Tabula Rasa & Post Call

An Annual Anthology of Literature, Arts, and Medicine
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Tabula Rasa, Latin for “blank slate,” is Vanderbilt University 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.

Post Call, likewise, is an anthology of creative works by members of the School of Medicine, Medical Center, and surrounding community which speak to topics beyond the study and practice of medicine.

The journal is published annually, and we invite submissions of original short stories, poetry, essays, interviews, artwork, and photographs from medical students, residents, faculty, alumni, patients, and members of the Nashville community.
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Part One

Tabula Rasa
Midazolam

_Dr. Samantha Gridley Haley_

“Doctor, why is it raining in here?”

You inquire with awestruck 3-year-old eyes, followed by a melodious giggle as the damp fiberglass drips from the freshly casted arm you had been scrutinizing, mesmerized, as you held it above your head.
Skipped Beats

Vishesh Jain
Winning

*preston m stein*

Rebecca was about 5 years old when she was in an automobile accident. After her acute injuries were taken care of she was moved to a four bed ward. I went in to see her and I said hello to the other kids, all about the same age. One of them piped up: I have a broken arm. Another piped up: I have a broken arm AND a broken leg. Rebecca, with great satisfaction in her voice proclaimed: I beat all of you. I have a broken arm AND two broken legs.

Television

*preston m stein*

We heard the screams from four year old Tommy at the nurse’s station and ran into his room. He was sitting upright, an EKG lead dangling off the side of the bed, staring in terror at the cardiac monitor and screaming “I’m dead, I’m dead.”

- Tommy, what’s wrong?

- I am dead.

- No you’re not. You are talking to us. You can’t be dead.

- But on “Emergency Medicine” when the monitor line is straight you are dead.
Specificity

Vishesh Jain

I have seen this test everywhere,
in so many stroke patients' care.
But in a new one for me,
she named "cactus," "glove," "key,"
and then "French provincial chair."
The Light of Provence

Dr. Tom Campbell

Giddy with jet lag and laughing, my wife and I have just finished a selfie singing “Sour le point D’Avignon,” for our grand kids in America. Looking at the edge of the ancient bridge of Avignon, my gaze is caught by the ancient gray stone in rigid opposition to the constant movement of the river. Looking closer I see the reflection of the strangely bright midmorning French sun. It is broken up by the shifting ripples of the moving river into fragments, dancing like a living thing. Suddenly I see his eyes and it is 1974 again. I am a psychiatry resident at the V.A., looking at this almost fifty-year-old high school English teacher from some small Connecticut suburb. He complains of a chronic low-grade depression, and drinking too much. He is trapped in a job and marriage that have both dried up. He feels as unappreciated by his students he does not understand, as he does with his almost grown daughters.

“If you work with him”, my chief resident is saying, “It’ll be like chipping away at marble with that thick character armor. A flake or two a session at best. Why do you want to do it?”

He is right of course, but still at times I see a light in his eyes. It appears mostly when he speaks of being a young soldier in the war. Eighteen years old in operation Anvil, the invasion of southern France in August of 1944, he fought up the Rhone valley as an infantryman. I can see his eyes light up, telling me of the fierce brightness of feeling so alive when the darkness of sudden death was an everyday thing.

When he quotes from memory lines from the book of poetry he carried with him through those fear laced days of the war, his eyes are sparkling and dancing. His words savoring the taste and feel of danger, he describes the great adventure.
Perhaps too often, I hear of his first taste of Rose’ from a liberated village. A long search to recreate that first magical taste has led to too many evening martinis, which dull and numb instead of the sudden burst of joy he felt as a young soldier.

Unknowing, I am fresh out of the military and a stifling marriage myself. The boy in him is speaking to shared part of me as well in the shape of a fear of the stone that slowly set in him stifling the young soldier until he became like a prisoner in a medieval dungeon.

Standing on the edge of the bridge in Avignon, I see him again, watching the sparkling dancing reflections of the light of southern France. The same light that drove Van Gogh mad.

Historical footnote:
Operation Anvil later changed to Dragoon was the invasion of southern France in August of 1944. It was so successful that it became almost forgotten, being overshadowed by the Normandy invasions. My patient was an 18-year-old rifleman at the time. I saw him as a psychiatry resident at Yale at the West Haven VA not long after my own discharge from the airforce.
Historical

Vishesh Jain
Skyline Reflections
Rochelle Wong
Mind. Me.

*Dr. Lealani Mae Acosta*

You’ve served me well, ancient shell.
Though I mind my body, over decades, every
wrinkle
ache
grey hair
has been justifiably earned.
We share with pride our battle scars,
with knowing winks we make light of
arthritic pains, frequent runs to the bathroom, bald spots.
Losses we can see, feel, are more easily relatable.

What of the brain?
The doctor showed me holes and shrinkage.
I feel fine.
Sure, you might have to remind me occasionally, but
“senior moments” are as natural as the sun rising and setting.
My wife disagreed and dragged me to the doctor.
The brain scan the doctor the says is mine
(“So, not brainless after all!” garnered nary a chuckle from my wife)
reveals an amorphous, gray mass of wrinkles and ridges
swimming in a sea of black.
He points to small, dark oases
dotting the gray landscape.
“Lacunar infarcts,” “hippocampal atrophy” and
“temporoparietal region”:
terms over my head, but apparently about it.
I own my leathered skin, my laugh lines.
My wrinkled, sagging brain in its wrinkled, sagging self.
This too I claim as me.

I mourn the man I was,
much as I yearn for the carefree days of childhood
the vitality of youth
the strength of maturity.
My “me” is beyond my body.

This phase I accept, a passage of time and age.
My mind, as my other scars, may fade over time:
I will not lose my self.
This hollowed, broken shell remains no less hallowed to me.
Ephemeral
Vishesh Jain
The Kindness of Strangers

Dr. Stephen Lee Hines

“No act of kindness, no matter how small, is ever wasted.”
—Aesop 550 BC.

In a medical setting, kindness is especially welcome and meaningful.

