TRANSFORMATION
How Illness and Healing Change Us
Tabula rasa, Latin for “blank slate,” is Vanderbilt School of Medicine’s journal for medical humanities. *Tabula Rasa* is dedicated to the idea that the mediums of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience. The journal is published annually, and we invite submissions of original short stories, poetry, essays, interviews, artwork, and photographs from medical students, residents, faculty members, alumni, patients, and members of the Nashville community.
The course of an individual’s life can be dramatically altered by the experience of suffering and recovering from an illness. When undergoing diagnosis and treatment, a patient must adapt to circumstances brought on by symptoms and side effects of therapy. Similarly, for those in the medical profession, the experience of providing care for patients with a grim prognosis or multiple complications can influence their perspectives throughout their career. This theme of transformation is particularly important to society, as entire communities are affected by tragedies such as the recent Tōhoku earthquake and tsunami in Japan.

This edition of *Tabula Rasa: Vanderbilt Journal of Medical Humanities* aims to recognize, celebrate, and better understand the transformations incited by illness and the process of healing.

This past year has been yet another period of profound growth for the journal. We have received record levels of submissions from both the Vanderbilt and greater Nashville communities. In addition, the interest and support provided by Vanderbilt School of Medicine alumni has been unprecedented.

The *Tabula Rasa* editorial board is quite grateful for the enthusiasm expressed toward the publication. The journal has become a unique forum for individuals to develop and explore concepts related to the interaction between medicine and society. I encourage anyone with an interest in the field of medical humanities to submit their work to future editions of our journal.

Finally, I would like to express my sincere gratitude to the dedicated editorial staff that has worked diligently and with great care to produce our current issue. Their determination to contact faculty, students, alumni, university organizations, and patients has been instrumental in soliciting the inspiring submissions that have been selected for this issue.

Kevin K. Kumar
Editor-in-Chief
*Tabula Rasa*

Please visit the *Tabula Rasa* website for past issues, unabridged writings, and additional poetry, prose, and works of art. The pieces displayed in this print edition represent only a small selection of the works submitted to the editorial staff for review.
### TABLE OF CONTENTS

**COMMUNITY**

7  Every Morning  
   Kendra Decolo

9  Sending Your Mother Postcards of Chagall  
   Kendra Decolo

10 An Existential Take on the Experience of Illness  
    Andrew Dolfie

11 Exercise Therapy  
    Victoria Harris

12 The Birth of Healing  
    Jason McNeal

13 The Job  
    Matthew Smoot

18 Subtle Turmoil  
    Vimvara Vacharathit

**MEDICAL PRACTICE**

19 Milk  
    Jacob Ark

21 Applied Radiology  
    Sam Aznaurov

22 An Intern’s Night on the Ward, 1957  
    Eric Chazan

24 Mirror of Myself  
    April Christensen

26 Medical Masochism  
    Michael Kallen

27 Memoriam for a Country Doctor  
    Art Dalley

30 The Woman With No Face  
    Ryan Darby

35 No Knife is Sharp Enough  
    Virginia Eddy

37 Anatomy Illustrations  
    Steven Farley

38 Stuck  
    Lani Feingold-Link

39 Tern  
    Jennifer Powers

40 The Gift  
    Suzanne Fox

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**FEATURED SUBMISSIONS**

**EDITORS’ PICKS FOR THE TOP WRITTEN OR VISUAL PIECES OF EACH FORMAT**

**“The best preparation...is a life well-lived.”**

*Dr. Paul Michael*  
John Sergent  
p. 50

**“...his mom was dying. The last arrow.”**

*Childhood Memories*  
Shawn Jackson  
p. 59

*Arrows*  
Laura Tortora  
p. 53
TABLE OF CONTENTS

41 Dining In  
Oliver Gunter

42 Getting Used to It  
Marc Daniel Hicar

44 Finding Perspective  
Sarah Scott

45 Time of Death, Six Thirty  
Neil Issar

46 Survivors  
Brad Lindell

47 “This is what love looks like.”  
Lynne McFarland

48 “If it were not for my girls...”  
Joseph Merrill

50 Dr. Paul Michael  
John Sergent

51 Spliceosome  
Monita Soni

52 Wake Up Call  
Anderson Spickard, III

53 Arrows  
Laura Tortora

55 A Turning Point: The Trail to a Clinical Trial  
Rampyari Walia

58 A Mental Health Story  
Anonymous

59 Childhood Memories  
Shawn Jackson

60 Healing from a Life of Being John Wayne  
Barbara Moss

62 Stay in the Boat  
Camille Raspante

64 A Day in the Life of the Electronic Bag Lady  
Allyson Sisler-Dinwiddie

PATIENTS

58 A Mental Health Story  
Anonymous

59 Childhood Memories  
Shawn Jackson

60 Healing from a Life of Being John Wayne  
Barbara Moss

62 Stay in the Boat  
Camille Raspante

64 A Day in the Life of the Electronic Bag Lady  
Allyson Sisler-Dinwiddie
my friend runs water
    from the bathroom faucet,

letting the hot
    chords beat white against the sink—

a wished relief, summoning
    the music
        of openings

and ruptures,

    how the world begins

each day with a Yes—

    where her mother squats, trying
to piss, release the hard-
    earned stream from her body,

coaxed by the sound of falling
    water
        whose effortlessness

is in love with its own beauty,
    knows nothing

of illness or dried
    tracts, featherless
        shudderings.
The tiles compose
a crisp halo around them,

the body holding
what it believes

it can’t live without,
the way we go through our lives

holding
deep in the flesh

the hurts and stale aches,
the angers
we will one day regret.

My friend no longer wonders
how much longer

this will last,

no longer desires
goodness, just rest.

She lets the water run
until her mother’s body

loosens with the bright music
of falling,

simple as an act
of mercy

beating out of her,

the two of them hovered
above the toilet

beautiful
in the reckless morning light.
Sending Your Mother
Postcards of Chagall

Kendra DeColo

I was in love with her that night we smoked, the three of us swimming
in her king-sized bed, the glass pipe navigating the bottomless dark—
held to the lamp looked like a goblet of oil, scripture extracted
from a psalm of water.

Something about her beauty frightened me, her hair spreading like fire around her face, hands
delicate as knives.

These days I don’t know
what to say when you tell me of the speck in her lungs,
growing each day, how she cries when you kiss her goodnight,
says she isn’t ready to leave.

In my dreams she comes back
as a shimmer washing over me, the echo of her voice a wound.

I send post cards of Chagall, the only thing I know how to do—
paintings of bodies drifting over houses like music, goats and violins
bright as gods, weightless as we were: suspended in the swish
between heaven and earth, inhaling until the room folded in half,
how we hung there, sparkling in the cracked husk.

Kendra DeColo is an MFA candidate in poetry at Vanderbilt University. She has taught writing workshops in prisons, homeless shelters, hospitals, and worked as an intern in the VICC’s Reach for Survivorship Program. She currently teaches at the Tennessee Prison for Women. Kendra is the head poetry editor and co-founder of Nashville Review and was recently awarded 3rd prize in Split this Rock’s Poetry Contest, selected by Jan Beatty.
An Existential Take on the Experience of Illness

Andrew Dolfie

As a culture we often view the progression of illness as a process that somehow develops separately from the person whom it afflicts, as if sickness itself were an external thing. One is said to have a fever, an infection, a cancer, or even a common cold. Yet, what we often miss when we externalize the presence of illness is experience of what happens to those who suffer from it. Viewed this way, through the lens of experience, we see an entirely different picture. Illness may indeed be a process, but it is one that is lived, and, in this respect, it changes who we are.

Insofar as we are beings defined by action, by what we do, we must acknowledge that the actions carried out while we are struggling with serious or chronic illness eventually come to bear on who we are. From the moment that a patient receives a diagnosis, life begins to change. Gradually she spends more and more time dealing with the management of her illness: visiting with doctors, filling prescriptions, waiting for test results, driving to and from hospitals, taking phone calls from concerned relatives, receiving casseroles brought by neighbors, carrying out everyday routines which sometimes can no longer be done independently—never mind actually enduring the physical suffering. Everything from the painful to the banal comes to redefine who we, as patients, truly are, and culminates into one large constraint that is placed upon our freedom. We can no longer act, move, or even think entirely in the way we choose. As a result, when the patient’s assesses her identity, there is now a real risk that her persona will be reduced to that of a mere “sick person.”

There is, however, another path open to us. Here we will see that a transformation can take place. We will undoubtedly be changed by illness, as we are by most major events, but we still have some choice in the way this change plays out. We can use the events that surround our illness to serve as reminders of what it is to endure, to struggle, and sometimes to overcome. In this way we are reminded of our own volition, and we can resist the passive role of one who merely copes with illness, trading that identity in for that of the active participant—one who still makes choices, cultivates relationships, and in the end is changed for the better. Though disease can show us the frailty of the body, the experience of coping with disease can attest to the strength of the individual. And although every prognosis has a varied chance of full recovery, there always looms an opportunity for the recovery of self.

Andrew Dolfie graduated from MTSU with a degree in Philosophy in 2005. He has also studied English at the graduate level at Belmont University. He is currently considering pursuing a career in healthcare.
Exercise Therapy
Victoria Harris

Oh yeah, IBD flares make me sad
Taking 12 pills makes me mad
What does one do to purge
When your emotions finally surge
Walking everyday is a bore
Found something I like even more
Racquetball, oh swift and hard
My stresses quick to discard

In the court always looking to win
Beating someone is without sin
Pounding the little blue ball
Better than shopping the mall
Yes, I find it cathartic
When the diarrhea isn’t chronic
Smack that ball, try not to fall
Do not think about getting the call

Sweat, stretch and strain
Organ most affected, the brain
Four walls and a floor, fun galore
Who could ask for more
Sore muscles and stiff joints
For this I wish to anoint
My partner in play
Please forgive me for winning today

Victoria Harris, EdD is the Director of Education at the Tennessee AIDS Education and Training Center and an Associate in Medicine in the Division of ID. Involved since the beginning of the epidemic, she has experience in HIV clinical trials coordination & management and is now engaged in creating educational opportunities for healthcare professionals who provide care for those living with HIV/AIDS.
The Birth of Healing

Jason McNeal

“This is a photo of my grandmother and daughter. My grandmother, a cancer survivor, has lost both her husband and her best friend/sister in the past year. The birth of three great-grandchildren during this time has helped her down the path to healing. She is the strongest person that I know.”

Jason McNeal is a first year pharmacy student at Lipscomb University and is involved with the Vanderbilt Program in Interprofessional Learning. He enjoys spending time with family, traveling, and photography.
The Job
Matthew Smoot

Doctor Neilson always steps away. As soon as he’s learned of all the patients left over in the ER from the overnight shift he dismisses his colleague and walks steadily back to the break room. He flips on the sports channel. Not yet 7am, he crosses one ankle up over his knee. There is nothing to do out on the floor but wait for specialists to read CT scans and the lab to process blood work. Only three patients waiting. Here in the break room, only the voices of the sports men and the games.

Hines walks in with the morning’s haze on his jacket.
“Hey ho,” he chimes.
Doctor Neilson says nothing audible, but switches his other ankle up over his other knee. Hines swings open his locker, slides his jacket off, and tosses everything in. He takes the eyedrops from the shelf, tilts his head back, and feeds two drops into each eye.

Hines approaches the table where Doctor Neilson sits and picks up the lone item – thin mint Girl Scout cookies. “Oh, what are these?” he blinks the eyedrops over his cornea.
“Looks like someone left us a little morning treat,” Hines says.
Doctor Neilson huffs through his nose without taking his eyes off the television.
“Yes, indeed,” Hines glances for eye contact from the doctor, then places the box back on the table and turns to the coffee machine. He prepares the machine to make him a hot chocolate, places a styrofoam cup under the spout, and presses Enter.

Doctor Neilson sits too-slouched for a fit young man. He looks uncomfortable, but alright with sitting so. He has been blessed with a handsome jaw line and young-looking features. So young-looking, in fact, that Hines mistook him for some sort of assistant the first time they overlapped shifts.
“A little handful of answers to my prayers,” Hines smiles as he removes three mint cookies from their plastic wrapping. The crackling momentarily drowns out the voices of the sportscasters.
Doctor Neilson says nothing.

Hines is an Emergency Room Technician. He is an assistant to the nursing staff and the doctors. He performs some simple tests, but mostly keeps all the rooms stocked with sheets and supplies. He is a thick man – soft thick – and twenty-six years old. He works at the ER between shifts as a fireman.

He steps out of the break room, onto the ER floor, and the phone rings. He rushes to grab it first, before all the nurses see him there. Loudly: “Emergency room, Hines here.”
The nurses all jump their shoulders.
“Oh, what’s poppin’ doc, yeah I’ll put you right through,” Hines puts the phone on his shoulder and presses buttons to transfer the call. He smiles over at the three nurses. Thumbs up.
“Scared the shit out of me,” laughs Rachel quietly.
Lynn huffs in agreement.

While the sun is still rising outside, Hines slides the linen cart around to each room under the ever-bright lights. He stocks the patient rooms that are low on this or that. He checks the temperatures on the food fridge and the medicine fridge, and he marks the readings in a binder.
Doctor Neilson appears around the corner after a while and moseys his way back to his chair and computer to see if his results have come back yet.

After some time: “Congratulations on your big decision, doctor,” says Rachel, the charge nurse sitting across the nurse's station counter from the doctor. She nods her head with sincerity.

“Oh, yeah, yeah, thank you,” Doctor Neilson replies gently.

“What big decision is this?” asks Lynn. She is a young, interested woman, seated on the same side of the counter as Doctor Neilson, but down a ways.

Doctor Neilson hesitates in a pause until Rachel speaks for him, “He's decided to go back to school for his MBA.”

