to hold and steady my sister, stop her from staggering or shake her and find out what the drama's all about.

My sister takes Fernand for therapy, ardent for treadmills and deep breathing so his words don't fade altogether. She feeds him fatty foods to keep him visible. She walks him up and down the hallway. We laugh at his whispered jokes we don't get. She calls him by his name and looks into his eyes.

23rd Street. My stop. She's still weeping. I get up and bend to whisper—I'm sorry, whatever it is, I'm so sorry.

By Sharon Israel

Sharon Israel hosts the radio program Planet Poet, an edition of The Writer's Voice, on WIOX FM, in Roxbury, New York. As a poet and soprano, Sharon collaborates with composer Robert Cucinotta on works for voice, live instruments, and electronics and has premiered several of his works in New York. She was an early recipient of Brooklyn College's Leonard Hecht Poetry Explication Award, and her work most recently appeared in Per Contra, SPANK the CARP and The 5:2 Crime Poetry Weekly.

Morgenbesser's Lament

By Ronald W. Pies, MD

*The great clock of your life
is slowing down,
and the small clocks run wild.
For this you were born.*

—Stanley Kunitz,
“King of the River”

Let's face it: by 86, you've either come to terms or you haven't—with life, death, love, the whole *megillah*. Morgenbesser had not come to terms, and the reason was simple: Luz. Her Latinate name, drawn gently into Spanish from *lux*, reminded Morgenbesser of his days as a professor of classics, as well as of the sunlight that Luz brought in, with her every opening of the curtains in Morgenbesser's apartment. To come to terms with age, with dying even? How could any creature with a “Y” chromosome give in so feebly, when Luz was swaying her ample hips, so close to one's bed? Close, and yet also untouchable—such were the unwritten laws that governed these matters. Luz, the love of his life and light of his days, seemed to have no inkling of Morgenbesser's designs and desires. She was, after all, young enough to be his granddaughter. And as a nurse's aide, her job was in the realm of “assisted living”—not assisted dreaming. This was Morgenbesser's lament.

Also, Morgenbesser missed the northeast. He had spent thirty years in the cold, cloistered halls of Harvard; then ten years, near the end of his academic run, at Brandeis. His heart was never in the move to Florida, but af-

ter Ida died, twenty years ago, and his daughter moved down to Pompano Beach, this was the logical locus *vi-vendi*, if not also a great place to die. And, as assisted living communities go, Windemere was almost civilized, what with hot-shot lecturers from nearby universities coming in to teach the *alter kockers*; occasional string quartet concerts in the splashy atrium; and food which—though blander than Morgenbesser liked—was passably tasty and digestible. What was Rousseau's definition of happiness? “...a good bank account, a good cook, and a good digestion.”

Well, yes—but happiness was not what Leon Morgenbesser had sought, either in his youth or now, in his dotage. So what was he after? In Greek, the word was *eudaimonia*—and there was no good English translation. The textbooks usually gave, “happiness” or “human flourishing” as definitions, but as Morgenbesser had argued in one of his early papers, these gentrified translations leave the daimon out—the “nature spirit,” the daemon, or demon, as we would write nowadays. And what was “*eudaimonia*,” then? Well, Morgenbesser had argued, it was living in harmony with your demon, your unconquerable Nature-force! But how to live with one's demon at age 86, with desire still stirring while the lower body

parts refused to fill with blood? How, in rabbinic terms, to keep *yetzer tov* on good terms with *yetzer hara*—the “good” and “evil” impulses Morgenbesser had struggled with his entire life?

Marissa, his 50-year-old daughter, certainly meant well. She visited him three days a week, during her lunch breaks from the law office, to see how her father was doing. A good girl, Marissa. On weekends, she would load him into the car—she had installed one of those “elder-seats” that swing out for easy entry—and drive him out to the beach, only five miles from the gates of Windemere. How did the tourist brochure describe it? “Sharing its warm, lapping waters with its Gold Coast neighbors Boca Raton, Fort Lauderdale and Hollywood, Pompano Beach lives up to the promise in its name...” Well, again, yes—there was

no doubting the beauty of the Florida coast, and Morgenbesser appreciated his daughter's efforts at cheering him up. But seriously—where was the New England winter in this placid place? To be sure, there was the hurricane season—in 2005, “Wilma” had knocked out Morgenbesser's power for two days—but where was the vital chill in the bones, that New Englanders knew as their birthright? Who could