Even when things seem to be going well, healthcare encounters provoke anxiety. You’re going for your annual assessment and you “feel well”; but what if your doctor finds something wrong? When there’s a documented health concern such as elevated blood pressure or diabetes, is it going to be controlled? Will the lab tests show improvement? Will the screenings tests be normal and reassuring, or will a new and perhaps serious problem be discovered?

When one undresses and dons the familiar backless gown, there’s an additional layer of vulnerability added immediately. Status, confidence, and sophistication can vanish in an instant. And, I assure you, when doctors assume the patient role, this same vulnerability manifests. Perhaps it’s even magnified, because we know the imperfections of our profession—or else we know “too much,” and our symptoms seem especially worrisome.

Such uncertainties and anxieties exist in the most routine encounters. When a serious illness complicates the equation, the anxieties evolve into legitimate fears.

Kindness is never more important than when it is extended to people in crisis. A serious medical illness creates crisis for patient and family alike. With acts of kindness, healthcare providers can soften painful news, acknowledge the vulnerability
generated by illness, and level cultural differences through caring interaction.

In 1927, Francis Weld Peabody wrote, “the secret of the care of the patient is in caring for the patient.” This simple adage remains a powerful truth in the modern healthcare environment where technological advances strain interpersonal relationships. At each point of interaction, from the receptionist to the billing clerk, kindness and professional demeanor are important ingredients in the care of both patient and family.

Naomi Shihab Nye begins her poignant poem, “Kindness,” “Before you know what kindness really is you must lose things, feel the future dissolve in a moment like salt in a weakened broth.”

With serious illness, much is lost. Along with losing wellness, one progressively loses independence, energy, connection with the wider world, and capacity for activities of daily living. A planned future is edited (and often abbreviated) in life-limiting illness. Understandably, such losses create suffering for patients and those who love them.

In my father’s final months in a nursing home where he disappeared into his advanced Alzheimer’s Disease, my mother witnessed some staff depersonalize him as the demented, mean old coot in Room 212. To be sure, he had become a difficult patient. He was disoriented, belligerent at times, and fearful of the world of strangers who entered his room. To some of the nursing staff and attendants, he seemed to be just one more charge who complicated their days with his many needs and unruly behavior.

They avoided him; they joked about him; they handled him roughly; and they broke my Mom’s heart in the process. To her, he remained the love of her life whom she was losing to this unrelenting illness. She suffered greatly seeing her husband diminished in this way. It’s both ironic and understandable that
folks on the front lines assisting the most demanding and sickest patients are at greatest risk of compassion fatigue.

Kindness moderates the illness experience. It can soften bad news; it contextualizes the experience by introducing compassion and acknowledging suffering. In line with Peabody’s quote, healthcare providers are at their best when they share both their medical expertise and their humanity with patients.

Acts of kindness take many forms. A gentle touch, a smile, a kind word, and a listening ear while performing perfunctory tasks can all soften the hard edge of illness. The simple question, “What can I do that might make this a better day for you?” acknowledges the loss of control that many patients feel—especially patients in hospitals or nursing homes. Empathy and acts of kindness are welcome and therapeutic components of any treatment plan.

In Tennessee Williams’ *A Streetcar Named Desire*, Blanche utters her famous lines, “Whoever you are, I have always depended on the kindness of strangers” to a doctor who arrives to transport her to a mental institution. At this point in the play, she is delusional, demoralized, and defeated; her vulnerability is complete. The kindly doctor begins her healing with his gentle demeanor, quiet smile, and offered arm.

The capacity for kindness is present in each of us. In later lines of her poem “Kindness,” Nye observes, “Before you know kindness as the deepest thing inside, you must know sorrow as the other deepest thing.” In times of sorrow, patients and their families are aching for kindness. With such awareness, healthcare providers can forge a powerful alliance with their patients. Kindness is a blessing we give to one another; it’s a compassionate link that can transform strangers into kindred souls.
Untitled
Dr. Quentin Eichbaum
How to Survive an MRI

*Julie Sumner*

Magnets whirling around my head
in an orbit of beeps and clicks,
metallic bees buzzing endlessly
while I lie freezing and motionless.

Funny thing is--
a MRI gives you an hour or two

free from distraction just when
it's distraction you need the most.

Above the magnetic racket,
my mind wanders toward you--

twenty-two years since we hiked
through Zion's vermillion canyons

with walls so high that cloud shadows
form petroglyphs that darken in sun,

then flicker to pink as daylight
lulls itself into night?

As we inched along that razor
of a trail carved out of the cliff,

you laughed, but not unkindly,
while I held on for dear life.
Tabula Rasa

Winter Solstice
Dr. Richard M. Hutson

The large, aged Maple tree behind our house,
As it has in years past,
Announced its health and endurance once more
By choosing Winter Solstice to set its reddish leaf buds.
Overnight, it seemed, clusters of small dark berries
Dotted the tree's long, angular branches.
They provide nourishment for Fox Squirrel families
Overwintering in the tree's higher elevations.

And we---we who love strange subtleties, and the unexpected---
Yet who also seek signs, symbols, emblems and omens---
We also notice the leaf buds' brave appearance in deep Winter.
We are reminded thereby that Earth has its own life:
An élan vital which runs more broadly and more deeply than our own---
In which we partake, and from which we are not separate.

We are participants in that life,
Taking notice of Earth's countless subtleties;
Drawing our own form of nourishment
From the Maple tree's mid-Winter budding,
Even as the squirrels have noticed the same.
They shall, in their manner, derive their own nourishment.

We find a kinship with this aged Maple tree,
And kinship with our neighbors, the Fox Squirrels.
Each of us fulfilling our needs,
Each of us replenishing our own necessary stores.
Hibernating River Spirit

Dr. Richard M. Hutson
Hear Me
Bridget Collins

“I don’t have to worry about eating disorders with you, do I?” you asked with one foot out the door, your stern eyes shrouded in half-concern, half-skepticism.
“No,” I heard myself whisper.
But that’s not what my body said. If you had sat next to me, you would have seen the way these sleeves hung loosely from my arms. If you had looked into my eyes, you would have found them sunk with starvation and dusted with sadness. If you had spoken to me, you might have caught the betrayal of my sweet breath. And if you had asked, I might have realized I needed help.
Hear me, doctor. Hear my breathlessness and my bruised bones and my shattered identity. Hear me, because sometimes I can’t hear myself.