“What? I didn't know that. I didn't even know you were considering,” says Lynn.

Just then, Hines is walking past the nurse's station when he notices an interesting magazine cover between Lynn and the doctor. He pulls up a rolling stool between them.

Doctor Neilson sits staring at his computer, straight-faced, looking occupied for a moment. Hines reads next to him.

Lynn looks at the doctor over Hines' magazine.

“Yeah, I’ll start next fall,” Doctor Neilson says, and then he pauses until it the silence goes static again and it becomes obvious that everyone wants to hear more, “It's an executive program, so it's for people that already have, eh, established positions.”

Doctor Neilson finally takes his hands off his computer mouse and looks at Lynn. “I’ll still be working full time through it.”

“What made you decide on that?” asks Lynn, leaning (just a bit) to see the doctor around Hines and his magazine.

“Oh, it’s always kind of been in the back of my head,” Doctor Neilson says with an exhale.

“Wow, I didn't even know you were considering... It surprises me,” continues Lynn.

“Yeah, you’d think you would’ve figured out you didn’t like medicine during residency,” says Rachel with a snuff and big grin. She looks over at Doctor Neilson with eyes that mean no offense.

Laughs rumble easy out of the two nurses and the doctor. Hines is still reading, but listening too.

“Is that what it is?” asks Lynn.

“Well I kind of knew during year two of my residence,” Doctor Neilson speaks while he holds his left triceps with his right arm and turns back and forth in his chair like a child, “but it’s not so much that. I just kind of want to get out of the trenches.”

Doctor Neilson drops his arms.

“What are you going to try to do?” asks Lynn.

“Oh, I don't know, I’ll just kind of see what comes up,” the doctor turns away, back to his computer. A moment passes.

Rachel continues the barrage, “And the hospital is okay with it?”

“Well yeah, everyone has been helpful, and,” the doctor smirks, “they kind of owe me after sending me off to India for two months.”

“What? That trip was required?” asks Lynn.

“Well that’s just it. It was an appointed thing, officially,” Doctor Neilson offers up, “but I was in a kind of batch of people who they approached, and since I’m young and that... they pushed it as an opportunity, and something that would really help them out.”

“India?” Hines perks up, “When were you there?”

Doctor Neilson cocks his eyes toward the ceiling, “Uh, November, yeah, early November.”

“You were there for Diwali, the festival” Hines speaks with an upswing that draws the attention to his comment.
“The holiday like the 4th of July… with all the fireworks?” asks the doctor.

“Yes, little kids lighting off fireworks shot from pipes like mortars. It’s supposed to be wild. But the holiday – the celebration – is a triumph of good over evil...”

Hines drops his chin, pauses, and raises his eyes, “within the individual.”

“It’s like a trailer park Christmas,” Doctor Neilson glances up and gives a look at Rachel that is almost an eyeroll. But Rachel doesn’t notice. She is occupied, staring at Hines, and shaking her head at the way this large, young guy is bobbing with cheer. She is surprised that he knows such a thing.

“Deformed women selling necklaces,” Doctor Neilson continues, grabbing for the attention of the conversation, back over his keyboard, “Oh, it’s certainly a wild place.”

“Magic,” Hines spurts, shaking his head to himself and looking beyond the doctor.

Both nurses huff a laugh at Hines.

Doctor Neilson shoots a glance at Hines.

“I ‘A’gree,” says Doctor Neilson slowly, eyes back to his computer.

“You ‘A’gree doctor?” shoots Rachel, across the counter.

The emergency horn sounds with an incoming call from an ambulance. Rachel springs away from her computer to answer. Hines flips his magazine closed and pops up to move the linen cart out of the way of the door and prepare a room for an ambulance. Doctor Neilson waits at his computer.

“Room 2 gentlemen,” says Rachel from her post at the nurse's station.

The paramedics roll their cot over to the room entrance, jabbering updates about the patient’s condition. He is unconscious, but breathing – 83 years old.

Inside the room, Hines stands beside the bed pressing his foot into the lever that raises it. He matches the height with the paramedics’ cot and grabs the sheet under the patient – 1, 2, 3 – he pulls the patient onto the hospital bed. The nurses immediately look for a vein to start an IV opposite the one already set by the paramedics in the ambulance.

Doctor Neilson stands at the head of the bed, ready with a metal tool manufactured to press up against the base of a patient’s throat and provide a clear view down the airway for intubation. He inserts the metal and lifts, for a look.

“I need a bougie,” Doctor Neilson orders.

“Bougie?” Rachel inquires, “Anyone know what a bougie is?”

“It’s in the Difficult Airway Cart,” Doctor Neilson instructs, bent over and peering down the throat of the patient. He stands erect, “It has ridges, to count notches down the trachea.”

Lynn already has intubation tubing in her hand, beside the patient, and turns to the cart to search for the bougie. Three drawers down from the top, she grabs it and hands it to Doctor Neilson as another nurse injects the Versed to be sure the patient tolerates an airway tube.

“Can I get another green top tube, Hines,” Rachel calls, changing out the second of five blood tubes she needs to fill.

Hines throws the curtain open and hurries over to the nurse's station. He swings open a cupboard door and reaches in the bin marked “Green.” Back through the ER and the curtain with a shuffle, he hands off the tube.

Doctor Neilson has the intubation tube already inserted when Hines steps back to the side of the bed, and Lynn is already attaching the AMBU bag to the end, for artificial breathing.

“We have condensation. You’re in,” she says, “Good work, Doc.”

Doctor Neilson steps over to the counter to prepare the materials for placing a central IV line into one of the femoral arteries – the next crucial move for this patient’s survival. Hines offers to take the AMBU bag from Lynn, she hands it over, and Hines begins the artificial ventilations for the patient. Squeeze. Squeeze. Squeeze.
Doctor Neilson chooses the right leg and probes with his finger at the femoral artery between the patient’s legs. He finds a good site to place the central line IV and begins the process of sticking the vein and feeding in the catheter.

Nurses bustle about. Blood is collected and sent to the lab. Fluid is attached to IV sites. Blood pressure is monitored. Heart rate is charted. The lady working registration is outside the curtain getting the patient’s information from the paramedics. All this, and then Doctor Neilson finishes placing the IV.

Rachel holds the curtain for him to step out. “Good work, Doc,” she says.

Hines stands at the head of the bed. Squeeze. Squeeze. Squeeze.

One of the new ER technicians stands in the coffee corridor when Hines rounds the corner on his way to grab a cup of water. This new guy has just arrived on the floor for his shift.

“Oh, hey there,” Hines projects his salutation. He raises his arms to slide past the new guy and get a cup of water from the water machine. “You look tired. Late night there?”

The new guy finishes his sip of coffee and shakes his head. “No, my eyes just burn.”

“You're telling me,” Hines takes a gulp of water and raises his eyebrows, “six beers and a couple vodka drinks and I’m dropping eyedrops all day.”

“What? Last night?” the new guy raises his own eyebrows in astonishment.

Hines nods through another gulp, and begins to step back out to the floor.

“Casual Tuesday, aey?” the new guy continues, talking at Hine’s back as Hines surveys the floor to see in anyone needs his assistance.

“Hey now,” Hines turns around and speaks right at the new guy, “I walked the dog this morning, took out the garbage, and had breakfast made for my woman by the time I left the house.” He takes a gulp of water, “And I left my wife with night to remember too.”

The new guy shakes his head while Hines turns back toward the floor.

“Hey,” Hines looks back at the new guy and nods to his left. The new guy steps forward and looks in the direction of the nod.

A call light is on over Room 3.

“Let’s go,” says Hines, ready to work.

Both guys set down their cups and Hines leads the way into the room. The new guy slides the curtain closed behind them and they both stand quiet for the patient, an elderly woman, to speak.

“I’ve been spitting up,” this elderly woman begins, holding a blue vomit bag up to her chin. She has a dribble of white foam on her lip and a bit more already in the bag, “this white stuff, I don’t know what ever it is, or where it is coming from.”

“Hmm,” Hines steps over to the counter and pulls a towel from a drawer. He hands it to the woman and places his hands on the railing of the bed. He looks at the woman carefully. She takes the small towel and wipes the white off her face, shaking her head, her whole body shaking.

“I’ve been spitting up,” the elderly woman continues slow, “and I feel like (spit) a rabid dog. Do you even know (spit) what a rabid dog looks like?”

Hines hands the woman a new vomit bag, “I do now.”

The patient’s daughter laughs first, from the corner of the room, and then the elderly woman rests her head back away from the vomit bag. She takes a moment, looks up at the ceiling, and musters an inward breath deep enough to let it all out as a giggle.
“No needle, you see,” Hines squats down and holds up a syringe for the little boy to see, “and everything is already numb there on your forehead. Nothing to worry about.”

“Mom, that cotton ball of Lidocaine made it so that he’s only feeling some pressure when I squirt this, no pain,” Hines speaks from his squat. Mom nods down at Hines and looks back to her little boy.

The boy’s eyebrows pinch together and he glances at his mother, then back at the syringe in Hines’ hand. A high-pitched whine rises from the back of the boy’s throat. He brings his hands up toward his face, but Hines catches them.

“Now wait, just look,” Hines says, “there’s saline in here, it’s the same as your tears.”

The boy watches while Hines turns the syringe on himself and presses a quick stream of the saline onto his forehead. The boy laughs while Hines wrinkles his own nose and has to wipe his face dry with his towel. Then the boy lays his head back onto another towel and Hines begins irrigating the laceration above the boy’s eye.

“Tickles,” the boy giggles toward his mother.

Three times Hines reloads the syringe and shoots into the cut. He holds his towel under the wound to catch the runoff. And with the final bit of saline, Hines blasts a big burst into the cut. The boy laughs and laughs and crunches his shoulders up at the surprise.

Doctor Neilson steps in and walks around to the far side of the bed. He unwraps the laceration kit that Hines has placed out for him and he lays out his sterile gloves. Time for stitches.

“Grab the Papoose,” he says to Hines. No words to the boy.

Hines bounces up and out the curtain. He reenters with a padded blue board, shaped like a long and narrow kite. The device is used to pin little patients in place while they’re being sutured.

“In you go,” says Doctor Neilson, standing back as Hines positions the Papoose and Mom lifts up her little, confused boy. Hines fastens the two huge Velcro straps around the boy’s torso and legs, “A big squeeze,” he says.

Doctor Neilson positions the hanging spotlight on the cut. He moves back to his laceration try to grab the needle and nylon with the eyes of the little boy on him the whole way.

“Alright,” the doctor says, positioning himself over the top of the boy, out of view.

The boy begins to squirm and pant. Doctor Neilson pulls his hands back to be sure he doesn’t stick the needle where it doesn’t belong, but he doesn’t say a thing. Hines bends over and places his hands on either side of the boy’s jaw to hold him still.

And these are their jobs. One stitches, the other holds. Though for Doctor Neilson it won’t be too much longer, and for Hines, it might be forever. The doctor has learned much and now needs to learn more. Hines has married and now tries for a child.

The boy wails, “Stop, no more. I don’t want to do this anymore.”

Hines holds tight, and Doctor Neilson steady, as the boy begins to squirm and sob, “Mom, I want to go home now! Right now. Right now.”

“There you go, all set,” Doctor Neilson says finally. He dabs the closed wound with a stray piece of gauze and removes his sterile gloves. Hines un-straps the Papoose and lets the little boy up to mom’s arms where he can sit safely. Everyone exhales.

There is the sound of the sink as the doctor washes his hands. The bounce of the Papoose on the ground as Hines cleans up. The two men nod to each other. Then Doctor Neilson steps away, and Hines rips open a packet of Neosporin to apply to the boy’s suture site. He steps closer.

Matthew Smoot is an emergency room technician.
Subtle Turmoil
Vimvara Vacharathit

This painting is supposed to illustrate the hidden inner turmoil that patients suffer from as they combat diseases. Unbeknownst to outsiders, many patients may be internally wrestling with their illnesses, struggling to rein in an invisible pandemonium that threatens to overcome them. Courage and determination are key to the process of healing.
Milk
Jacob Ark

I’ve always been fascinated by milk, both as a food and as a concept. Not only does it serve the amazingly real purpose of providing our first taste of life, allowing us to develop secure feelings around loved ones, but it has even made a splash (no pun intended) in pop culture through its clever ads (‘Got Milk?’, milk mustache, etc.), cinematic debates (for example in Snatch where Tommy and Turkish argue over whether mature GI systems are evolutionarily developed to handle milk), and cartoons. As amazing as it is, I suppose I shouldn’t be too surprised that milk serves as a constant reminder as to how without the existence of prompt medical care I wouldn’t be here today.

Ever since I can remember, I’ve shaken the gallon of milk before I pour it to a glass. I don’t just go once or twice either; it looks like I’m getting ready to drink a snow globe. It wasn’t until high school, though, that a classmate called me out mid-ritual and I realized nobody else did the pre-pour shake. More embarrassingly, I also realized I didn’t have a good answer aside from, “I don’t know, I’ve always done it.” As if that weren’t opening me up to enough ridicule from the evil-spirited adolescents who prey on abnormal activities, I decided to offer further details by revealing, “But my dad does it, too!” ignorantly thinking that passing the blame would alleviate my torment. After weathering my seemingly deserved mockery which inevitably spiraled from me shaking my milk (snickers), to me and my father both shaking milk (laughs), and finally to me and my father dueling via sexually suggestive activities (howls), I decided to figure out where this all began.