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explain, to the sun-drenched denizens of the Florida coast those lines from Frost's poem, "Not yesterday I learned to know/ The love of bare November days/ Before the coming of the snow..." Bring up the harsh New England winters down here, and the usual reaction among the myriad expatriate Jews was, "*Feh!*"

Marissa meant well, too, with the nursing home plan. At 86, with aortic stenosis and atrial fibrillation, Morgenbesser wasn't that bad off, though his days of taking the stairs to his fourth-floor apartment were long gone. But he was not well. "Dad," Marissa would say softly, placing her hand on his bony shoulder, "You can't keep this up forever—this wild bachelor life-style!" She was flattering him, of course, but Morgenbesser knew that time was grinding him down. His friend across the centuries, Cicero, had it about right: "The course of life is fixed and nature admits of its being run but in one way, and only once." Well, true enough. But, Morgenbesser insisted, we shouldn't forget Cicero's admonition: "We must stand up against old age and make up for its drawbacks...old age is respectable just as long as it asserts itself...and is not enslaved to anyone!"

And then there was Luz. She had cared for him going on ten years now. Even during Wilma, Luz had driven through the howling wind to come to him, laden with matzoh ball soup and

fresh chopped liver. Luz, unlike Marissa, could listen to his kvetching without pity or angst. Each day, Morgenbesser would think, "Tomorrow Luz will come, and life will be good." She would take his blood pressure, check his heart, make sure he was taking his coumadin.

*"Each day,
Morgenbesser would
think, 'Tomorrow
Luz will come, and
life will be good.'"*

And Luz would stir in Morgenbesser that faint, sanguine rush that was no longer a throb, but which he knew to be the whisper of his daimon. Luz, with her sultry, "*Como esta, Señor Profesor?*" and her rolling, roiling hips. True, Luz took care of him, gave him his pills, checked him for bed sores—but that was not how Morgenbesser pictured the two of them. In the fierce eye of his dreams, he saw himself diving naked with Luz into a pile of sliced mangos and licking the sweet, yellow-orange flesh—losing himself, as in his youth, in decerebrate lust.

She would come by tomorrow, Morgenbesser knew. "And how are you today, *Señor Profesor?*" Luz would say, the "h" in how as thick as Yiddish. *Esta bien?*

"Not so *bien*," Morgenbesser would reply. "I got kicked out of my Current Events class last week for arguing with the so-called instructor. He used to teach at some schlock community college in Pennsylvania. My classics grad students at Brandeis knew more about political science than this *yold!*"

"Ay, you are very naughty, *Señor Profesor!*" Luz would say teasingly, inflating the blood pressure cuff, as Morgenbesser felt the fleeting surge of *yetzer hara*. What does the *Midrash* say? "Without

the evil impulse, a man would not build a house, marry a wife, or beget children..." No, nor would a man stand his ground, or fight to stay out of a *farkakta* nursing home! But if Luz ever sensed Morgenbesser's urges, she never let on or laid a hand on him, in anything but a friendly or daughterly manner. This, too, was Morgenbesser's lament.

Once, about a year ago, he had turned to Luz with a shy smile. "Luz, if I asked you out to dinner, what would you say?"

Luz had laughed, though not in an unkind way. "I would say you are a very smart man, *Señor Profesor*, and you will find a way to get what you want."

When Luz arrived the next day, Marissa was with her, and with the two of them was a woman who looked even younger than Luz, attired in a dark business suit.

"Dad," Marissa said, her mouth forced upward at the corners. "I want you to meet a friend of mine. This is Jenna! You know that nursing home in Boca? The really nice one that everybody says is like the old Ritz Carlton in Boston? Jenna works there, and she'd like to speak with us all about, you know—some options for the future. We're just talking, Dad."