Tell Me
Bridget Collins

It is calm. How, my friend? Tell me the secrets of how I learned to forget. Tell me, so that I can learn to keep them secret in turn. For what’s it to live, when living for calm? Tell me, old friend.
Blue Heron

Dr. David Thombs
Butting Heads

*Dr. Samantha Gridley Haley*

I don’t like you. Or, more accurately, I don’t like how you make me doubt myself. How you insist on calling me by my first name, in one abrupt motion pulling out the pedestal of my new M.D. from beneath my feet. This is my *first* day of residency. How did you know that I was anxious and doubting myself every day for the last four weeks leading up to this morning? It’s like you were waiting for me to show up with my insecurities flashing gaudily like Christmas lights in July, ready to shout as loud as you can to alert everyone to the tackiness and inappropriateness of my presence here. And yet, I’m what you get for the next month.

Over the following four weeks we couple together in the awkward, step-on-each-other’s-toes tango of caring for the sick but perfect miracle that is your son. As we twirl and dip each other in this beginners’ dance, I start to take on your perspective.
I don’t like you. Or, more accurately, I don’t like that you are yet another new face in the long receiving line of doctors who knows only the scaffold—at best—of our story. Who will be with us long enough to feel pressure to “try something new” for our complicated son, only to be horrified like all the others when your little experiment doesn’t work. Then you will be onto your next rotation, and I’ll be back to square one, trying to fend off the advances of yet another resident who is trigger happy with their computerized orders. You can put those in from your little room down the hall, but I’m the one who has to watch anxiously for the first sign of my son starting to tank—subtle at first, but then rapidly decompensating, purple, retracting—yes, I’ve learned your lingo!—and you only have to come running when the nurses get scared and call you. Meanwhile I’ll have been here suffering unarmored against the medical mystery that is preventing my son from getting better.

I am pulled on both sides, the tectonic plates of my mother-in-law and our naturopath pulling me toward miracle cures that seem too good to be true, while also being yanked toward the security that the fancy hospital and the letters behind your name confer. Don’t you know that you’re no different form me, and that while you’ve been out of our room doing whatever it is you’re doing, I’ve been here watching my son?
Alone Forever

Dr. Joseph Little, III

alone
forever

cries
seem fruitless
but I continue to call out
as my naked hands
faultily sculpt their life's Pieta

even legs
bewildered by their burden
dangle poised for the race of Pheidippides

eyes
blinded by video sapien visions
strain for signs of resurrection
while arms of pain
flex to remove Excaliber

hope
man's David for everyday Goliaths
rescues me

but
Nature
   with her prescient voice
   doubts the weary swordsman
   seeking dragons in the final search before silence

   all
      stand motionless

   to hear the temptress crying

as graves
   empty of those honored

      linger

alone
   forever
Untitled
Dr. Quentin Eichbaum
Hold Me Tight
Dr. Rajnish Gupta

Two zebras watching for danger in opposite directions in Serengeti National Park, Tanzania.
A Clear-Cut Case of Child Abuse?

Dr. Roy A. Meals

The emergency room staff was immediately suspicious. His father said that Peter, just over six months old, was pulling himself up to a standing position by grasping his pant leg. Peter fell back, screaming. The extreme distress, entirely unusual for Peter, continued until some Tylenol helped him fall asleep. The next morning Peter was again screaming, and his mother took him to the emergency room.

X-rays showed a fractured leg. The parents were accused of child abuse, and Child Protection Services was summoned, which is the law. The father, a self-described “raging alcoholic” at the time, was the prime suspect. A thorough investigation by CPS, including a home visit, ensued, and although the parents were allowed to maintain custody of Peter, they were told that if CPS heard even a whisper of further trouble, they would remove Peter from their home.

Convinced of their innocence yet confused, afraid, and angry, Peter’s parents devised a plan. If CPS or the police knocked on their door, Peter’s father would create a diversion, allow himself to be arrested if necessary, while a friend would whisk Peter out the back door and take him to a relative’s house, the whereabouts of which was unknown to the authorities.

Fast forward six months. Peter and his mother were visiting relatives in a distant city, a continent away from his father. After a trivial fall, Peter broke his other leg. The emergency room staff made the same stir. Child abuse seemed to be the correct diagnosis even though Peter was clean and neatly dressed, and his mother was appropriately attentive, neither hovering nor disengaged. She had brought him in right
away, and also Peter’s skin was free of any aging bruises or burn marks. The staff was still suspicious even though Peter did not show any of the classical findings of child abuse. These include signs of neglect, inappropriate degree of concern, and unexplained skin injuries. A saying in medicine goes, “You are more likely to see unusual presentations of common disorders than you are of seeing common presentations of unusual ones.” In other words, “When you hear hoofbeats, think horses, not zebras.”

This was certainly Peter’s case, apparent child abuse, until one bright mind considered a zebra—brittle bone disease. It is so rare that most orthopedic surgeons and pediatricians never see a case. It arises as a genetic mutation that results in either inadequate or faulty production of collagen, the fibrous meshwork of bone on which calcium crystals are deposited. Without the proper framework, the bones behave more like sticks of chalk, which can snap in half with only minimal force. Brittle bone disease comes in several forms, the most severe type results in multiple fractures to skull, ribs, and limbs during delivery and is therefore lethal. Peter has a less severe form of the disease, yet his bones are far from normal, and unfortunately there is no cure.