My father grew up with five siblings in a cozy farm house. Being a part of a self-sustainable farm meant when they had milk it was straight from the cow’s udder. It was the kids’ job to milk the cows, but also to feed the barn cats. “We’d just shoot the milk straight from the udder into the cat’s mouth,” my father told me, “and they absolutely loved that fatty stuff. It was like your own private chorus in the morning between the cows mooing and the cats meowing!”
milk wasn’t homogenized so about four inches of thick rich cream would sit at the top when you let it set in a container. “You could scoop out most of it,” my father recalled, “but there’s always some left and you’d have to shake it up. We always shook up our milk before pouring it, I guess I do it now out of habit.” I now knew whom to blame for my high school embarrassment, but while sharing old stories with me, my father recalled another childhood event of his.

At the age of 5, my father was sitting on the back of a disc (which for those of you who don’t know what a “disc” is in farm terms, it’s a large metal contraption made up of heavy steel wheels/discs that break up the ground to make it easier to grow crops; it’s a device meant to pulverize) with his father pulling him on the tractor around the field. “There’s a large rock under here somewhere,” Grandpa said, “and if we hit it, you’d better be holding onto your seat.” Obeying the laws of foreshadowing, it took about an hour before the disc found the rock, and my father found himself holding on for dear life so as to not be toppled by the disc. My father screamed at the top of his lungs for the tractor to stop, but the tractor was too loud and my grandfather’s hearing was greatly diminished thanks to years of military service. Dad wasn’t strong enough to hold on and passed beneath the disc; he was knocked unconscious and suffered severe blood loss as well as numerous fractures. A neighbor witnessed the event and was able to contact help quickly enough to get my father to the hospital where they were able to save his life.

A team of physicians helped bring my father back from his closest encounter with death, and had it not been for them, my father wouldn’t be alive, I wouldn’t have been born, and no one would be shaking their milk.

Jacob Ark is a third year medical student, and this piece was inspired by Farm Arks.
Applied Radiology
Sam Aznaurov

Sam Aznaurov, MD is a third year resident in the Department of Internal Medicine at Vanderbilt University. Sam was born in eastern Germany and grew up in Moscow. His family moved to the U.S. from Russia when he was 11. Sam enjoys martial arts, photography, filmmaking, and writing and performing poetry, essays, and short stories. Sam has been known to eat soup with chopsticks, just for the added challenge!
An Intern’s Night on the Ward, 1957

Eric Chazen

The call came in somewhere between the conclusion of a hastily eaten dinner and midnight. A family physician in a neighboring community was transferring a teenage boy with suspected acute leukemia who was febrile, probably septic, and bleeding profusely from nose, gums, and possibly GI tract.

The youngster had been hospitalized at Vanderbilt with a superior vena cava syndrome some months before my arrival as an intern. A chest x-ray had revealed a mediastinal mass encasing the upper portions of the heart and great vessels. Biopsy confirmed a lymphoma. He responded well to radiation with complete remission of symptoms and was returned to the care of his family physician.

As the admission rotation evolved, I was next up for a patient and Robert H. was assigned to me. The record room was notified and the old chart thankfully arrived before the patient. Indeed Robert exhibited many of the symptoms of the superior vena cava syndrome including shortness of breath, cough, and swelling of his face and neck. As was just beginning to be understood, seventy percent of lymphomas eventually converted to acute leukemia and average life expectancy in 1957 for ALL was four months.

When I and my senior resident arrived in the treatment room on D3200 the nurses were obtaining vital signs and an anxious mother and uncle were at his bedside, his father still in the admitting office. Robert was acutely ill, febrile sweating, pale, short of breath and bleeding from his nose and mouth. While his lungs were clear, he had a significantly enlarged spleen.

I shall digress to say that in 1957, each floor of ward space had a student lab where urinalyses and routine blood tests were performed all by the students or house staff. All ivs were also started by the housestaff. Robert’s wbc was eighty thousand and largely blasts. Platelets were absent. By the remotest of chances I had just spent six months before arriving in Nashville at the Children’s cancer research foundation in Boston. Chemotherapy for cancer was in its infancy and only two drugs were so far proven effective against acute leukemia, methotrexate and 6 mercaptopurine. The ability to separate platelets from fresh blood had just become routine in Boston and plastic Fenwal bags and tubing for iv fluids and blood were just beginning to be used. Vanderbilt was still using glass bottles and rubber tubing and al iv solutions were prepared and packaged in what was central supply.
While I had observed patients under treatment and participated in treatment decisions while in Boston, I had not been responsible for direct patient care. Robert presented my first opportunity. No one at Vanderbilt had up to that time used chemotherapy on a pediatric patient. It was understood that the Department chairman preferred supportive therapy and no dramatic intervention. Antibiotics of choice, chloromycetin and erythromycin were administered IV with care to prevent precipitation in the needle and tubing.

The major dilemma was control of bleeding. While stored blood was available for transfusion, there was no way to obtain fresh platelets. To compound the problem a blood bank technician was not in the hospital at night and the blood bank could not be entered until the night nursing supervisor who had the key to the blood bank was called. Midnight was approaching and my adrenaline was pumping. Fresh blood transfusion with its attendant platelets seemed the only immediate solution. Without permission and an overwhelming sense of desperation I decided to type and cross match members of the family against Robert’s blood and transfuse Robert that night. I was let into the blood bank by the nursing supervisor and rummaging around found the proper reagents for the cross match. Was I doing the tests properly? What if I was wrong and produced a fatal transfusion reaction? I was totally unthinking of the legal consequences of failure. I perspired so much I could have swum out of my uniform. A match with the uncle was positive and a unit of blood was obtained. I rushed back to the ward and hooked up the blood. And a dose of methotrexate was given. No transfusion reaction occurred.

By the next morning, bleeding had ceased, his temperature was down and Robert’s wbc was halved. The consequence of a uric acid nephropathy was unknown but ample IV fluids saved the day. It was six AM, time for a quick change of uniform, a fast breakfast and back on the ward to make work rounds, draw bloods, and prepare for attending rounds. Would I be complemented, criticized, or expelled for what I had done? Perhaps asking for forgiveness was better then asking for permission. Robert went into complete remission and lived seventeen months cared for by the new chief resident the following July. For me the experience was transforming imparting a sense of self confidence, self belief and satisfaction of having done my best.

Eric Chazen, MD graduated from Vanderbilt University in 1952, went to the University of Tennessee Medical School, and came back to Vanderbilt for an internship in Pediatrics. He ran a private pediatric practice in Nashville for more than 41 years before retiring in 2002. He also taught a childhood development elective course, and assisted in the medical school’s Ecology of Medicine and Physical Diagnosis courses.
Mirror of Myself
April Christensen

“In the event of my demise, when my heart can beat no more, I hope I die for a principle or a belief that I had lived for.”
—Tupac

“Are you afraid of dying?” She asks me with her eyes, dark mirrors that reflect my face in a miniature, twisted form.

No. I watch the two versions of myself shake their heads, the bald scalps, the noses deflected slightly to the left, the scars above the right eyebrow. No, no, they say. She blinks once, then lays her head down and snuggles closer to me. She doesn’t even open her eyes when the nurse comes.

“How you doing today Mr. T.J.?” Her movements are brisk, and I smile, make the obligatory response.

“All right, Miss Jane. I’m doing all right.” I watch the IV bag drip, slowly, slowly. The raindrops dripped from my eyelashes and streamed down the front of my shirt. “Why?” “You want the world, T.J.” Jaycee’s voice became desperate. “You want danger and excitement. And I want security. I want a family.”

“But I can change, forget NGOs and human rights and activism.” My voice became high pitched, and I swiped my eyes to see her. “ Heck, I don’t even know what I want. Except you. I want you.”

“No, T.J.” she whispered. “Your dreams, whatever they are, are right. You are meant to change the world.”

“And how’s Miss Emily doing today?” Miss Jane plumps the pillows behind my head. I look at Emily snuggled under my arm.

“Well, she’s a might tired today, Miss Jane.”
“Now that’s too bad.” Stealthily, she glances at the door, pulling something from the pocket of her bear-covered uniform. “You might try giving this to her.” She slips a bone-shaped doggie biscuit in my hand. “You let this be our little secret?”

Suddenly, she is back to business, straightening, fixing, humming. “I’ll be back in a couple hours to check on ya.”

Outside, the sun is reaching around the curtains, invading our secure hiding place. I bury my face in Emily’s fur. That golden mess.

I scooped the golden ball of fur in my arms and found myself frozen. The sun glinting off the car’s hood, ground slipping away beneath its tires. “T.J.!” My mother’s scream.

The car swerved around us and suddenly I could move again. “Look Mom, I saved it.” Mom was hugging me, the dog squished between us, licking me desperately.

“You could have been killed.”

“But I saved it.”

Sandpaper is licking my face and I open my eyes. The duplicate pair of myself stares back at me. No, we say again, shaking our heads, we are not afraid of death.

We are twenty years old, we say, and it’s not dying that terrifies us. I close my eyes. It’s this—that my life has meant nothing. That I never got my chance to change the world.

Emily nudges me, and I look down. She fixes me with her brown eyes and blinks.

April Christensen is a second year medical student. In creating her story, she wanted to understand, at least in part, the emotions of those facing death at an age when they are just realizing who they want to become.
Medical Masochism

Michael Kallen

Michael Kallen is a fourth year medical student. After graduation, he will be entering his residency in pathology at UCLA Medical Center.
Memoriam for a Country Doctor

Art Dalley

My father, Arthur F. Dalley (Sr.) was born in 1916 in Mobile, Alabama, where his father had an orchard of Satsuma oranges. During WWI, growing wheat appeared to be a better bet, so his father bought two forty acre farms in Idaho and moved the family west. The depression hit while my Dad was in high school, and the family lost both farms. When Dad graduated high school, no jobs were available, and so he joined the Civilian Conservation Corp. However, his folks had imbued in him the faith and determination that he would graduate from college. When autumn arrived, he took $40 he had saved and arrived at the University of Idaho in Moscow in his CCC uniform. The Bursar was not initially impressed by his naiveté, but Dad’s determination won him over. It was agreed that he would be given a chance. Dad vowed that he would not leave prior to his graduation unless he was thrown out bodily.

He mucked out dairy barns, mowed lawns, served as a dormitory janitor, and held every job in the dorm’s kitchen except first cook. Yet he achieved an exceptional academic record, and was elected to Phi Beta Kappa, the national scholastic honorary. When he received his Bachelor Degree in 1939, he had acquired enough credits to teach, but when he found out what beginning teachers were earning, he opted to accept a fellowship at the University of Idaho for a Masters Degree in Zoology. He was elected to the pre-medical honorary Alpha Epsilon Delta, and Sigma Xi, the national biology honor society. He was then awarded an unprecedented full tuition scholarship at Columbia University Physicians & Surgeons in NYC. This didn’t, of course, include living expenses for NYC. A physician in Idaho agreed to loan him $50/month while he was in medical school. Dad worked for the Forest Service during the summers as a smoke spotter on mountain-top fire lookouts. A trip back west for this purpose one summer provided the opportunity for him to meet the woman who would become his wife and my mother. When Bonnie came to New York to marry Dad in The Little Church Around the Corner in 1943, he was moonlighting as a male nurse at the New York Psychiatric Institute. Dad would tell people that Bonnie literally provided his escape from the “nuthouse.”

With World War II underway, the schedule for Dad’s medical class was accelerated: he received his MD after 3 ½ years, served an internship at LDS Hospital in Salt Lake City, Utah, and soon found himself a Captain in the Medical Corp of the Army Air Force, serving in Long Island and Eglin Air Force Base in Florida.

In 1947, Dad, Mom and new daughter Diane came out west where Dad hoped to spend a few years earning enough to repay his debts before entering a medical specialty. He came to Rupert, Idaho to consider a potential partnership with an overworked country physician, who agreed to interview him as they treated patients, and the work—once started—never stopped.

Dad and Mom soon discovered nearby Sun Valley, learning to ski while Mom was pregnant with me in 1947-8. The following winter was the exceptionally snowy winter of ‘48-‘49. Dad received a call that one of his patients living outside Paul, Idaho (about 8 miles from Rupert), who had been snowbound for many weeks, had gone into labor. Dad determined that a house call was necessary and called the Rupert City office, who agreed to provide a truck with a snowplow to precede his car. Initially the trip was slow but uneventful,
but as they were reaching Paul the country road was so heavily packed that the plow could not continue to break through the icy crust. After several attempts, the driver gave up. Fortunately, my Dad had treated a patient in the nearby area and knew that he raised Percheron draft horses. Mr. Manning readily volunteered himself, his team of horses, and a sleigh. The fields were so deep with snow that the sleigh was able to glide over the tops of most fences, but eventually they snagged a fence and tore one of the runners from the sleigh. They jockeyed and hoisted the sleigh until they were able to work the runner back into place. Upon reaching the patient’s farm, Dad ran for the farmhouse only to be attacked by the family dog who mistook him for an intruder. The dog bit through his boot, but Dad managed to wrestle himself away and got into the house just in time to deliver the baby.

Dad soon determined that baby and mother needed to be taken into town for additional care. Transporting the pair back across the snowy fields in the open sleigh did not seem a good option. The family did own a car, and the patient’s husband was able to get it started. While the car was warming, they hooked the horses to the front of the car. With the mother wrapped in blankets in the back seat, and Dad in front with the baby, Mr. Manning sat on the hood of the car and drove his team, pulling the car over the sled path back to Dad’s car, and then Dad drove mother and newborn to the maternity home in Rupert.

Dad loved delivering babies, and literally delivered more than 3,000 during his career. However, my sister Marcia’s birth in 1950 was among the most memorable for him. Rupert was a two-doctor town, so it was planned that Dad’s partner would perform the delivery. On that mid-November day, however, his partner was out of town, and so the task fell to Dad—a situation physicians go to great lengths to avoid. Administering general anesthesia for childbirth was common practice at the time. A nurse anesthetist administered the anesthesia and Dad was to deliver Marcia. Before delivering the baby, Mom suffered an allergic reaction and went into respiratory arrest. All vital signs were lost. The anesthetist’s attempts at respiration failed.