Jenna was very nice. Like the food at Windemere, she was tasty and digestible but a little bland. She explained how the nursing home would work—its rules and regulations, but also its excellent facilities, including its superb dining room and well-stocked library of over two thousand volumes! Jenna and Marissa also explained something

Continued, next page

called a “Durable Power of Attorney,” which seemed reasonable on its face, but which carried with it a whiff of something sinister. “Sinister,” Morgenbesser heard himself explaining to his students, “comes to us unaltered from the Latin, meaning “on the left side,” the opposite of *dexter*. In ancient Greece, the flight of birds, seen on the left side, was considered a bad omen.”

Luz was silently shaking her head, her lips compressed and bloodless. She was standing behind Jenna and Marissa, so that only Morgenbesser could see her pained expression. He thought of blowing her a kiss, but feared that this would be taken as a sign of incipient dementia. He thought of proposing marriage to Luz, right there and then—which, if accepted, would certainly put the nursing home plan on hold. Luz would make a wonderful wife and would prepare food more to Morgenbesser’s liking—with spices like cayenne, garlic, saffron and basil.

Morgenbesser stood up from his chair, his heart fluttering. “Thanks, but no thanks, Miss,” he said to the young woman from the nursing home. “In Latin we say, ‘*Luctor et emerge*.’ I struggle and emerge.” ✧

Ronald Pies, MD, is a psychiatrist, poet, and fiction writer affiliated with SUNY Upstate Medical University and Tufts University. He is the author of The Myeloma Year (poems/essays) and the novel The Director of Minor Tragedies. He has published fiction in The Bellevue Literary Review, the Rockhurst Review, and other literary journals. Dr. Pies and his wife, Nancy, live outside of Boston.

Dietary Rounds

Lately it’s been down to gut and blood.
Put a sandwich on it, the tray line yells.

You can’t blame me for Caesar
dressing that runs like interstitial
liquids no one wants to discuss.

I’m bringing my work home with me
latissimus dorsi tight as tourniquets,
head a veal cutlet under mallets.
No way I can eat, appetite cut short
as a resectioned bowel.

Cure, you say?

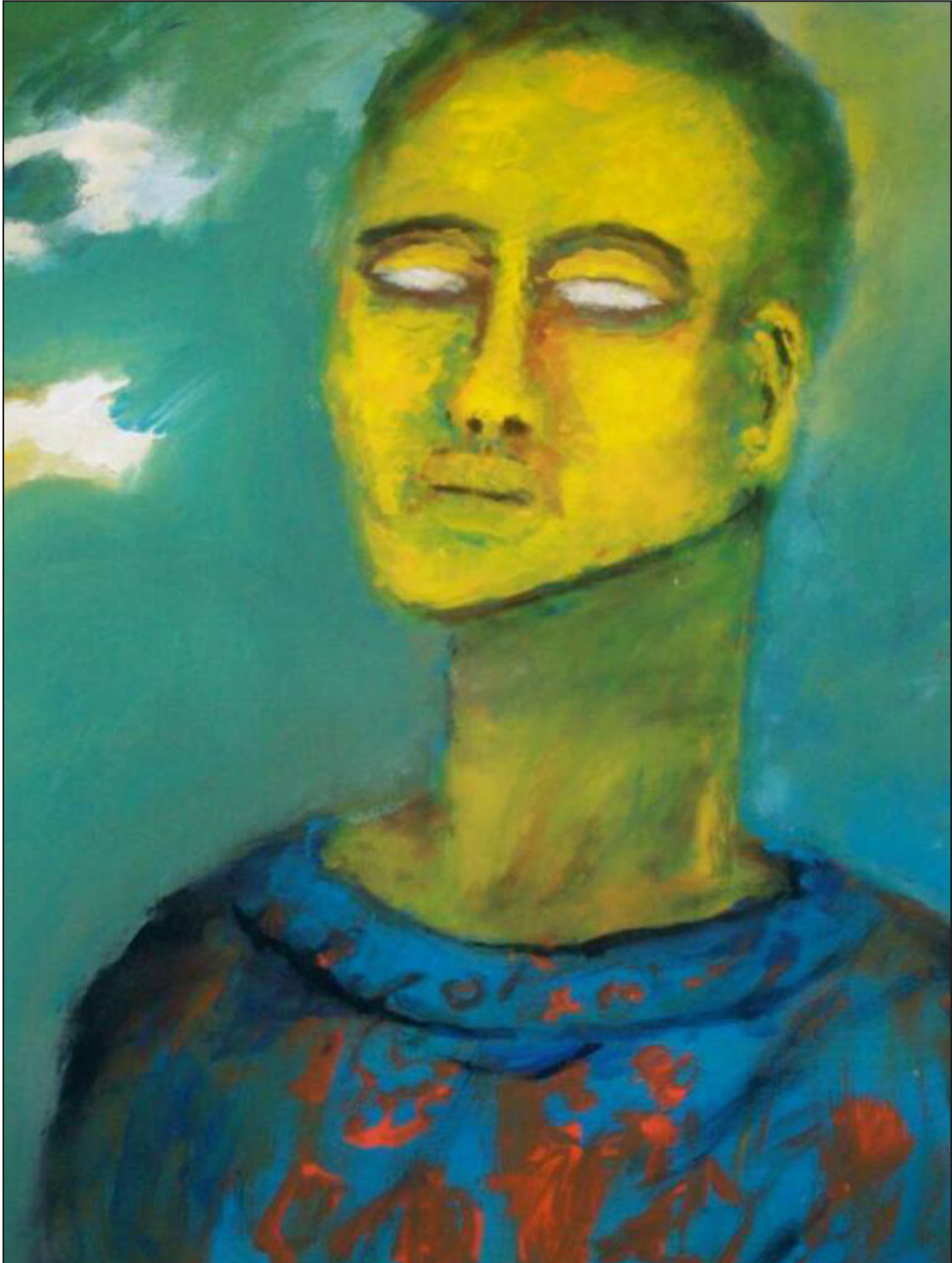
Not on my watch. Even the sky sags,
black fishnet clogged with saturated stars.