Peter, now 33 years old, estimates that he has had more than 400 fractures including all four limbs, ribs, and spine, sometimes one break at a time, sometimes several simultaneously. He remembers telling his father one day that he hurt in nine places. His dad expressed sorrow for Peter having nine fractures at one time. Peter corrected him. “At the moment I only have five fractures, the other four places just hurt.” Peter recalls attending the Boy Scout Jamboree with both legs and one arm in casts. He laughs and says that then it started raining.
After the diagnosis was clear, Peter’s parents made two decisions. First, they carried a doctor’s statement with them indicating that their son had brittle bone disease. This would help defuse suspicion at the hospital. The other decision was monumental. The first parental instinct would be to totally protect such a fragile child and shelter him in a lifelong cocoon. Peter’s parents decided otherwise. They wanted to prepare their son for success and to provide him opportunities and skills to become independent and successful within his limitations. So, for instance and on Peter’s insistence, his father and he rode a roller coaster together. Peter broke his thigh bone, enduring the same “white hot fire” type of pain that he experienced with all his other fractures.

While growing up, each fracture and the ensuing cast gave Peter weeks to reflect on the risk-benefit ratio of doing that particular activity again. One leg fracture resulted from Peter doing wheelies in his manual wheelchair. Another came from a young lady’s kick after Peter had “smart assed” her. Sometimes however, the fractures are unavoidable. For instance, once he sneezed while putting on a sweater and snapped a rib.

There could have been even more fractures except that Peter has had at least 50 operations to straighten and strengthen his bones. By the time he was three, stiff stainless-steel rods were inserted into the central hollows of his long bones, which strengthened them. While he was growing, the rods had to be replaced from time to time with longer ones. Bent ones also required replacement.

The parents’ philosophy worked. Peter earned an undergraduate degree from Berkeley in political science and disability studies and then obtained an MBA degree. He is married and is presently in charge of the Center for Independent Living of South Florida. Peter says he breaks fewer bones these
days, not because they are any stronger, but because he finally found an activity level that works for him. Most recently he broke his thigh bone when his power wheelchair did not quite clear a doorway.

Most of us even rarely give our bones a second thought. They are out of sight, painless, straight, solid, dependable. Peter’s experiences teach us that this is not always the case. Yet with the proper approach, even brittle bones can serve their primary purpose—supporting life.

I was extremely fortunate to be able to communicate with Peter and his father by telephone and email. They have seen this essay and have agreed to share their story.
Father and Son
Dr. Joseph Little, III
Which Way
Dr. Rajnish Gupta

Two black rhinos wandering the plains of Ngorongoro Crater in Tanzania
Friends

*preston m stein*

- Todd, I tried twice and wasn’t successful. I’m going to ask Dr. Oaks to do it.

- No! I want you to do it. I don’t want anyone else to do it.

- But I tried twice.

- I WANT YOU!

- I’m sorry, I missed again. Dr. Oaks is going to do it.

- Preston, I like you and we are friends, but next time I want Dr. Oaks to do the bone marrow.

Going to the Lake

*preston m stein*

We were on the bus to the lake. I didn’t know 5-year-old Barbara but, like all the kids she or one of her siblings had cancer. To make conversation I asked her why she was at the camp. “I have cancer.” “What kind of cancer?” “Oh, you know, just a kids’ cancer.”
Untitled
Dr. Quentin Eichbaum
Like most students visiting the university health clinic, Adam did not anticipate a life-altering diagnosis when he presented with a few days of malaise. Even as he left the clinic, the blood tests that were pending hardly concerned him. In fact, when he later received a call asking that he immediately return to the clinic, he resisted. How urgent could it be?

But as he walked back through the clinic doors, a line was drawn in the storyboard of his life. From that moment, every memory would be designated as before or after. Before he was diagnosed with acute myeloid leukemia, he competed in tennis, played guitar, and was accepted into a doctoral program in Chemistry. What memories would come after?

The patient experience of illness is one of assimilating new information into an existing narrative and reconciling expectations developed over a lifetime with a new reality. As a previously healthy 24-year-old, Adam’s new reality was admission to the university medical center, accompanied by a whirlwind of tests and medications. The chemist in him was captivated by the science. And while he quickly began the traditional chemotherapy regimen, the team awaited genetic results that would reveal whether he possessed the worrisome FLT3 mutation, an abnormality with a potentially unique treatment pathway.

When the results returned, Adam faced the reality of having this mutation with poise, turning his thoughts to a clinical trial of an agent awarded Breakthrough Therapy Designation by the U.S. Food and Drug Administration. Due to the nature of the trial, Adam had only 24 hours to receive insurance approval and register, so his family and medical team quickly set to work enrolling him. Then, with all other pieces in place, his only source
of insurance – the student health plan – refused to provide the necessary support, despite the plan stipulating coverage under such circumstances. If Adam could not receive insurance coverage by noon the following day, the trial would be closed to him.

The firestorm that erupted was swift and relentless. Adam and his family drafted materials describing the scenario for dissemination and mobilized every contact imaginable to elevate the case. Facebook and Twitter were alight with calls for the university to appeal to the insurance company. Friends and family – and their friends and family – blitzed the university Chancellor with emails, contacted Deans, called upon medical center leaders, and reached out to contacts in the pharmaceutical industry. Finally, only three hours from the deadline, Adam received approval for enrollment in the trial.

As a medical student at the center where Adam was being treated, the fallout surrounding the refusal by the insurance company intrigued me. More than any other moment in medical school, this story altered my view of the relationship between patients and health care systems in the 21st century. During the 24 hours it took for Adam to be approved for the study, the connections between patients, providers, hospitals, and insurance companies coalesced into discrete, manipulable fibers.

In the age of social media, the veil separating the individual and the system is vanishing. As a friend and member of the student community, I did my part to advocate for Adam. But it was not without considering the implications of this new relationship, of technology’s decimation of the shroud between patients and other stakeholders in the world of health care. The success of Adam’s campaign moved me, but it also left me pondering which patients will be forgotten as my medical practice takes shape.
What is perhaps most interesting about Adam's story is that he does not personally participate in social media. The voices uniting in his support through the pulsing tendrils of the web were orchestrated by someone other than himself. And so, in a time when activism springs from hashtags and video streams, when the success of such efforts depends on the ability of a group to raise electronic Cain, those without such means – or connections – are likely to find that their voices shift from unheard to nonexistent.