She declared Mom dead, and left the operating room so that Dad could “have a few minutes alone” with his wife. Dad refused to accept her death and began his own efforts, including mouth to mouth, and a lot of internal prayer, and finally Mom responded. The anesthetist was recalled, and Dad delivered Marcia. In Mom’s memory, Marcia’s birth was the easiest of her four. Today Marcia is a nurse, running an ambulatory care clinic in Idaho.

The busy-ness of a rural practice that included house calls over a multi-county area drowned the urge to seek a surgical specialty. Dad fell in love with the people and the Idaho countryside. Family Practice emerged as a recognized specialty, and Dad became a Lifetime Member of the American Academy of Family Physicians in 1955.

Dad was an active member of the Idaho Medical Association, and was a founding member of the Skyline Medical Association—a group with national membership that continues to meet annually in Sun Valley.

As a Family Physician and general surgeon, Dad was on many occasions able to combine practice and recreation, and our family often enjoyed the benefits. He served as a physician for the Union Pacific Railroad, which for a time owned Sun Valley and had passenger service, enabling us to benefit from both ski-lift and train passes. For many years he served as a horseback doctor for the Trail riders of the Wilderness in Utah, Wyoming and Colorado. Dad placed a high value on personal comfort, but this was exceeded by his requirements for personal
cleanliness. Among trail riders, he was legendary for bathing daily in ice cold streams. He took turns as physician for the Rupert Rodeos, and for many years, served as Camp Doctor at the Camp Cape Horn Boy Scout Camp in the Sawtooth Wilderness Area, earning our family a week in a wonderful cabin there. One summer, the camp erroneously double-booked physicians, and so Dad was given the opportunity to join the senior Scouts for a 5 day white water trip down the Salmon River. I was able to pass the swimming test and join Dad as the youngest member of a most memorable adventure that included an overturned raft, lost sleeping bags and tents, and a night sleeping under the stars I will never forget.

Dad was a strong role model, and instilled in his children a strong morality, respect for humanity and the wonders of the human body, and led three of us to aspire to careers centered on health care. Diane became an RN, specializing in neonatal intensive care, Marcia an LPN, currently delivering primary care in an ambulatory clinic, and I am a Professor of Anatomy, teaching medical students and residents courses like my father once attended.

After 40 years of practicing medicine in Rupert, Dad retired in 1986 at the age of 70. He continued to enjoy music, the fruits of years of photography, reading, and skiing—an activity and skill he exercised until breaking his leg in a ski accident—actually, more of an accomplishment than an accident for a man then 82 years old.

During the last decade, Dad became a victim of Alzheimer Disease, but even this tragic disease had a positive side, for while first his short term and eventually his long term memories slipped away, Dad—who had always been reserved and proper—became increasingly expressive in terms of his love and affection, especially toward his bride and our mother, Bonnie. Where Dad had always been very conservative emotionally, he became very demonstrable in his affection, hugging and regaling Mom with declarations of love, spontaneous poetry, and occasionally with songs. Dad was a terrible singer, but he was now unhampered by reservation and his intentions were clear—Bonnie was the love of his life. She was the ultimate caretaker for him, her exquisite care extending his life for years.

We could never thank our father fully for the leadership, care, quality of life, and privileges that his hard work provided, the wisdom and judgment he executed in selecting his wife, and the love and security that their marriage afforded us. I was privileged to witness only a small part of the impact of his devoted work, treating the illnesses, traumas, and afflictions of his patients in our rural community, facilitating their healing and inspiring his children toward medically-centered careers.

Arthur F. Dalley, II, Ph.D., is a tenured Professor in the Department of Cell and Developmental Biology, directing Medical Gross Anatomy and the Vanderbilt Anatomical Donations Program at the Vanderbilt University School of Medicine since 1998. Dr. Dalley has served as Director of the Structure, Function and Development block in the integrated medical school curriculum since 2007.
The Woman with No Face
Ryan Darby

I had never seen her face when I watched her brain die. I had entered the room after the case was already started. Her facial features lay hidden under sterile plastic and blue drape. Her brain, however, was well exposed. I could see her thoughts pulsating through the defect in her right occiput. The brain was bulging through as Todd and John (they were doctors) tried to push it back in. When it was out it looked like a pink balloon, expanding and shedding bits of gray matter as it scraped against the jagged edge of her cranium. I picked one up and saw that it belonged to the time when she (The patient—I didn't know her name. She was 40 and had come in unconscious and I didn't know what her face looked like let alone her goddamn name) was a young girl. It was autumn and she was playing a game in the back yard with her sister and father. They were hiding from their father, because when he found them he would surely—

“Put that down and get the fuck out of the way.” I couldn't tell if it was Todd or John who had spoken; they both talked in low, monotone frequencies. I couldn't see their faces, either; behind the masks and caps and surgical glasses with neon blue loupes their faces looked even more distant and remote than the 40 year old woman who in fourth grade had stolen a stuffed animal from the toy store and then blamed it on her sister. I flicked her memory into the bucket called “biological waste”.

I watched her thoughts herniating (this was the medical term) into and out of her skull for approximately four hours. It was 1:30 AM and I wasn't helping, but I had to be there. My job was to hold her skin back and pick up the pieces of her life that kept dirtying the operative field. Then Todd (or John) would tell me to get the fuck out of the way. Not because I was in the way, necessarily, but because they got tired of telling each other what's the fucking point?

She began to panic around 1:45. The pieces of brain I was picking up around this time were flushed and sweating. One of them kept screaming ohmygod ohmygod and another kept screaming whatsthefuckingpoint? Other times she tried to distract herself. She would think about the time she got drunk and found herself in a compromising situation. This was when she was in 8th grade (Does this change your perception of her? You probably thought of her as a sweet, innocent homemaker, right? Most of the patients we take care of are dirty fucking whores, or douchebags, or assholes. Some of them are nice but whatsthefuckingpoint?)

She was not a whore, though. Even though I could smell the alcohol and dirty sex on her brain I could also smell the cheap cologne and greased hair of the man (yes, MAN) who had fucked her (Yes I'm sorry I made this part up but I just didn't want the story ruined by this dirty fucking whore. It just doesn't matter and it's easier to pretend she was raped and that's why she's this way.)

By this point my gloves were pink and slippery, and it was hard for Todd (or John) to distinguish my hands (which were in the way) from the herniating brain of this 40 year old homemaker (yes, I had just made up the part about the booze and the sex because it was more interesting than the truth: this woman's herniating brain was full of memories I found boring, and so would you). I could tell that things were going bad because
someone would yell, “The brain is angry,” and raise the bed or add mannitol, but what they really meant is, “This 40 year old homemaker is losing her mind, whatthefuckingpoint?” But no one actually said this and so we continued to fight until 2:30 AM, when her brain shriveled back into the skull like a hermit crab retreating into its shell. Todd and John took turns trying to break her ribs to keep her alive but they knew it was too late; they didn’t even tell me to get the fuck out of the way and they just let me stand there and watch the warm red blood stop pulsating out of her empty head.

“Time of death 2:34 AM.” But she had really died sooner than that, hadn’t she? At least the part that had gone to Daytona Beach in 1991 with the man she fell in love with (this ended up being her husband) to watch the race. Fifteen years later she had dressed her three children (two boys and a girl) up as mechanics and she had a NASCAR flag-girl’s costume on and they woke him up early for breakfast on his birthday and she could still remember the giant smile on his face (until it herniated out of her skull and I flicked it into the biological waste bin).

I stepped back and let myself finally exhale. I started to take my gloves off and Todd looked back and said “What the fuck do you think you’re doing?”

“She’s dead.”

“We’re not done yet.”

The anesthesiology team had already left. The scrub nurse had left. The custodial crew was in cleaning the floor and emptying the biological waste container. But we were not done. Todd found the fragments of her skull that had been crushed (she had been assaulted on her way home from the grocery store; it was too late to be buying groceries and the ice-cream and strawberries she had bought were spoiled by the time the police arrived) and then glued together and began to delicately place screws around the edges. He passed the piece to me.

“You know how to screw, right?”

“I’ve never screwed in a skull before.”

“Well, don’t fuck it up.”

He handed me the screwdriver and watched as it fumbled around in my hands. I slowly closed the window to this woman’s brain, which I had looked into and watched for the past several hours. It was cold now, and pale. The blood that had once flowed through her veins was black and clotted, sticky clumps that clung onto my gloves and wrapped around the screws I drove into her skull. Her face had been exposed but I didn’t look. For the moment, I forgot about her memories, and her death, and heard only Todd’s monotonous voice, suddenly animated, instructing me on how to patch her body back together without fucking up. Sometimes he would ask me questions, and when I didn’t answer incorrectly he would tell me I wasn’t as stupid as he thought I was (this was a compliment).
Although I never saw her face, I mended it so that others could. After correcting her cranial defect I began stitching her incision, first the structural support from the galeal layer, followed by a running subcutaneous stitch for aesthetic purposes. I had never sutured before and Todd made sure to let me know just what a terrible job I was doing before I finally got the hang of it.

“This is the only thing that matters,” he said. “It’s the only part of what we did that anyone will know about.” I thought about what he said and realized I had spent the last 40 minutes repairing a corpse. Was this medicine?

“She’s a corpse, Todd. What’s the fucking point?”

“This is what we do. Hurry the fuck up.”

She was closed and we took the damp towels from the tray and began to clean her. Todd cleaned her face and I cleaned her scalp, so that I didn’t have to look at her face. I watched the black water pour into the basin at our feet. The clumps of clotted blood floated for awhile before decongealing. We dried her and dressed her and put her on a clean stretcher. Some men came in to put a body bag on her and Todd told them to get the fuck out and never come back. They stared at him, a tiny pale man with glasses and a covered face. Was he serious? But they didn’t care enough to argue with this prick so they went back to smoking cigars in the storage closet on the next floor.

I took off my gown and began walking down the hallway past the other empty OR’s.

“Where the fuck do you think you’re going?”

“I was gonna get some water before checking to see if there’s anything else I needed to do to help.” He looked at me, pulling down his mask to reveal three days of patchy stubble, chapped lips, and sweaty cheeks. There was crust in his eyes.

“We’re not done yet.”

He turned, and I followed him through the corridor and into the post-op recovery room. There was suddenly life again. Nurses ran from bed to bed checking Foleys and listening to the garbled speech of men and women coming off of anesthesia (it always made me uncomfortable to listen to these patients speak so nakedly). We saw John at the computer. He looked up and saw Todd, and we walked together in silence down another series of hallways. I didn’t really know where we were or how we had gotten there. I had been to the OR’s and the patient rooms but there existed rooms and hallways I had yet to discover. One room had a man, two boys and a girl (this is the room we entered, do you understand now?).

Although I never saw her face, I remember vividly the faces of her family. Her daughter was the youngest and acted even younger, dressed in pink fleece pajamas with bare feet. She sat in her father’s lap and her face was buried into his shoulder before we arrived (I later learned that her cheeks were rosy, almost unnaturally bright, and that her adult teeth and baby teeth crowded her mouth and kids would sometimes call her snaggle-
tooth. Her mother had run out to get her ice cream and strawberries to make her feel better). Her husband (I learned his name, and her name, at this point, but it doesn't matter what their names are—it doesn't add to the story) was frightened. He slowly rubbed his daughter’s back and rocked her back and forth as he stared out the window and remembered the last time he had seen his wife. They had been watching a movie (they often did on Saturday nights) and she was explaining to their daughter (who was in tears) that her teeth were transitioning from baby teeth to adult teeth, and that when all was said and done she would have a beautiful adult smile (Just like mommy? Yes, just like mommy). He remembered that his wife still smelled like baby carrots (they had eaten pot roast) and that she had a small paper-cut on her left index finger from the envelope she sent out with the check for the mortgage (she had complained about the cut burning while she was washing the dishes and for once in his life he had listened to her). He remembered that the last time they had had sex was 3 days ago (it was not their turn for the carpool and he had gotten off of work early and he remembered that for 30 minutes they did not have any kids or mortgages or movie nights and they just had each other). He remembered that he was going to go out to get ice-cream and strawberries for his daughter, but instead he stayed and helped her clean the litter box for the cat they had just added to the family (they were trying to teach their kids to be responsible but whatsthefuckingpoint?).

The older son looked even older than he really was. He was sitting erect at the far left end of the row of chairs, his arms crossed stoically across his chest. His fine wispy facial hair covered his upper lip and chin, and seemed to glow unnaturally under the fluorescent light of the small room. He wore a T-shirt of a band I had never heard of (they were a punk band from Vancouver that had played in town several months ago. That night he had told his parents that he was going to see a movie with Kyle, his best friend since 6th grade, but really he went to a concert. His parents never found out and they had an awesome time banging their heads and pushing each other into other awkward teenagers. He was becoming a man but he didn’t know it yet). He wore the punk T-shirt but he wasn’t a punk, and this was what allowed him to sit so tall and erect next to his infantile sister and reminiscent father. It was also what allowed him to tell his mother that he wasn’t ready to drive to the grocery store with her, that he needed more practice in parking lots before he would feel comfortable on roads (his father was supposed to take him out driving tomorrow).

His younger brother was a smaller version of himself, but he didn’t have to sit erect and so he slouched forward with his face between his hands. He had not outgrown his freckles and they littered his face. He had longer hair than his brother, and it was also lighter in color. He wore sweatpants and a football shirt (he liked sports, not punk music) and he knew that none of this could be good. He wanted to be a lineman for his middle school team (he was not fast enough to be a receiver like his dad) so he was trying to bulk up even though his parents told him not to (he, too, was becoming a man). He had seconds at dinner and ate his friend Robbie’s sandwich at school every day and had even secretly been eating a bowl of ice cream every night before he went to sleep.