Rounds again, six sharp. Wear whites.
Don’t let them see the yellows of your eyes.

By Virginia Aronson, RD, MS

Virginia Aronson was a nutritionist/writer at Harvard University School of Public Health and is the author of many books and journal and magazine articles on nutrition and health. She is co-director of Food and Nutrition Resources, a nonprofit organization that supports sustainable agriculture, access to healthy food, and nutrition education.

Blindness



Painting by Mohamed Osman

I am waiting for a medical miracle to happen during my lifetime. I am waiting for a cure for blindness. I am waiting for science and technology to restore my vision. I am waiting for advanced technology to enable humans to clone organs for vision. In my dreams I see, but when I am awake I stay blind. I am able to think, feel, hear. I was born healthy. I grew up healthy. I inherited a defective gene. It caused me to have diabetes. Diabetes is a serious illness. Diabetes is as old as the cradle of life on earth. Ancient healers used to taste the presence of sugar in urine. It was the diagnostic approach used at the time. I ignored the seriousness of diabetes. I thought that I was young and invincible. I was wrong. I realize that diabetes has no mercy on anyone. I have lost the most precious gift of nature, my vision. I am unable to see. I regret that I did not follow my doctor's plan of care. My organ of cognition is absolutely intact. I wish I would wake up one day and start seeing.

The Proper Ways

I tell a nurse.
She checks under his legs.
She can't find the orderlies.

He requires two men.
She asks my brother and me to help.
We don't know the proper ways

to lift a man his size,
a row of thick stitches
drawn up along his chest.

He shakes his head no.
We pull him onto the edge
stop for him to breathe

then lift him
each foot trembling
as it finds the floor.

The nurse wipes him clean
and changes his gown.
He shakes his head.

When she finishes
with his sheets
we ease him down.

Then I lift our father's legs
as my brother
cradles his head.

By William Palmer

William Palmer is a professor of English at Alma College in central Michigan. His textbook Discovering Arguments: An Introduction to Critical Thinking, Writing, and Style is published by Prentice Hall. His poetry has appeared in Bluestem, Cold Mountain Review, and JAMA. He has published two chapbooks of poems: A String of Blue Lights and Humble.

Overnight

By Richard Hubbard, MD

It promised to be just another call shift as I made my way across the street from the parking lot and toward the imposing hospital building where I work as an anesthesia resident. Earbuds in and blocking the world out, I was mentally preparing for what might be in store over the next sixteen hours: bleeding patients, septic patients, burned and charred patients, or maybe nothing at all.