This has potential consequences far beyond advocating for one individual in his pursuit of insurance coverage. Indeed, these reservations mirror a growing concern surrounding crowdfunding in health care via websites like GoFundMe. When the internet decides who receives financial support for medical care, what happens to the disabled, the elderly, the impoverished, or those whose stories fail to elicit sympathy? These are questions of access, but also of stigma and savvy. However, I am struck by the subtle difference between crowdfunding and the example of Adam’s campaign, a distinction that suggests I must broaden my understanding of the impact – and potential injustices – of social media in health care. To ignore this distinction is to miss an opportunity to divert inequity before it arises.

In particular, community-based aid for health care costs in the U.S. is a practice that predates the internet. Expansion of this concept into the world of social media simply heightened the contrast between those with social capital or technological knowhow and those without. But Adam’s case represents implementation of social media to instantaneously reduce the distance between an individual and the system for the purpose of advocacy. This is an altogether new concept.

While questions of financial inequity have long plagued the world of medicine, the fact that individuals can now command
the ear of the “powers that be” with the pitter-patter of a few key strokes marks a dramatic shift in how I understand relationships and advocacy within the health care system. In an age when patients and providers lament the depersonalization of medicine due to computers and electronic medical records, technology also affords individuals a stone in their sling for the perceived struggle against the Goliaths of care delivery. Truly, to many, the playing field appears to be leveling.

Indeed, the ability of social media to shape care for the better is indisputable, as Adam’s case demonstrates. However, I must remain attentive to any unintentionally deleterious consequences. The concerns surrounding potential injustices in a medical landscape shaped by social media advocacy are numerous but also reflect a revolution in activism. The public seeks to remove barriers that separate them from the ideals of compassionate, professional, and ethical care, and social media is an effective means for achieving these goals.

The incredible success of Adam’s campaign to secure enrollment in the trial inspired me. But I do not want to forget those who are liable to be left behind when the world moves at gigabits per second. The questions before me are not easily answered. How do I ethically empower all patients when the mechanisms of advocacy change? What is my role as a provider in this process? And can I remain attuned to injustice when technology crafts a facade of equity? The answers to these questions will not only impact those I care for, but also those who struggle for care in the first place.

Acknowledgements

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Osprey

*Dr. Joseph Little, III*
Bryotherapy

Vishesh Jain
It is early in my intern year, and the weight of this week hunches me over as I shuffle across the wooden chapel doorframe. My wounded, but still molasses-thick, pride creates sinkholes for my feet each step of the way to the wicker seat.

Shrouded by the dim ambience of evening mass, I melt to my knees before the opening hymn begins. Inches to my left, my husband’s soft sigh signals the start of his own prayer. For the first time in a while, I feel no compulsion to flip through my mental catalog of my recent shortcomings. In the candlelit silence, I simply lay my week at Christ’s feet.

Only a few dozen chairs fit in this small chapel, tucked discretely between frat houses and sororities on a large university campus. As we recite the Confiteor, voices from scattered occupied seats meld into a familiar communal cadence, confessing, to God and to each other, our faults. Elsewhere—in medicine especially—excellence is prized, but here, our mutual weakness is given center stage.

The Gloria immediately follows, and the same voices that moments ago solemnly confessed our failings now coalesce in a joyous harmony of praise. Juxtaposed with proclaiming “Glory to God” is the cry for “peace to people on earth”—a unifying, forgiving response to the confession we have just jointly professed.
I fail again and again to be the physician my patients deserve. Intern year is not unlike the situation in which Alice finds herself with the Red Queen in *Through the Looking-Glass*: “…here we must run as fast as we can, just to stay in place.” In this Red Queen’s race of residency, mass has become the well from which I draw up the energy, compassion, and self-forgiveness I need to be able to pour myself out again over the next week for my patients. Never have I relied so strongly on God, nor been so aware of my inability to serve my patients well without Him, than this grueling but blessed intern year. I hope for a future time in which I no longer feel like each week devolves into a marathon game of whack-a-mole to fill my knowledge gaps, remedy my clinical missteps, and preserve my patients’ confidence in me. For now, though, I’m thankful for this time in which I am so frequently compelled to pray—for my patients and their families, as well as for my colleagues and myself, that God draws up the knowledge we need from the dregs of our medical school memories, so that we’re equipped for complex cases we face. Intern year is like being flung down a roller coaster unsecured; I am therefore clinging tightly to God out of necessity, but I’m thankful that I’m being pushed to do so. I’ve learned that no amount of preparation or confidence can equip me for some of the situations I am called to diagnostically untangle, chronically manage, or acutely address. So while I will continue to read insatiably and mentally comb through my embarrassing mistakes to suck all the learning I can out of them, I will also return each night to my knees and each week to the altar for the catharsis and support I need to head back to the trenches of intern year.
Streaks in the Night

*Dr. Rajnish Gupta*

Looking up at the Aurora Borealis in Tombstone Territorial Park in the Yukon, Canada.
Diamond in the Rough
*Dr. Rajnish Gupta*

The diamond ring stage of the total eclipse in Nashville, TN nearly obscured during totality by a passing cloud in 2017.
Healthcare Acquired Haikus

Dr. Chi Zhang

Swelling in right leg
Large clots were found in left leg
Good thing we scanned both

An African American gentleman presented to the ED with acute dyspnea. His right leg had erythema and swelling while his left leg appeared grossly normal. However, given the high clinical suspicion for pulmonary emboli, a bilateral lower extremity ultrasound was obtained, and extensive DVTs were discovered in his “normal” leg.

Was two-eleven
Got down to one-ninety pounds
Will not stay that low

An ex-Marine who had severe mitral regurgitation and ESRD from FSGS was being evaluated and optimized for valve replacement. Unfortunately, he was noncompliant with his diet and began gaining weight despite hemodialysis with ultrafiltration. Hospital staff found him sneaking in salty snacks in between meals and asking other patients for food.
An elderly African American female with diastolic heart failure secondary to ATTR amyloidosis presented with a CHF exacerbation requiring aggressive diuresis. For her condition, she was receiving Tafamidis, a novel kinetic stabilizer of transthyretin that slows the formation of amyloid fibrils.