They had sat there in silence for over an hour, the four of them, all posing for each other. They had talked at the beginning but when the silence started they did not fight it. We walked in to tell them the story of how the 40 year old woman with no face had died, but they already knew. I could see it in their eyes (even the little one whose eyes were hidden behind her father’s shoulder). John had his mask off, too, and joined Todd next to the family. It didn't take long for the stoic son to break, for the younger son to sink his face deeper into his hands,
the little girl deeper into her father’s shoulder, the father’s eyes searching further and further out the dark window. It didn’t take long for Todd and John to grab their hands, and hold them because there was nothing else to do. I sat there and observed until the father grabbed my hand, and he looked at me like he had looked out the window. I held on because there was nothing else to do.

The children waited with John and Todd as I lead her husband to the corpse of the 40 year old woman with no face. I hadn’t known how to get to the family meeting area, but I easily found my way back to the OR, past the pre-op and post-op holding rooms, and the ICU rooms, and the floor rooms. We walked down the hallway together, in silence. He was a larger man than he had seemed sitting down (and he was fast enough to play receiver in high school). He didn’t start crying until we arrived at the room, and he saw her, cold and stiff on the stretcher. Even then, his tears were quiet, trickling slowly and making no sound as they dropped onto the floor. He walked over and held her hand, and she seemed to squeeze back (I know this is impossible because she is a corpse but there was nothing else to do).

I watched for five minutes as he held her hand and said his goodbye, his words softer than his tears. He looked into her closed eyes and ran his fingers through the hair on her half-shaven head. The pads of his fingers ran over the incision I had just closed, feeling the unevenness, the crease of skin against skin that would never naturally heal, the empty space where scar tissue should be forming. His fingers saw the hack that I was, the inexperience, the clumsiness, the nervous tremor. But his fingers didn’t care. They ran over the face I had never seen.

“She looks so… at peace.” They were the only words that we would speak to one another. He let go of her hand and walked slowly out of the OR. I didn’t follow him, and instead covered her face with blankets without looking at it. I put her slippers back on her cold feet. And when I left the OR, I did so with the realization that the only contribution I had made as a third year medical student was to sew the face of a 40 year old woman’s corpse back together, so that no one would have to see what we had done. As Todd had said, that is what we do.

Ryan Darby is a fourth year medical student who will be completing a neurology residency at Massachusetts General Hospital and Brigham and Women’s Hospital in Boston. He turned to writing at the age of 4 after a failed career as a child actor. He interrupted his work on the next great American novel to write this piece.
No Knife is Sharp Enough

Virginia Eddy

No knife is sharp enough to
Cut through a chest at 1481 feet per second
Which is how fast a thirty eight caliber
Cutlass of lead sails from the berth of
A little nickel plated snub nose.

You didn’t mean to drop it
when you pulled it out of the overstuffed embroidered shoulder bag
(the one your mother gave you)
to show the other ladies in the carpool.
It was just the thing a lady should carry in her purse.
Because you can’t be too careful in the parking lot
When you’re going home after
The graveyard shift.

You arrived blue and pulseless,
Dressed only in a bullet wound above your navel.
A stranger’s hands pumping your naked chest
One-one thousand, two-one thousand.
We lifted your left breast and my knife raced through skin, fat, muscle,
Great gouts and geysers of sanguinity rushing skyward
To festoon your opening ceremony.
My adopted father Sisyphus
Was pushing his own rock up the hill, and couldn’t stop to give me advice,
Except to comment,
“There are only two activities that occur to the rhythm of squeaking bedsprings.
Both are born of the pounding drive to live.
And there’s only two reasons why those sounds finally stop.
One is that the desired result has been achieved
The other is that the desired result can never be achieved.”

As I clawed my way through your chest,
Feeling that rock pushing hard against my own hands,
Feeling its weight crushing you, too
Your right ventricle flabby and in shreds
I stepped aside and let the rock tear down the interminable hill.
But I had really thought
For just a minute, I could
Make it hurt
A little
Less.
Anatomy Illustrations
Steven Farley

Steven Farley, MD graduated from the Vanderbilt School of Medicine in 2002 and is currently a vascular surgery fellow at UCLA.
Stuck
Lani Feingold-Link

My body lies lifeless on the slab of icy steel.
My limbs tangled in a web of tubes and wires,
    A grotesque marionette.
Indifferent to the swish of white linen around me.

A hand creeps from my collarbone towards my left breast
Sensual, then pulled away quickly
And something sticky is left.

The silent choreography begins,
A dance out of time with the metronome of my heartbeat.

The bright yellow of my iodine thigh
The powdery blue of his touch
The scarlet red that flows between them.

I swallow milky whiteness and,
    As the cold laps up my bare forearm,
I forget.

Eyes still shut, I am somewhere new.
Another hand, warmer and rougher this time,
Finds the seam where my pants used to conceal me.

He explores me brutally with his fingertips
A dry breath escapes my chapped lips.
I am too ravaged to protest.

I feel pressure between my thighs,
The coarse rip of paper underwear

He’s stuck me.
I am in a cloud of pale ruffles and muted voices.  
It takes me a year to look  
To see my dark pubic hair against the translucent yellow of my groin  
   The yellow of a healing bruise  
Exposed.

The milky whiteness has not left me  
But a new cold enters too.

Lani is a first year medical student from Philadelphia. She studied Biochemistry at UPenn and is in the MD/PhD program at Vanderbilt. This poem was inspired by the first of three knee surgeries that she underwent at the end of high school.

Tern
Jennifer Powers

Busy feet and hands  
Inflated sense of purpose  
It’s July the 1st

Jennifer Powers of VMS ‘08 is currently a dermatology resident at Boston University. While a medical student, she served as one of the Editors of the Tabula Rasa.
The Gift
Suzanne Fox

Heels dangling even from the edge of her too high seat, nervous smile, wanting to look like a grown up, unafraid. Her voice shook as she asked questions, wondering what the future would bring. She avoided tough ones, “Will I die?” and “How am I supposed to feel about that?” but the weight of them pulled her brown eyes toward the floor. I tried to reassure her that the nausea would not be so bad, everything becomes routine. Life could continue as normal, movies, dates, even prom. I didn't lie, only the truth, but gently. She was only a few years older than I, and it was the least I could do. I wanted her to believe that we could do it. I would help fight this disease. We would beat the odds, although the odds were all stacked against us. Percentages are not everything. After all, she was my medical student; I was her patient.

There I was, sitting in an infusion room in the pediatric oncology clinic for a healthcare policy assignment. I thought I knew the situation--“eighteen year old male recurrent cancer, metastasized from his femur to his lungs.” Attempting “full dose treatments,” “hoping for a miracle.” Admittedly, treatment was verging on futile, “slowing inevitable end,” but E.J. was one of their favorite patients, and they were trying to buy him more time. I started with introductions, and began asking the scripted questions…”How do you pay for your medications?” Quickly and kindly Elijah changed the subject… and gifted me his story.

Elijah had just graduated high school when the cancer came back. It did not care that it was time be a normal teenager; It did not respect his dreams of becoming a doctor and buying his mom a house in Hawaii. But, Elijah did not care what the cancer planned either. He was determined to keep his sense of humor and self, to be happy, alive, and well. He loved himself, his family; everyone he interacted with. For that reason he was going to fight, and along the way he was going to learn everything he could, after all, he “had to get [himself] some education here.” This ordeal would put him way ahead of his future classmates on oncology rounds, he teased. Listening I began to ask myself is he really ill. He seemed more “well” than I did. He was not in denial, he knew he was sick and recounted the side effects, prognosis, even his fears, but he was still in the driver’s seat. As he told his story I could not believe his courage, maturity, and grace. I found myself asking for professional advice sensing his deep insight, “Elijah what makes the best doctors?” “Simple,” he said, “they’ve got to listen to me, really listen; to explain things, and keep coming by even when they can’t do much.”

In medical school we train to fix patients, to eradicate disease, to beat cancer. These are all noble goals, never to be undervalued. But the vocation we responded to called us not to merely fix things, but to be healers if only by being present—listening with love. My first year was coming to a close, and here was my first real lesson in what it means to be a doctor. I now laugh wondering what he thought of our interaction, perhaps he was not as calculated as I imagine, but one thing is certain, he was not my patient that day, but my teacher and healer.

Suzanne Fox is a second year medical student from Leawood, KS. She did her undergraduate studies at the University of Notre Dame. She loves writing, telling, and listening to stories, and is interested in how narrative medicine can help sustain doctors and prevent burnout. This short piece was inspired by a pediatric oncology patient she met while on a patient interviewing assignment for class.
As a member of the Trauma/Surgical Critical Care faculty at VUMC, I’ve had the opportunity to work with several military trainees in various branches of the U.S. Armed Forces. And while it was interesting and exciting to work with them and hear the stories of foreign places and enemy engagements, the importance of the education we are trying to provide became much more clear on Christmas Day 2008 when a military trauma surgeon (whom many of us knew) was killed in action in Iraq.

A tradition within our group is to hold an annual banquet for graduating fellows. One of our trainees, Col. Kirby R. Gross, M.D, U.S. Army, shared with us a ritual that is commonly followed in the U.S. Military during “dining in” ceremonies. The honoring of fallen comrades is exemplified by the vacant chair, the empty glass, and the salt and lemon as symbols of tears for those lost.

Oliver Gunter is a trauma and acute care surgeon by day (and night sometimes). He has been on faculty since 2009, and he lives in Nashville with his wife, Catherine, and two boys, David and Marshall. Dr. Gunter only recently rekindled a childhood interest in photography over the past year.
Getting Used to It
Marc Daniel Hicar

At first you are not sure why you are being dressed up. You see them asleep at the front of the room. Sometimes it was someone you knew from down the block, sometimes they are unrecognizable, sometimes it is someone you feel love for… but they don’t seem real. You kneel by your mom and have to be very quiet and talk in your head. Now it is all a dressed up play date with cousins you haven’t seen in months, or even years. If you are unlucky the bologna is warm and sticky, there are strange cheeses, and the ham has green and red stuff in it. Yuck. Sometimes… jackpot: stuffed cabbage, Swedish meatballs and sausage and kraut. Hmmm. You barely notice people are crying. And then off to church, but it doesn’t seem to be the right day. You don’t understand why you have to be even more quiet than usual. Yet another car ride, more shushing, and standing outside. Sometimes it rained. Sometimes it was sunny. But all the time it was drab.

As you get older, you ask, “Well, will they wake up? Ever? Where do they go? When fluffy our bunny died, did he go to heaven too?” Now you can keep track, uncle Marty, Aunt Stella, cousin Mary. Grandpa.

As young boys are, you are fascinated with death. You make ants pop with the magnifying glass; stare intrigued at a snake swallowing its prey whole; pull wings off of bees; pit wasps versus praying mantis; watch the grab of the stinger rip a honeybee's abdomen in two. Conceptually you understand extinction, but this is different.

And then you don't know what happened. He dies, one of your four. The reason years later you ball at “Stand by Me”, because that was the four of you. It really was. You had your own story of course, but there was something so universal about the annoying kid, the psycho kid, the sensitive one, and the cool kid. He was the sensitive one; of course he had to be sacrificed. Then it seemed real or at least important. Where do they go? What possibly does He need with a 10 year old boy What the heck is CF anyways?

Years later, you practically trip on the corpse. Lady is still, forever. You choke back tears as you dig the ditch, contemplating the legality of burying dead animals within city limits. As you puncture the earth and slice through roots, you can't help but think of him. It all floods back as you cry and dig, dig and cry.

As a resident assistant in college, the motto was, “as long as no one committed suicide in the house, I call it a success.” But that is about as much time as it spends in your brain. You tend to concentrate on your other favorite motto from being a resident assistant- “RAs drink for free.” It fits better. Everyone is so alive, so full of hope, so not dead. The antithesis of your life now. At times you wonder why you ever left that. Why leave such energy, such vibrancy, such life?

All the time, more aunts go, more uncles pass. You are drawn toward medicine, for obvious reasons and a ton more. Rationally, it makes sense. Everyone needs doctors. You were valedictorian, summa cum laude in college. Your uncle is a dermatologist, and he has a great life. All of your family friends are counting on you to come back and heal them. You will make good money, and you love science. Somehow you gravitate toward kids and toward lungs. Yeah it seems obvious why, but you tell yourself because it’s the fascinating pathology, or the chance to work with your hands more, to run the scope. You were good at video games, why not?
And you work your bronchoscope. 99% of the time it all goes well. Even the kids that struggle move along, survive, live. But you understand the costs more than ever. It is all about the sick one, the family revolves on his health. You look into their faces and you can tell they have not talked, really talked in years. You have seen it before, divorce, ignored siblings, tension, blame, regret, hate. It doesn’t always happen mind you. Some families are amazing, loving and supportive. But, the stress of a chronically ill child takes its toll on so many.

Then the 1 out of 100 come in, and it is incompressible to you how they stand it. You perform your trade. Strange you go from, as a boy, staring transfixed in fascination as a snake swallows its prey to staring at a monitor as you control the black snake to try to understand what is killing him. It all seems so theoretical, so sterile, so riveting. But then you look down, and see his face. Then face the family. Tests come back and nothing is good. Words fall out over themselves and it seems they got the point, but it is always like trying to catch a greased pig… ugly.

You have seen other bad cases before, others without hope. There have been many, so many deaths. How is it that you fail so often? Did you not read enough, not study enough, not care enough? Every one is a black mark. In premed you thought B+ were the Devil’s work, but you had no idea what failure was. It seems that you fail constantly. But then, the touch of hand, the soft smile of gratitude; and the father says, “thank you for all you did” or the grandmother says “Bless you”. But they died? I didn’t do anything! It is exasperating at first, but you begin to understand. You were there. You did care.