As residents on trauma call, we see humanity at its most stark: gang-members, junkies, dealers, and those whose choices, though less extreme, are just as self-destructive. You try to treat these people with respect as their lives unravel in front of you. Over time, however, your powerlessness in the face of such misery eats away at something deep inside. You try to ignore it, suppress it, put it away for another, quieter moment. That moment rarely comes. In the meantime, bitter jokes and junk food substitute for real emotions.

This quiet despair is mixed with the angst of the physician-in-training. We provide airways for patients during emergencies, stick large IVs into major vessels, and push in powerful drugs which profoundly affect human physiology. Always in the back of your mind is the refrain: you are not smart enough, talented enough, good enough, to do this to another human being. Our ability to function depends not on a lack of fear, but on a determination to overcome it.

The pager went off around 11 p.m.

It read “GSW [gunshot wound] to the abdomen.” I moved quickly toward the stairs that lead to the Emergency Department, telling myself, “walk, don’t run; but walk quickly. Look relaxed, everyone hates a nervous resident. Whatever you do, don’t fuck up.”

The patient had not yet arrived when I got to the trauma bay. All around me, nurses, techs, and surgical staff were donning protective gowns, putting on gloves, and securing splash-proof masks. I took my place at the head of the table and checked to make sure I had all the equipment I might need. My senior resident, who was staffing this shift with me, stood to my left, ready to bail me out in a pinch.

Chest compressions were already underway as the patient was wheeled around the corner and into the trauma bay. His ribs bounced up and down like they were made of rubber, an unnatural, disquieting motion. He was unresponsive, ashen, and not breathing. A small hole in his right lower abdomen oozed with bright red blood, a telltale sign of a major arterial injury. We quickly moved him from the gurney to the table, and there was a frenzy of hands as monitors were slapped on and chest compressions were restarted. I grabbed a breathing mask, and attempted to force air into his lungs through an inflatable bag. The EKG showed a jumbled tracing, nothing compatible with a functioning heart.

“We’re going to have to open his chest,” declared the trauma surgeon on call. In what seemed like seconds, he had made a midline incision along the

“Earbuds in and blocking the world out, I was mentally preparing for what might be in store over the next sixteen hours...”

patient’s sternum, grabbed a medieval metal device aptly called “rib spreaders,” and was busy getting to work. He looked at me and, in a rushed tone, told me to “tube him.” I looked back, then at my senior, who nodded his agreement.

This was it. My time not to fuck up. I grabbed my metal laryngoscope, and looked down at the patient’s face. He was young, younger than me. His eyes were wide open, staring up at me, through me. Large, round, dead eyes.

I blinked, blocked out the image, and slid the laryngoscope blade between his teeth and under his tongue, gently raising his jaw as I went. I visualized the entry to the trachea, the larynx. With my right hand, I guided the breathing tube through the larynx, pulled out my blade, and began giving the patient breaths of oxygen. A wave of relief rushed over me.

Despite this small victory, the war was going badly. Now fully exposed, the patient’s heart heaved to and fro in uncoordinated beats, like a fish slowly dying on a dock. His vital signs remained terrible. Bags of blood were squeezed into his veins in a desperate attempt to replenish his supply. The only result was that more red fluid oozed from the hole

Continued, next page

in his belly. After a few minutes, it was all over. The trauma surgeon called it, and people began to slowly back away from the table, like a wave receding off a beach.

As I walked out of the room, I noticed the patient's belongings, which had been collected on a table. Wads and wads of small bills spilled out of an emesis basin. Each bill was a quiet indicator of the choices this young man had made in his life, a life that was now over.

"I guess we're all getting pizza," I said in a stupid, callous attempt at humor. A few mumbled laughs came from the people around me. It seemed the only thing to say in light of such an absurd situation, but a surge of shame rushed over me for expressing such an emotion out loud. I headed back upstairs, trying to clear my head sufficiently enough to move on to the next patient.