An octogenarian presented with progressively worsening dyspnea on exertion secondary to aortic stenosis. His murmur had two distinct components, one at the right upper sternal border and the other at the apex, characteristic of the Gallavardin phenomenon.

A patient with a long-standing history of diabetes mellitus type 2 presented with two months of pajama-drenching night sweats. He was taking Glipizide as an outpatient; his profuse perspiration resolved after it was held while he was hospitalized. Glipizide has been implicated in hyperhidrosis.
For my Friend Eva  
(Sung to the Tune of Dem Bones)  
Scott J. Pearson

The solicitation  
Is connected to the  
Application.

The application  
Is connected to the  
Design.

The design  
Is connected to the  
Computer code.

The computer code  
Is connected to the  
USB key.

The USB key  
Is connected to the  
African laptop.

The African laptop  
Is connected to the  
Offline clinic.

The offline clinic  
Is connected to the  
Patients.
The patients
Are connected to the
Disease data.

The disease data
Are connected to the
Researchers.

The researchers
Are connected to the
Treatments
So we all won’t fade away into

Dem bones, dem bones, dem dry bones.
Part Two

Post Call
Bluebells
Dr. Joseph Little, III

March turns to April
in low angled light
and ephemeral displays of lavender:

    phacelia
    violets
    phlox
    larkspur

then evening’s fading angle
dissects a bluebell
rising from the creek

(when I remember)
the Bambuti have a dozen words for green:

“bluebells”

how clumsily I see the world
Secret

*Dr. Rajnish Gupta*

An unfurling new fern in the The Botanical Building of Balboa Park in San Diego, CA.
Cubist Tulips
_Vishesh Jain_

Carpet of Waves
_Vishesh Jain_
A Spring Morning
Vishesh Jain

My coffee spiked with cinnamon and chocolate,
I pass by smiles and yawns and squinted eyes.
Robins with hearts of flame play hide-and-seek
With squirrels in bushes and blossoming trees.

Through layers of translucent verdant leaves,
Drops of sunshine filter and fall on my head.
The childish breeze plays with a tuft of hair
And tickles my face with its misty fingers.

A stuffed giant panda trundles through my room,
Nibbling on bamboo shoots of graphite
Grown with care on crinkled notebook pages
By the light of the flames burning there.
En Route  
*Dr. Samantha Gridley Haley*

The stale, poorly circulated air is somehow comforting to me. I’m wedged between two strangers, strapped in, and being hoisted thousands of feet into the air. This interim space defies time and logic; I am afforded five hours of solitude and expend only two! No deadlines can befall me up here, no emails can penetrate the Internet-less walls of this enormous machine hurtling me west. I sip my instant coffee with calm contentment incongruent to the cramped surroundings, but here I am as at peace as anyone else might be at a café in Milan. Meanwhile, I replay the impending moment when I will catch you in the crowd as the escalator descends me into this sacred 36 hours in which you and I can simply be, together.
Shatter and Break
Vishesh Jain
Patience
Julie Sumner

Beauty takes the longest time,
Debbie said. It's the thing you love,
but it always takes
the longest time.

I clipped the stems of grocery store roses
and backyard hydrangeas. One by one,
I sank them into the grainy florist foam
until they bloomed together--
one momentary final flush of color.

There are mineral flowers
that bloom in darkness
on the walls of caves, she said.
Gypsum drips crystal by crystal
over generations of years,
gravity convincing water
to form each petal, stamen, and pistil.
Swan

Dr. Joseph Little, III
Beginning of Fall
*Dr. Rajnish Gupta*

Aspens beginning to change to yellow amidst the spruce trees along the Dempster Highway in the Yukon, Canada.
Don't Despair of Doing Good
Dr. Cosby Stone

When the world seems sad and troubled
people won't do as they should
when the nights are long and lonely
don't despair of doing good.
When the way is dim and foggy
and the path ahead is hard to see
on the one side wrath and violence,
on the other apathy,
walk the narrow way by lamplight
take each step with thought and care
trust the path will not betray you;
with your fellow travelers share.
There can never come the healing
if the healers leave their trade.
There can never come the wholeness
if peacemakers are dismayed.
When the climb become too steep
or when rejection strikes your face
don't give in to pain and anger
rest instead on love and grace.
Hope is born of acts of kindness
someone doing what they could
when we see them, they remind us
don't despair of doing good.
Someone sent me a box once,  
when I was a child,  
an executor of a will  
for a long-distant relative.  
It was labeled "Southern Heritage."  
I didn't ask for it  
but there it was  
so I opened it  
to see what was inside.  
There were some pretty great things in there  
like "yes, sir" and "yes, ma'am"  
like hymnsing Sunday  
love of God and neighbor  
taking care of each other's needs  
serving your community  
and country  
and world  
and the word "y'all"  
and the food... oh!  
the mouth-watering, heaven-inspired,  
kill-me-quicker than necessary food.  
And there were other things in there  
like overtones of superiority  
snide remarks  
targeted jokes  
exclusions and different treatment  
admiration of Robert E Lee and Stonewall Jackson  
(as if they were the second coming of Arthur and Lancelot)
and Confederate flags
and open racism
and Jim Crow
and burning crosses
and the enslavement of peoples for personal enrichment.
All of that mixed up in one big box I didn't ask for.
I set the first things aside, to be treasured forever,
and took the rest out back by the dung heap to burn it.
Because it's poison
and I want nothing more than for it to end.
Carriage House

Dr. David Thombs
Newlywed
*Dr. Samantha Gridley Haley*

It is dark. I am exhausted. How can seven hours have expired as quickly as the sigh I let out when my head finally hit the bed? I have never felt sheets this soft, with silk licking up my arms and swaddling my feet. Maybe I should have bought prickly, hay-lined sheets. It is my seventh early morning in a row and the thought of dashing around between patient rooms for rushed exams before rounds makes my stomach tighten. My arm reaches for one last stretch, and I brush your hand. You are here! What a treat!
Fierce Tribal Love
*Gwen Moore*

There is a certain kind of fierce tribal love
Etched in my soul, the kind that rises up
To protect the defenseless, to defend the weak,
To speak for the silent.
Loyalty. I didn’t learn it from my family.
I didn’t see anyone come to another’s defense.