So here you are again, on the road to nowhere. He struggles for breath, how can you watch him drown every day, all day. You watch the oxygen continue to increase. The little blue pill does not seem to help. The runny nose that everyone wipes away puts him on death’s door. And you think it is finally come.

Somehow, he gets out of intensive care. Yet another minor miracle happens, but you know that it is just an intermission between rounds, and he is losing on the cards. It comes, as you knew it would. But it is not depressing this time. It is almost welcomed.

Now, you embrace the peace on the pained face, the peace in the ignored sister, the peace in the family, the peace in the unit. You cannot fully comprehend, but you have a sense of the struggle of them. Oddly, it seems like a good thing that happened? How is that? You have personally cursed Him before for such nonsense, but now you agree? Apparently you helped them as thanks are given. Oddly, it makes sense this time. You went on a journey with them. You are in a privileged situation to be invited into some of the most personal and trying times of relative strangers, and help them through it, sometimes diagnosing, sometimes treating… all times healing.

Somehow this passing seems serene. And maybe that is the reason He took him so many years ago…. to make you. To make you heal.

Mark Daniel Hicar, MD, PhD is an instructor of pediatric infectious disease at Vanderbilt University. This piece was recognized with an honorable mention in the 2010 Lorian Hemingway Short Story Competition.
Finding Perspective
Sarah Scott

I took this picture with the help of some friends and a makeshift tripod fashioned out of rocks after reaching the summit of Volcán Pichincha outside of Quito, Ecuador. We spent most of the morning hiking under a heavy cloud cover, but once we reached the peak, the clouds cleared to reveal the city tucked neatly within the sprawling Andes Mountains. The chaotic city that I had been living in for nearly six months suddenly seemed so peaceful from my 15,700-foot tall perch on top of Pichincha. I caught myself reflecting on the disarray of events that inevitably fill a year of life abroad, and found that they, too, fell into place when contemplated from a different perspective.

Sarah Scott is a first year medical student from Bloomington, Indiana. She graduated from Vanderbilt in 2009 and spent a year in Ecuador before beginning medical school.
I saw someone die. I wasn’t sure how to react. A fourth-year med student with me saw my blank expression and asked, “First?” I nodded with tightened lips. There wasn’t much else to say.

I had been shadowing in the emergency department that day. For the first few hours, it had been slow-paced and routine – patients with diabetic neuropathy, abdominal cramps, sudden onset of nausea etc. The attending physicians, residents, and fourth-year students were all young, enthusiastic, and bubbling with energy. However, one call towards the end of the night caused everyone to sit up: “Gunshot wound to the head.” A patient was being transferred from another hospital with serious self-inflicted head trauma.

The man arrived strapped to an ambulance stretcher, flanked by two large EMTs, leaving a trail of blood on the floor. They brought him into an operating room, and a flood of physicians and nurses flowed in. Everyone grabbed gowns, masks, and gloves in lightning fashion. I managed to get gowned up and slip into the room before the curtain was drawn shut, and I watched silently from a corner.

“Alright, I need one person coordinating this,” yelled the head nurse, “Everyone got it?” The attending nodded and moved to the head of the table, holding the man's bleeding head in her hands. The man was quickly stripped, and his chest continue to expand and deflate as a nurse kept up with a bag valve mask. From where I was standing, I could see the bullet’s entry wound in the right temple, and the exit point on the other side of the head. Dried blood matted his hair. There were some agonal breaths, and nominal activity on the EKG monitor, but I heard someone yell, “No femoral pulse.” Not a good sign.

A trauma surgeon materialized within minutes of the patient's arrival. The attending summarized the situation, “No pulse. Gunshot wound to the head. Exposed brain matter.” The surgeon looked around and nodded as he donned a surgical gown, mask, and gloves. However, there was hesitation in the room. The injury had occurred almost an hour ago, and much of the patient’s blood was now soaked up in the towel under his head or in drips and splatters on the ER floor. Attempts to resuscitate by the EMTs had been unsuccessful. Everyone in the room shared the same expression. The silence was broken by the attending in a calm, steady voice. “There doesn’t seem to be anything we can do. Are we in agreement to be done here?” There were nods all around. The resident finished with, “Time of death, six thirty.” The trauma surgeon disappeared, and the residents started taking off their masks and gowns. The flood of people gradually seeped out of the room.

I thanked the physicians and residents I was shadowing, and slowly walked home. I had just seen someone die. Of course, it is an inevitability in medicine. But should I be unfazed by it? Of course not, I told myself. You’ll steel yourself with time and experience, I thought. I have to. I will. I hope.
Survivors
Brad Lindell

“She’s not with me anymore.” The voice shook on the other end of the line.

I drew a breath in sharply, stunned, waiting for the tension to break. For the last year, thanks to a research grant, I had been calling survivors of childhood cancer who were diagnosed at Vanderbilt in the last 15 years. The research question was simple, the study design straightforward, all based on a 6-minute interview.

Since my first day, I had dreaded this moment. I had talked about it, prepared a response, rehearsed it. And yet, when I found myself confronted by the actual death of a child, the actual pain of a father still grieving the loss of his daughter months prior, everything fell apart.

“Oh God.” A pause. “I’m so sorry to hear this.” It was all I could manage to say.

“She died in May. Here at home. I guess I should have called to tell you.” He was stoic and reserved, and then he broke down.

It had been two years since she had been seen at Vanderbilt. The last note in the chart detailed her transfer to another provider, closer to home, for maintenance chemotherapy.

“Please don’t call here anymore.” He hung up the phone.

It was devastating. My immediate response was to blame myself. It seemed that his grief had been bottled up, neatly packed away so that life could continue, and I had uncorked it. For days that guilt hung over me. I stopped making phone calls. I couldn’t imagine recreating that hurt for another unsuspecting parent.

Through time, I have come to realize that I was devastated not by a father’s grief, or by my own perceived culpability, but by the painful discovery that a child I assumed was healthy had actually died months ago. When unexpectedly confronted with the death of a child, my immediate response was to deny my own grief and project it onto someone else.

As medical students we learn to use defense mechanisms quickly and painlessly, so that we can coexist in a world filled with tragedy and loss. These defenses help us perform in crisis situations, emergency surgeries, and cardiac arrests. But we also use them to protect ourselves from the emotional toll of caring for sick and dying patients. In these situations, we must guard against our tendency to intellectualize, project, and repress difficult patient experiences. Part of caring for these patients is being present with them in painful, terrible situations.

While defense mechanisms have an important place in medicine, they deserve a black box warning. Not for daily use.

Brad Lindell is a fourth year medical student at Vanderbilt pursuing a career in pediatrics. Thanks to a grant from the Medical Scholars program, he has dedicated the last year to research on health outcomes for survivors of childhood cancer. This piece was inspired by the resilience of children and their families as they cope with serious and chronic disease.
“This is what love looks like”

Lynne McFarland

Our friend, Danny, was diagnosed with CNS Lymphoma, and through the course of his illness—a cold, wet Winter and a beautiful Spring—he was totally and completely alive to love, frequently telling his children (and us) to pay attention—“This is what love looks like.” For many of the friends who accompanied him to the end of his life, it was a transformative experience.

“*This is what love looks like.*”

— Danny Petraitis (1957-2009)

His voice hallowed what he named--
Hot green tea, warm hug, sunny porch, harp blowing…
Drawn to that sweet circle’s hold,
We quivered as our own new wings unfolded.

Being that they’re carried on the air,
True songs rise, until all immaterial,
They disappear
Into another sphere--
We’ll pierce our hearts to hear,
Straining for the highest note,
The ear imagining above
The audible kilo-Hertz, until
Lyrical angels,
Hotties singing background vocals,
Suddenly appear.

Now when we rise through late light
And in the cooling air of night grow heavy,
Sink downward, circle lower,
We reach out to break each other’s slow descent.

Love looks like all of this.

Lynne McFarland is an Advanced Practice Nurse in the Dept of Psychiatry. She has worked at VUMC since 1992, and is grateful to live in a city and work at a university where music, art, and poetry are easy to find.
“If it were not for my girls, I would take my life.”

Joseph Merrill

Gudrun Wallgren was the daughter of Professor Arvid Wallgren the Flexner Lecturer at Vanderbilt 1948. Gudrun, her brother, and mother accompanied the Professor and were in residence in Nashville for 3-4 months. The subsequent exchange between Vanderbilt and Karolinska in Stockholm grew out of this visit. Professors Mildred Stahlman and Sarah Sell were the first Vanderbilt reps to Sweden.

“If it were not for my girls, I would take my life.” That is what Gudrun said when her gerontologist told her she had Alzheimer's.

Two years later. We have our farewell dinner in the home where we have lived for 39 years. Tomorrow, I take Gudrun to The Hallmark a long term care facility. I have felt dazed all day; that is, my head has sort of felt like a vacuum. This morning we moved selected items of furniture to give her room a feeling of ‘home.’ Over dinner, we have the TV going as ‘background’ to fill the void of missed dinner conversation.

Today, with a sense of relief I took Gudrun to The Hallmark. There were tens of forms to sign—all a product of our litigious society—as though I would ever sue anyone for caring for Gudrun. And, true to institutional ‘rites’ she had to be weighed ‘wheel chair and all’ as though her weight makes any difference in the future course of her illness.

The house is quiet now. The young girl's spirit that Gudrun radiated and which filled the house until she was past 80 years is gone

Six months later. Gudrun has not acknowledged my presence for sometime. She speaks a few words but it is all meaningless. I feed Gudrun her pureed lunch. It is a tedious business and takes about one hour. I do a crossword puzzle between the spoonfuls. She looks remarkably well sitting quietly in her wheel chair—but there is little animation in her eyes to suggest contact with our world. Her father always said he could read the happiness in her eyes—that has disappeared.

The weeks pass into months. One wonders how her mind spends these endless hours. I can only hope that her ideation [if that is the word] is reassuring and warm. There is no agitation to suggest otherwise—she seems to be at peace in her impoverished world and never complains about anything. Shakespeare in his seven ages characterized Gudrun's state as ‘mere oblivion.’ I hope she is oblivious—I hate the thought that she is conscious of her state—an eternity of boredom—something that both of us have tolerated very poorly.

But some vestiges of awareness of the world do persist: Gudrun smiled when Maria kissed her on the cheek.
She tasted one of one Kickie Mazur’s saffron rolls—once the saffron ‘hit home’ she radiated a smile of recognition. And, when Caroline took Annabelle and Holden to see Gudrun, Holden started crying about a piece of chocolate and Gudrun asked ‘who is crying?’ And, when Caroline left she said ‘thank you for coming.’ Thanksgiving Day it was chilly outside—when I took Gudrun’s hand she winced and smiled—more affect than I have seen in months.

One year has lapsed. How do I feel? Satisfied is the best I can come up with. She is well cared for and appears adjusted to her severely constricted world. My love and respect for her have not decayed. We have had a good life together—no regrets.

Another year has passed. At 85, I am getting old—less energy, more stiffness in the joints, hearing worse—all this has dimmed my enthusiasm for visiting Gudrun each day and feeding her lunch on the weekend. I am tired. And, with the tiredness a loss of enthusiasm has superven— I still see Gudrun each day to rub her cheek and hold her hand but no other vibes. This in turn makes me feel guilty knowing that with the passage of time indifference [OED: absence of care, apathy, unconcern, no feeling] supervenes. Never the less, the daily visits continue for even in her demented state I feel renewed visiting her.

I was in Sweden for 3 weeks with Maria which meant that Gudrun was alone with no family in Houston. I enjoyed my trip and now wonder why I feel no remorse from abandoning her. Is it because the wonderful persona over time has left her withered body? Passage of time?

Six months later. Gudrun has continued to fade and 5 days ago I thought she was terminal. Last night she had difficulty breathing—we do not want her to be in any distress so we have shifted to hospice care to supervise her medications including morphine if she needs it.* We have been making funeral plans and writing obits—hers and mine. Not what one calls a jolly prospect but if we can have comfortable deaths, it is a prospect that I am satisfied with.

Now, the vigil is over. Margaret, the nurse, whom I told today to call me if Gudrun got worse, called at 8:30 PM to say that she was worse and before I could leave the house she called again. When I arrived twenty minutes later, the last vestiges of life had disappeared and spontaneously, I said “what a relief.” For whom?

Dr. Joseph Merrill is Professor Emeritus at Baylor College of Medicine in Houston, Texas. At Vanderbilt he was Intern and Assistant Resident in Medicine and later on the faculty as Fellow in Medicine and Assistant Professor.
It is said that the curse of our species is our awareness that we will die. Whether we are alone in that or not (and some PBS programs have me doubting it), we are surely the only species to know, in many cases, the likely type and mode of our death. Doctors are both blessed and cursed in that regard. By being involved with illness and death, doctors generally appreciate the fact that we are biological creatures, subject to random diseases and injuries just like all creatures are. The curse is that sometimes doctors know too well the pain, suffering, and loneliness of many types of deaths. And doctors are patients who are less likely to be comforted by comments like, “there’s just a little tumor in the liver,” or “Your cancer hasn’t shrunk, but it hasn’t grown very much either.”

A friend and colleague, who happens to be my personal physician, recently learned of his incurable cancer. I have known him since he was a young resident, and I chose him as my physician because he still, in his forties, displayed the same curiosity and enthusiasm for medicine he had shown fifteen years earlier. He also has a friendly, easy conversational manner with colleagues and patients alike. I knew I could communicate with him, and figured that with our age difference, he would still be practicing as I developed the infirmities of age.

I visited him last week, not quite sure of what to expect. We had talked briefly on the phone, and he had sounded fine, but I know how involved he is with his family, how much he loved his practice, and how enthusiastic he was for his many interests including running, riding motorcycles, and accumulating one of the greatest joke collections in the Southeast.