I can never sleep after a call. Instead, I head to the gym, pumping furiously on an elliptical in an attempt to push out all the weight of the previous night. Earbuds in and blocking the world out, I glanced at the TV on the opposite wall. The local morning news was on, and the anchor reported that "a man was shot and killed last night in... The details of his death are unclear at this point." I thought back to the man on that table, the man whose life course was so different and yet now so interconnected with mine; and I saw those eyes, staring blankly into mine. I see them now. ✧

Richard Hubbard is a graduate of Virginia Commonwealth University School of Medicine, class of 2013. He is currently an anesthesiology resident at the University of Pittsburgh Medical Center and plans to pursue a career in pediatric anesthesia.

Needle to Neck

I very nearly killed someone
The first time I put needle to neck
The senior resident in my ear
"We have to be quick. Go on, deeper.
Poke around. Get the flash"
Twenty minutes later, the chest x-ray
The pneumothorax
The surgeon running in
Swinging neck tie
Plunging tube into chest
Intubation
My mouth agape in the corner
Five days later
She's awake
I cry at her bedside, apologizing.
She asks me where her front tooth is
I vow never to put needle to neck again

Now they call me
Sometimes at 2 a.m.
"She can get the line. She's really good"
I tell all the interns
What I had to teach myself
Needles can kill
Measure twice
Second guess
Caution
Always

A difficult line
Fourth attempt
I place it now quickly, safely
The nurse claps
Daughter thanks
The patient and I both cry
All teeth are intact

By Megan Lemay, MD

Megan Lemay is an Assistant Professor of General Internal Medicine at Virginia Commonwealth University.

Upon Being Offered an Autopsy

It just might be a good idea
to take a look inside—

to crack the ribcage open
take the organs out
one by one
rinse them off and

take a look at what goes wrong.
I could use a clogged artery

viewing—maybe rethink the French fries;
hold the overworked heart in my hands,
imagine it beating a song into my palm.
It might be nice to slice

a couple of layers away
to take all the pieces

apart and marvel
at the possibilities
of reconfiguration
to trace the transportation

lines, to rattle the bones
of this cage

let some light into
the gristly cobwebby corners
to see where all the
swallowed bits go

to marvel at the
muscles begging for work.

It could be enlightening
to find out what's hiding
under the surface
to know the source

of subcutaneous rippling
to find there are more entry

points than previously suspected
to see codependency at its best
to learn, once and for all,
that everything is connected

to be shown that this whole
literally is so much more than

some of the parts. But to be present
at this initiation of disintegration,
to witness the body's unapologetic
lack of integrity, I suspect I will need

a tightly-held flashlight while
descending these dark stairs.

By Toni La Ree Bennett

Toni La Ree Bennett attended the University of Washington (Seattle) where she received her Ph.D. in English. Her work has appeared in poemmemoirstory, Puerto del Sol, Hawaii Pacific Review, Society of Classical Poets, and Journal of Poetry Therapy, among other publications, and she has several poems included in the anthology The Muse Strikes Back published by Story Line Press. She is a freelance editor and photographer and lives with a flock of feisty finches.

On Aging

The scent of honey locust seedpods, sharp
as coffee, herbal as brewed chicory,
with top note of a lathe turning a harp
at the Lyon Healy works, defines the tree.
You bend the brittle, coffee-colored pod
until it snaps, and you're surrounded by
the compound leaves, the fists of thorns that prod
the bucks and bruises on their way, the sigh
of full-fledged honey locust fronds in June.
Try it sometime, when you're in a wood
in late October in soft rain, or soon
before first snow dry-freezes sere monkshood.
It's practical advice, the only such,
perhaps, that does not interfere too much.

By Dan Campion

Dan Campion is author of Peter De Vries and Surrealism, co-editor of Walt Whitman: The Measure of His Song, and contributor of poetry to many magazines, including Able Muse, Light, Measure, The Midwest Quarterly, The North American Review, Poetry, Rolling Stone, and Shenandoah. A native of Chicago with degrees from the University of Chicago (AB), the University of Illinois at Chicago (MA), and the University of Iowa (PhD), he works as a writer and editor in Iowa City, Iowa.

ABOUT THE COVER PHOTO

Empathy in Healing



Painting by Olga Mutter

In the artist's own words: "I created this painting during my Ob/Gyn rotation after working with an adolescent patient who was receiving surgery. This piece demonstrates how spending time with patients is often the most valuable and memorable aspect of their care."

Olga Mutter is a third-year medical student at Virginia Commonwealth University School of Medicine.