Where did this power come from?
What lit the fire that burns against injustice?
Where did I learn to rail against heartlessness?
I feel it in my chest. I find my voice is strengthened
And I speak up for others in a way I find it hard
To speak up for myself.

I was just a kid when my heart received its first shock
Of racial hatred. Who gave me that child-friendly story
Of Ruby Bridges? I could feel the hate, and the ugly, leering faces,
And the spittle – somehow uglier than any words could be.
How did I become radicalized, rescued from the family views
That saw colored skin through a filter of superiority and fear?

Why did I identify with minorities? Because I knew.

I knew what it was to have a body that drew laughter.
I knew what it was to be ignorant of a native custom, and so be mocked.
I knew what it was to be misunderstood, not seen, not heard, not befriended.
I knew how it felt to be the only kid on the bus with me-colored skin.
And I knew --- as a ten-year-old girl -- how it felt to wonder if I was normal,
Or permanently, irrevocably damaged.

Still, the passion in my heart feels like a power
I don’t yet know quite how to harness.
I’ve kept it numbed, sedated for so long.
No one in my family, no one among my friends was ever a vocal advocate.
It’s biblical, though, and I nursed at that bosom for so many years,
It’s no wonder that prophetic urgings are finally bursting forth.

The times call for strong voices,
sturdy legs, and courageous hearts.
God, grant me wisdom to use the weapons of truth
and strike just when and where
will do the most harm to the darkening,
gathering hordes of death.
Animal Kingdom 1

Joe Luchsinger
Animal Kingdom 2
Joe Luchsinger
The Legend of the Welfare Queen

*Dr. Cosby Stone*

**Prologue:**
"How many barrels will thy vengeance yield thee even if thou gettest it, Captain Ahab? It will not fetch thee much in our Nantucket market." - Moby Dick, by Herman Melville

**Part I:**
Surely she exists, somewhere
living fat on the largesse of the state
sitting on a gilded throne of other people's taxes
laughing as she swindles us all.
Else why would so many desire to expunge her kind from the face of the earth?
Like Ahab, they scour the tax code for abuses of the lowest brackets
brandishing their harpoons
and slaying the poor, right and left
in the hopes of one day snuffing her out once and for all.
"Thar she blows!" cries the mate
"I see signs of the Queen!
Crying for help and compassion from abaft the beam!"
"Ready the longboats and stop your ears!"
The captain exclaims as he paces and stares
"She'll beguile every one of you with piteous tears!
But her plans are to sink us, right here!"
He stomps and he blusters, he wheedles and cloys
He smashes and trashes the ones he deploys and so they careen on their quest to destroy the imaginary queen of the unemployed.
Part II:
Now, I too have glimpsed some resembling the queen and I'm sure she exists, but is so rarely seen that to spend all our strength upon hunting her down is like burning down buildings to prevent just one frown. It's a special kind of madness, disdaining the poor assuming they're coming to break down your door. Destroying the poor by impoverishing more is like filling the basement by smashing the floor. The chase and the quest are themselves so destructive they'll never be able to meet their objective. It's folly to burn down the bad and the good it's hubris to act like we've earned where we've stood. Woe to us when we don't give the most that we could. Blessed are they who're assumed to be up to no good. When so many are trying, but just can't get by, when so many are broken that everyone cries, with compassion and goodness in such short supply, would you cut off your hands to bring spite to your eyes? First repenting of hard hearted fears and self protections we must walk with our neighbors in wisdom and compassion.

Epilogue:
"The harpoon was darted; the stricken whale flew forward; with igniting velocity the line ran through the grooves; ran foul. Ahab stooped to clear it; he did clear it; but the flying turn caught him round the neck, and voicelessly as Turkish mutes bowstring their victim, he was shot out of the boat, ere the crew knew he was gone. Next instant, the heavy eye-splice in the rope's final end flew out of the stark-empty tub, knocked down an oarsman, and smiting the sea, disappeared in its depths."
Untitled

Dr. Quentin Eichbaum
Poudre Canyon Cabin

Dr. David M. Hutson

Far up Colorado's Cache la Poudre River Canyon
I once found a small wooden cabin.
It is slowly decaying, and partly hidden now...
Enclosed in a young grove of slender white Aspen trees.

Before the Aspens came, I was told by Ravens,
A young man and his bride built this remote home.
The wife and infant son both died in childbirth.
And within the cabin, from the shadows,
The young wife watches, and rocks
The small wooden cradle her husband made…. I was told by the Ravens.
The Secret of 24

Henry Quach

There are 24 hours in a day. I stood in front of the grandfather clock. It was a beautiful wooden clock, crafted almost a hundred years ago and previously owned by my grandpa. It was his prized possession, and no one was allowed near it. But now it sits prominently in my family’s house.

It was only last year that I discovered the engraving. I only found it by chance, when my paper airplane flew behind the clock. As I retrieved my plane, I noticed it. Carved into the wood in tiny print, was a phrase that read, “The secret of 24 is the future.”

What did that mean? I pushed the clock forward, but there was nothing else besides that string of 24 letters and numbers. “The secret of 24 is the future.” As I pushed the clock back into place, I saw something glisten in the light. On the edge of the clock, near the engraving, were 4 tiny numbers. But these weren’t just numbers printed on the clock. They were number dials, the kind that you would find on the combination lock of a safe.

I asked my dad everything he knew about the clock. Unfortunately, he only knew that my grandpa had bought it from an English clockmaker. What was so special about this clock and why was my grandpa so protective of it? What secrets was it hiding? My grandpa was the biggest mystery in my life and information about him was always scarce. Would this finally be my chance to learn more about him? But in order to find the combination and unlock the mysteries of the clock, I would need to find the secret of 24.