My anxiety about our visit was totally unjustified. We began, as usual, with the latest round of jokes, and then we turned to his illness. He was totally open, discussing his physical and emotional feelings, his pride in his children, his sadness over what he will miss in their futures, the pain of having to tell his family good-bye, and the strength and support of his wife who is also his best friend. He also spoke of how focused his life is now, as he sheds all the unnecessary trappings and concentrates on just those things most important to him. This disarming honesty made communication easy and natural. Without talking “around” anything, we could both express ourselves freely.

That evening I reflected on the years I have known him and realized that I should have predicted how he would deal with a terminal illness. The people who are the angriest, the most in denial, the least able to confront their fate, are usually those with major regrets about their lives. A life lived with constant postponement of family and close personal relationships leaves an enormous gap, the perfect scenario for anger and denial. Paradoxically, that very anger and denial only widen the gulf between patient and family as death approaches.

My friend and physician is saddened, of course, by his fate, but he knows that he will be comforted by the support and love of family, friends, and patients whose lives are better because of him. He knows that legacy will last for years to come. He also leaves another legacy as he prepares for his own death, the realization that death is simply an extension of life. The best preparation for the common fate awaiting us all is a life well lived.

John Sergent, MD is a 1966 graduate of Vanderbilt Medical School. After residency at Johns Hopkins, research at the NIH, and a fellowship in rheumatology at Cornell, he has been on the Vanderbilt faculty since 1975 and is currently vice chair of education and residency program director for the Dept. of Medicine.
Spliceosome
Monita Soni

Confusion galore in the genetics lab
Sequences stream from screen to door

Bleary-eyed professors count in woe
Ninteen thousand, twenty thousand... Is that all?

Einstein shakes his head in gloom
I don’t feel as smart as I did before

My genetic code is the same
as my pet “DoDo”? 

Quit the confusion, squelch the brou-hou hou
The answer is simple, it’s honest, it’s true

Roberts and Sharp exclaim in glee
These nifty little scissors SNURPS if you please

Slice and splice the intron loops
There is no sense to lament the discarded hoops

These shuttling proteins drag and lengthen
Anti-sense mRNA when nature says WHEN

That my friend is the true difference
Between Mice and MEN

Monita Soni, MD is a pathologist who has served the Tennessee Valley through her diagnostic laboratory, PrimePath PC in Decatur, AL over twelve years. She is very active in the Huntsville Literary Association and has published many poems and essays. She is a regular contributor to the Sundial Writers Corner on NPR. This poem was inspired by her daughter who is a second year medical student.
Wake-up Call
Anderson Spickard, III

Mine has been an uneventful course. Confident, progressing, beautiful family, position and rank on the horizon, vision for integration into the community, occasional sorrows. Like many, a bit asleep in the Light. Then a wake-up call, the amniocentesis confirmed that our yet-to-be born son has Down Syndrome.

Grief is a funny thing. At first, it captures me and holds me there. No what if’s, past possibilities or future prospects, just the desire to be held, protected, covered. And tears, talk about tears!

Next come the apprehensions, disappointments, and anger (just like they taught us). Will we be able to conduct our lives as planned? In this new social microscope, won’t I be embarrassed, even ashamed? Mental retardation is hard enough, must he also endure physical pain from correction of birth defects?

With time though, numbness and fear slowly give away to quietness, followed by movement. My “why’s” shift to “since” this has happened. C.S. Lewis noted that if you’ve been up all night and cried til you had no more tears left in you, you will know that there comes in the end, a certain quietness. It is here that a little perspective is gained. After-all, I haven’t lost the farm: this is spilled milk. Perceived losses compare poorly with incoming gains. Faith has never been more certain, love for my wife never more dear, friendships never more palpable, life never so lucid. And with my clinic patients, I am re-learning the tool of listening, knowing a little better that pain hurts and restoration is a long process. Suffering involves tears, the self-permission to feel lousy, and legitimate questions.

I don’t believe God is fragile. He absorbs all pain and confusion and from there, heals. In my newly discovered frailty, I am finding new strength to move on and I’m encountering a love for this growing child so profound that soon I will be able to say that life without him would be empty. I am learning that I am right on schedule, and that we would rather live in God’s presence walking by faith with our whole world turned upside down than having all our dreams and plans accomplished in God’s absence.

Garth Brooks currently has a hit single on the radio, a song written by an acquaintance in Nashville, Susan Asheton: So I lie on the couch, with my heart hanging out, frozen solid with fear, like a rock on the ground. But you give me courage I thought I never had. I can’t go with You and stay where I am so You move me out of myself and into the fire burning with love hope and desire. You go whistling in the dark making light of it, and I follow with my heart, laughing all the way. You get me dancing and You make me sing.

I am waking up.

November 1996

Dr. Spickard, III, MD, MS is an Associate Professor of Medicine and Biomedical Informatics. He directs the core student clerkships for the Department of Medicine. He and his wife, Margaret, have been married 25 years and have three children.
Liver disease → infection.

A wrinkled hand holds mine. He is old today. Never before. Today he asks for a wheelchair. Today I tie his shoes.

Infection → sepsis.

We’re on the plane. He’s returning home. He needs to tell his wife. My grandmother. Grief is heavy and it weighs down his lids, his limbs. I hold his hand in desperation. Young hand over wrinkled hand.

Sepsis → shock.

I wish I could give him my youth, my strength, all of my joy. Take it, please take it. It’s yours.

Shock → coma.

I talk of school, of classes. Friends, stories, boredom, libraries. I can’t stop talking.

Coma → death.

He turns and asks me how she died. And I see arrows.

Liver disease → infection → sepsis → shock → coma → death.

Arrows are what I know. They’re how I think. They pepper my notes like pumpernickel seeds.

The best woman in the world. The kindest. Daughter, sister, mother, wife, aunt, friend. She lived a life of grace and joy and love and laughter.
She was his eldest daughter, and she was sick. Out of nowhere, she was sick. Sick, and then sicker, and then in the hospital, and the arrows moved inexorably forward.

We held hands, we hugged, we cried, we prayed in those arrows. We hoped, and we lost hope. I told her son that his mom was dying. The last arrow.

And now I’m telling an old man how his daughter died.

Bacteria, cytokines, vasodilation, septic shock. I took a test on this once. My father’s death, I took a test on that too. I take tests on how people die. All the arrows lead to the same place.

Isn’t it funny? Isn’t it tragic?

The banality of the world intrudes upon my thoughts. People chattering, life, life going on despite the arrows, despite a 24 year old telling a 90 year old how his daughter died. Banality and absurdity. I hold his hand tighter.

We arrive. I get his bags and we go through immigration and we drink water and we buy food and we hold hands, always holding hands, always in desperation.

He seeks my youth, I seek his wisdom. Perspective. The benefit of hindsight.

He walks away, clothing wrinkled, hands wrinkled, still covered in that dark, heavy blanket. Grief.

I have done my duty. He’s home. But I must return to the notes and the stories and libraries and those pumpernickel seeds. It’s time for the next set of arrows.

The heavy blanket of grief. I sleep.

Laura Tortora is a second year medical student. Her mom told her that when she was little, she would spend hours just sitting and watching the people around her. Years later, Laura does the same thing, with an endless inner monologue.
About a decade after starting my first company, I lost my mother. Her death inspired many changes in me. I understood then the power of unconditional love and felt an energized in a way that I had never experienced before. In her passing, my mother had really given me the strength to live on. Incidentally, her passion for writing rekindled in me with a fervor I never expected. Although I pacified myself with the belief that loved ones live with us forever in spirit, the memories of her last days on this planet continued to haunt me vividly.

At first I thought it was just a passing phase but as time passed I found a deep hidden purpose. My mother’s suffering towards the end was compounded by the fact that she was unable to walk. The last 6 months of her life were spent in a hospital shuttling to and fro from the ICU. It was in those days that I realized the full meaning of what suffering meant. Patients admitted to the ICU for diverse diseases all had one thing in common: they were helpless. If the oxygen mask got displaced, their trembling feeble hands could not in their half awake condition reposition the mask. They would cry out for the nurse but in a voice so low it was barely audible even in the room.

The hospital scenes replayed themselves in my mind like the haunting scenes from a horror film. One day it dawned on me that everything in life has a purpose, even suffering. My mother’s suffering made me think hard about debilitating neurodegenerative diseases which drastically affect the quality of life. The solution I thought partly lies in the emerging field of regenerative medicine, which at that time was beyond my experience and only in my realms of imagination. I found awakening in me a desire to work on stem cells.

In some ways I felt like I was being “drafted” to begin work in regenerative medicine. Every time my thoughts reeled back to the suffering I had witnessed in the ICU units, an inner voice told me that to feel compassion and not do anything about it is as good as being indifferent. However, the practical aspect of things—the huge expense associated with stem cell research coupled with the long research road before entry into a therapeutic trial made me hesitate to jump into this new exciting field.

In one of my pensive moods, I was thinking about the days when I started my first company. “It takes barely $50.00 to register a company”, I thought. Throughout my life most of my major decisions were all impulsive—dictated by the urgency of the moment and incidentally every one of them turned out to be right possibly because I had followed my intuition rather than seek advice or resort to practical thinking. So once again, I let my intuition take over and decided to register a stem cell company “Pluristem Innovations”. That evening as I was doing my usual evening prayers, I really felt a sense of inner peace. Something told me I had made the right decision. The next day when I was thinking about how to begin, I realized that I had in fact a lot of experience that would be tremendously helpful in stem cell research. Extensive tissue culture experience working with primary cells (in common language growing freshly isolated cells), coupled with
the technology of efficient gene and protein delivery would give me a strong edge in the highly competitive field of regenerative medicine. When I looked at my new endeavor with my renewed outlook, I wondered why I did not think of starting earlier. In fact I really enjoyed learning about the field and soon found that working with stem cells especially adult stem cells was a lot easier than I had anticipated.

Little did I think that a career that started with synthetic Organic chemistry would culminate in the exciting field of regenerative medicine. “Variety adds spice to life” and so it is with having an opportunity to work in different fields seemingly very unrelated. What is often not obvious is that inexperience in a new field, coupled with a lot of experience in another field can sometimes provide unique advantages of having both innovative insights and innovative solutions.

Chance they say favors the prepared mind, and if one attunes then the simplest of thoughts all have reactions. My fascination for light led me to work with bioluminescence with a child-like excitement. When you are passionate about something you enjoy the journey of studying deep into the subject even though the destination may not always be what was initially planned. One can spend years studying a light producing gene only to find at the end that it’s bioluminescence is not bright enough to have the sensitivity required or commercial applications. When I think deeply, I realize that what really sparked my interest in regenerative medicine was compassion for the sick something that was built up very early in my childhood when I myself suffered as a sick child. In one of my early illnesses I was even “doomed to die” but miraculously recovered. When I asked my mother why I kept falling sick and why God gives sickness her answer was that it awakens compassion in us. She would then tell me the story of Helen Keller and Louis Brail and emphasize that it was because they were blind themselves that they thought of helping other blind people. Today I realize the truth and essence of her simple words summarized in the poem below:

“Had Little Louis Not Been Blind, Would He Ever Invent The Braille?”

Think not of your illness, sweet child
For suffering never comes in vain
May it awaken compassion in you
To lessen someone else’s pain
Had little Louis not been blind
Would he ever invent the braille?

These simple words my mother spoke
Were imprinted in memory
Three decades later came my turn
To comfort her in return

Think not of suffering, my mother
For suffering never comes in vain
It has awakened in me a desire to heal
And lessen someone else’s pain
Had little Louis not been blind  
Would he ever invent the braille?  
And If you did not suffer so  
Would my thoughts ever run this trail?

Her suffering never was in vain  
Her blessings never empty  
For I took the trail to a clinical trial  
Enrolling two and twenty

And so once more I’ll gently kiss  
Then softly whisper unto each sick kid  
Think not of your suffering, sweet child  
For suffering never comes in vain  
May it invoke a power to heal  
To lessen someone else’s pain  
Had little Louis not been blind  
Would he ever invent the braille?

Most people suffer when they are old  
When it is too late to be told  
About the lessons illness brings  
An appreciation for life’s simple things  
When your physical body weakens  
Your willpower it strengthens  
When you are kept in isolation,  
Then come lessons in self-realization  
So in your illness see a blessing  
And think about that beautiful tale  
Had little Louis not been blind  
Would he ever invent the braille?

I am slowly beginning to realize the real meaning of living life to the fullest. You can never really fully live until you have truly followed your heart. More importantly, life becomes truly worthwhile when you reach out to the world.

Dr. Rampyari Walia was a faculty member in the Division of Cardiology, VUMC from 1993-1995. She is presently CEO of Targeting Systems and Pluristem Innovations, El Cajon (San Diego), CA. She writes as a hobby and has written a memoir entitled “Exciting Journeys-Unpredictable Destinations” and published a book of nature poems (Unforgettable Memories-Memorable Places).
A Mental Health Story

Anonymous

She was kicking and screaming at the nurses. Food and obscenities were flying everywhere. I had been sent in by the psychiatry team to check for mental health issues, and the poor woman seemed a doorstep diagnosis. She was so thin and wasted that her skeleton stood out like an anatomy model beneath her pale grey skin. She looked to be in her 50’s, nowhere near the 35 years of age that her chart said. Her HIV infection had progressed rapidly to AIDS, she had been “non-compliant” with her medications.

The best bet was to be friendly and approach personal questions with caution, although even this might get me thrown into the same category as her nurses. Luckily, she calmed down. She was sorry for causing trouble, but was tired of vomiting and would rather not push more food down today. Her mood was rotten, and her anti-depressants had not done much.

I then opened up the can of worms. Her mood was rotten, she explained, because her mother had given her advice on how to “clean up her act.” She sobbed that she felt terribly guilty for ignoring her mother’s advice and getting the HIV virus. When she described that the worst part was how hurt her mother was to see her at each visit, she was crying so hard that she barely got the words out.

It was time to say something comforting, but all the words slipped away. Instead I stood dumbstruck, paralyzed by an awful sadness and by sudden questions. Wasn’t this woman’s behavior now slightly more understandable? Is it still mental illness when it seems justified? How would anyone handle a day in her shoes? Lying helplessly in a hospital bed, dying slowly at age 35? I would be throwing fits at innocent nurses too. Poor decisions be damned, this woman had my sympathy. At that instant, her AIDS seemed far more curable than her guilt.

Our society still secretly views mental illness as a pseudo-disease, lacking a physical cause and mostly the patient’s fault. But is it really that simple? Most of us could no more change our thoughts and patterned responses than we could coax our bodies to produce more insulin. The brain is also more complicated than the rest of our organs. Bad brain chemistry can cause unhealthy thought patterns, but unhealthy thought patterns can cause bad brain chemistry too. Attitudes influence behaviors, but behaviors also influence attitudes. This woman’s HIV played a role in her mental condition, but her mental condition may have also contributed to her getting HIV.

Mental illnesses are disabling inappropriate or unhealthy thought or behavioral patterns, even when these seem reasonable given terrible circumstances. Does it follow that almost all of us could develop a mental illness if thrust into a bad enough situation? It is so easy to blame this patient for her HIV, her non-compliance, and her depression. But just like her, we all make mistakes and have no idea how we could have been so stupid in retrospect. Some of our mistakes are big and some small, but just like her, we all pay for our mistakes sooner or later. The least we can do is recognize the complexity of mental disease and have a little compassion. As the old saying goes, there but for the grace of god go I.
Childhood Memories
Shawn Jackson

For me, this picture symbolizes the difficult times I went through during my parents’ illnesses while I was a child. The playground is frozen, and the toys are suspended in animation. However, the sun is beginning to shine through, and in a short time the ice will melt. From that experience I learned to remember that no matter what happens, the ice will melt and the sun will shine again.

Shawn B. Jackson is a CPA and IT Auditor from Nashville, TN. In addition to photography, he enjoys traveling and playing guitar. He is inspired daily by nature, architecture, and his family.
I always hated John Wayne, and not just his acting.

I went to law school because I knew how to go to school. I had my first daughter as a third year law student and my second as an associate.

I was a “groundbreaker,” a plow in the field—one of the first women lawyers hired by the big downtown firms. I was a business/personal injury trial lawyer when “suitable” fields were wills or, in a stretch of the imagination, divorce cases.

I remember having headaches when I was first trying lawsuits in my late 20’s.

I was divorced at 34 from a husband who was in drug rehab. The first headache that lasted for months came when I was 36. I had bought a house, taken out a bridge loan, hired a contractor to renovate.

I managed everything, and joked that my epitaph would read “She Got It All Done.”

But I lived and breathed fear. I was always one sick child from disaster. My law firms were filled with good-hearted men who were so proud of giving a single mom a job.

When my second daughter was a teenager, as if there were room for more pressure, she began acting out. Maybe that’s when the headaches came and never left.

I don’t know because I had become an expert in tuning out. Like James Joyce’ character in his novel, Ulysses, I lived “a short distance from my body.”

I never mentioned the headaches to my doctor. They were tension headaches, and, God knows, I was tense. I took classes in tension management. I exercised. I did therapy, lifetimes

Getting better was either a lucky accident or the answer to an unvoiced prayer. First there was a psychiatrist who understood that maybe I wasn’t a depressed person, but a traumatized
person with headaches. Then came a neurologist who could do nothing to help the headaches in the five years that I saw her.

But I knew about Jon Kabat-Zinn’s program at U. Mass for people with chronic pain. I was researching whether I could attend a workshop with him when I discovered the Vanderbilt Center for Integrative Healing.

It’s not as if yoga and meditation had not been mentioned to me before. I had even gone to a yoga class once a week in the 90’s. No one had ever dared to say to me, however, that I might just consider working part time.

At the same time, I had married a wonderful (can’t say enough about that) man. Working part time had become an option. My girls were grown.

So I began to work part time. It dawned on me (duh!) that trying lawsuits had a built in fear factor. I considered gearing down to less stressful work.

I began going to yoga classes 2 and 3 times a week. I didn't meditate but I did try to just lie down once a day.

I was asked to do some public speaking. I became John Wayne with a message. I had been afraid my whole life, sometimes frozen with fear. No one knew it. I said that fear was OK.

Now sometimes during yoga class I tune in to find that I have no headache. Hope is actually sufficient, a little relief an abundance of blessing.

Barbara Moss is a lawyer in Nashville who also writes columns for The Tennessean.
Sheer panic is the most applicable phrase I can use to describe my mental state as I lie on the hospital gurney. Although I had no previous indications of heart trouble, no history of heart-attacks in my family, I found myself awaiting an emergent triple-bypass surgery. Sure, I had been an insulin-dependent diabetic for over forty years, but at the age of forty-two, I had never seriously been forced to contemplate my own mortality.

I was the hospital’s first cardiac surgery case for that particular day in June. As the staff began to trickle in, I immediately became cognizant of their collective “business-as-usual” demeanor. These people were true professionals, trained and ready to perform their usual duties as members of the cardiac team. Eventually, two or three people visited my bedside at various intervals to check my pulse, take a quick glance at my chart, and ask me a few stock questions: Was I allergic to any medications? Did I know what type of surgery I was scheduled for? Did I have any questions? I thought better than to ask what truly plagued me: How did I end up here, and am I going to die?

My friends, neighbors, and an entire city of complete strangers were rising from their beds to face yet another dreaded Monday at work. Many of them were surely bemoaning the fact that their weekends had been too short, or perhaps begrudging the fact that they weren’t completely happy with their lives or marriages. I, however, was just waiting - wrecked physically, emotionally and spiritually, with the fear that my last experience on this earth would be me staring at the fluorescent lights on the ceiling of an isolated surgical ward – in no way convinced that I would ever see my family again – that I would even live to have another Monday.

I remember wondering what it would take for someone, anyone to realize that I was using and re-using the same single piece of tissue to wipe both my eyes and my nose. No one seemed to have the time to offer me a reassuring look, or to tell me that everything was going to turn out alright. They were all simply “doing their jobs.” What did I expect? I was just one of several cases for that day alone. Within less than an hour, a mere sixty minutes, some other poor soul would be taking my place, awaiting his or her own surgery, unsure whether or not he or she were going to live through it all. Regardless of the outcome of any of the surgical cases scheduled for that day in June, the hospital staff’s lives would not be changed irrevocably. They would return to work the following day to check more pulses, quickly peruse more charts, and ask their standard panel of pre-op questions. In hind-sight, I guess I should have been relieved that my case was not at all remarkable to anyone but me.

Heart-to-heart conversations with God had become part of my daily routine some months prior to this medical misfortune. I believed that He truly had begun to show me the path He had designed especially for me. There existed no one else in the whole world for whom the plans for my life had been constructed. But how could I possibly accomplish any of those tasks if He took me out of the game mid season? I honestly did not feel at the time that my faith was failing. I just thought I might take this last opportunity to put in my vote for remaining in the corporeal world a little bit longer…
I saw a man standing near some charts a couple of feet from the foot of my bed. He wasn't actually reading them. He was just looking, as though they were random magazines available for the taking in an office waiting room. Several other hospital staffers passed him by, none of them feeling compelled to even look in his direction, apparently none of them aware of his existence in the room. A couple of times I thought I saw him looking over towards my bed. And then in a flash, he was by my side.

“Stay in the boat,” the kind man said to me. I struggled to focus on him through my unending stream of tears. “Do you know the story of Jesus walking on the water? The story about Peter being afraid in the terrible storm, and his asking Jesus to allow him to go to Him for protection?”

The man gently took hold of my hand, holding my arm at the elbow, as though he were assisting an elderly or infirm person cross at a busy intersection. “Just stay in the boat, Camille” he whispered to me.

How did he know my name? The medical chart, of course. But how did he know ME? How did he know that I would feel compelled to flee the scene? How did he know that I was giving up? At the exact moment when I had acquiesced to my inevitable demise, had come to terms with my having given up, had begun to make my final bargain with God, this kind man had sped to my side.

“Stay in the boat,” my angel said to me. “Jesus knew Peter’s faith was failing. Jesus told Peter to get back in the boat. The storm would be too much for Peter to bear, but it was not too much for Him.”

Then this man, this hero from out of nowhere, simply disappeared, taking with him every single one of my fears.

There were angels at my head. There were angels at my feet. I fell asleep in complete peace, undaunted by anything I might have to face. I never even thought about leaving the boat.

Camille Raspite is a college level writing instructor in Nashville, Tennessee. She holds an M. Ed. In Curriculum and Instruction from Texas Wesleyan University and is currently completing her M. A. in English at Belmont University.
A Day in the Life of the Electronic Bag Lady
Allyson Sisler-Dinwiddie

How Deafness & Chronic Gastrointestinal Disease Have Transformed My Life

Have you ever wondered what sound feels like to those who are profoundly deaf? What life is like in complete silence— you see loved ones talking but you simply can’t hear a word said? Although I grew up with hearing loss and wore hearing aids from an early age, never in my wildest dreams did I imagine one day waking up in silence. It’s the little things in life that we must not take for granted, but rather cherish every moment, keeping in mind that there is a reason behind life’s master plan.

A 2007 graduate of VUSM with a clinical doctorate degree in Audiology, I share a unique gift and passion for the profession-- balancing my young career as an audiologist with specific interests in pediatric and adolescent cochlear implantation alongside living the miraculous journey of being a bilateral cochlear implant recipient myself. Weighing in at 1 lb. 13oz and 3 months premature, I decided to grab life by the horns early on and thanks to my amazing parents, I learned to see life’s challenging times as opportunities rather than obstacles. Their relentless effort to teach me the importance of self advocacy and to never give up when the going got tough has helped me to find inner peace with myself despite two electrical ears and an ileostomy named Stella—blessings that have truly transformed my life with better health.

In the summer of 2004 the congenital inner ear malformations I grew up with coupled with head trauma from a motor vehicle accident proved to be the recipe for my worst nightmare. After never missing a beat for the first 23 years and never giving a second thought to the fact that I even had a hearing loss, for the first time in my life rock hard reality hit me square in the face, what little hearing I had was never coming back.

But wait…I live in a hearing world, I communicate with my family and friends through spoken language, and I’m in the middle of graduate school in pursuit of my childhood dream—to become an audiologist to help others living with hearing loss, where my sense of hearing is imperative in order to understand my patients…

Scared. Alone. Frustrated. Angry. All normal emotions as you pass through the stages seeking emotional acceptance. I could not have been in a better place when I needed help the most and thanks to all my professors in the VUSM Department of Hearing & Speech Sciences, Pi Beta Phi Rehabilitation, my cochlear implant surgeon, Dr. Robert Labadie, and my audiologist, Dr. Susan Amberg, countless prayers were answered and what felt like my first larger-than-life hurdle was about to be cleared. I received my first cochlear implant (aka CI Sony) in my right ear in October 2005 and my left cochlear implant (aka CI
Sydney) in June 2006. Words simply can’t even begin to describe how thankful I am for such miraculous technology. CI Sony & CI Sydney continue to bless my every day with surreal surround sound, allowing me to hear and understand my family, friends, and patients just like I used to.

Throughout the many stages of the emotional grieving process I discovered that my new ears were simply just another beautiful part of who I am, but that they could also be quite ornery with minds of their own and had totally different personalities! In light of this profound discovery I decided to name my new ears—after all, they are a small part of my existence and by no means define me as a person.

As if two electronic devices connected by magnets on each side of my head weren’t enough to spice up my every day life, Stella (my ileostomy stoma) and the pouch that accompanies her has forced me to learn the importance of allowing myself to laugh, cry, and celebrate the many blessings of good health. Chronic gastrointestinal challenges have been a part of my life since I was a teenager, but let’s face it, it’s not exactly a fun topic of conversation, let alone an enjoyable visit to a physician in order to seek help. As the years passed by my ability to tolerate and bulldoze through the chronic discomfort and pain became less and eventually it began affecting every moment of every day, consuming my entire life. Just as Vanderbilt was the answer to countless prayers with my ears, the same held true for my gut. Stella (my ileostomy stoma) most recently joined my life in November 2010 thanks to Dr. Alan Herline and the many nurses who have helped me adjust to my new life in so many ways.

CI Sony & CI Sydney provide the sparks of sound needed to jump start my day and wind me down at night, while Stella allows me to comfortably eat and nourish my body. Stella is also very good at making me laugh creating the loudest sounds in silence, which would be fine if her orneriness was confined to the privacy of my own home…but so far we’re working on adjusting to laughing off her rambunctious sounds in public! Unlike my crazy colon and chronic tummy issues that left me in a constant state of nausea, Stella is always hungry and is quite posh with her first class wardrobe consisting of Hollister brand name wafers that stick like super glue against my skin, and mini Hollister pouches with the Lock ‘n Roll closure for an additional “peace of mind” that “everything is just fine!”

While my life as the Electronic Bag Lady definitely comes with some periods of emotional adjustment, the various health-related challenges over the past 30 years have honestly transformed my life for the better. Sometimes it seems like a never-ending adventure that has left me laughing so hard I’ve cried and crying so hard I’ve laughed.

I’ve learned to appreciate the true meaning of patience and perseverance and am forever thankful for the beautiful life I’ve been blessed with.
A doctor possessed of the writer’s art will be the better consoler to anyone rolling in agony; conversely, a writer who understands the life of the body; its powers and pains, its fluids and functions, its blessings and banes, has a great advantage over him who knows nothing of such things.

THOMAS MANN, 1939