I tried the easy codes first, 0 0 0 0, 1 1 1 1, and so forth. Then I tried every combination of 24: 0 0 2 4, 0 2 4 0, 2 4 0 0, and 2 4 2 4. But none of these worked. I scoured the Internet,
looking for clues. What things come in 24? I already know that there are 24 hours in a day. I looked into the history of timekeeping and traced the hours back to the Egyptians. Apparently, it’s all about our fingers. Not the fact that we have 10 of them, but rather, if you count with your thumbs, you have 12 finger bones on each hand, separated by joints. Voila, 24 bones, 12 on each hand, 24 hours. I tried 1 2 1 2 with no luck.

I read that in math, 24 is equal to four factorial, which means that there are 24 ways to order four objects. For example, if you have objects 1, 2, 3, and 4, you can order them 1 2 3 4, or you can order them 4 3 2 1. And those are just two of the 24 ways. I tried all 24 combinations and absolutely none of them did anything.

I learned that 24 is the atomic number of chromium. Chromium’s atomic weight is 51.996, so I tried both 5 1 9 9 as well as rounding it to 5 2 0 0. Still nothing. I also learned that gold is measured in 24 carats. Sticking with chemistry, I tried all the combinations with the atomic number of gold, 79, as well as the atomic weight of gold, 196.96. Still nothing.

I spent the better course of a year trying to figure out the secret of 24. I asked everyone I could think of for ideas. I even tried 1 8 7 2, which is the approximate calorie count of two dozen hard-boiled eggs. That was not the correct code.

There were days when it was tempting to just try every possible combination. But I refrained from doing that. Simply opening the clock was not the goal. The goal was to understand. Understand the clock. Understand the secret of 24. Understand my grandpa.

Every day I stood in front of the clock, hoping for inspiration to strike. What secrets from my grandpa were hidden within this clock, and what was the secret of 24 that is the future? I must have been in a daze, because I suddenly registered
my little sister screaming in my ear.

“What?” I asked, startled.

She took a deep breath and said, “I have a question for
you!” She smiled at me, showing off her cute smile with several
missing baby teeth.

“Sure,” I said with a laugh.

“Are there any sentences that start with ‘I is’?”

I thought for a second. Then I frowned and responded,
“No, they should always start with ‘I am.’”

She then blurted out, “What about ‘I is the ninth letter of
the alphabet?’” and ran away laughing her little head off.

I couldn’t help but laugh myself. That was a grammatically
correct sentence after all. I is the ninth letter of the alphabet.
Suddenly I had a thought. What is the 24th letter of the alphabet?

There are a total 26 letters, so I went backwards. Z Y X. X
is the 24th letter of the alphabet. X? Could X mark the spot
somehow? But how could I input X when I needed a 4-number
combination? I had already tried all the combinations with 24. I
tried them all again. They still did not work.

I went on the Internet to learn more about the letter X. X
is ten in Roman numerals. I tried all the combinations with ten.
Still nothing. I continued reading. There was nothing.

I let out a sigh of exacerbation. Then I did a search on the
alphabet itself. Something interesting caught my eye. The Old
English alphabet actually only had 24 letters. I checked what the
24th letter was. It was Y. Interesting. So Y, the current 25th
letter of the alphabet, used to be the 24th, and now X is new 24th. I
tried all the combinations of 25 as well as 2 4 2 5 and 2 5 2 4
without luck. Then I thought back to the engraving.

“The secret of 24 is the future.” Did this mean that I
needed to look into the future? The past 24th letter was Y and the
present 24th letter is X. What would the future 24th letter be?
X and Y are in a sequence. WXYZ. But if I go backwards, it is ZYXW. If Y was the past and X is the present, could the next letter in the sequence, W, be the future? W is the 23rd letter of the alphabet. I tried all the combinations with 23. No luck there.

But wait a minute. W. Double-U? Could it mean U U? U is the 21st letter of the alphabet. So what if… My hands shook as I dialed in the numbers. 2 1 2 1.

There was a soft click, barely audible.

The side of the clock could now be opened.
Standards

The professor extolled Flaubert as a perfectionist writer who often spent a week working on one sentence. She gave us the assignment for next Tuesday: write an essay discussing a major theme in Madame Bovary. Flaubert was an accomplished writer; we, in a beginning literature course, had five days to write 1500 words. Something didn’t seem right. I dropped the course.

Induction

Maria was her name but we've always called her Ria. When she was about 4 years old she had several days of frequent loose watery stools. We told her that was called diarrhea. She recovered uneventfully. About a month later she came home and said one of her friends in class had diarah. We didn't know what that was. Talking with Ria we realized her friend's name was Sarah and that explained it. When Ria had loose stools she had diaria; when Sarah had loose stools she had diarah.
Haiku

Dr. Jessica Kaczmarek

Knowing, not saying –
I am Mona Lisa’s smile.
And I smile because
Crawling Lesson
*Dr. Stephen Lee Hines*
The Journey

Dr. Ron Bronitsky

Oh, my life’s long journey has ended.
I’m bound for a glorious place.
Where my lord and savior is waiting,
With a smile upon his face.

As I draw near and see him,
There are others by his side.
Tis those who came before me,
Now with them shall I abide.

Remember my life with kindness.
Hold these memories fast.
Know, too, that I shall miss
This wondrous life now passed.

To friends and family left behind,
Find strength within your soul.
We are eternally bound together,
By the love which makes us whole.
About the Authors & Artists
**Dr. Lealani Mae (Leah) Acosta** is an Assistant Professor of Neurology and a board-certified neurologist specializing in neurodegenerative memory disorders. She studied psychology at George Washington University, graduating *summa cum laude*. She completed graduate studies in psychology, philosophy, and physiology at Oxford University in Oxford, UK. On returning to the United States, she finished both her medical education and residency training in Neurology at the University of Virginia in Charlottesville, VA. She completed fellowship in Cognitive and Behavioral Neurology at the University of Florida in Gainesville, FL, under the mentorship of Dr. Kenneth Heilman, focusing on creativity. Her interest in this topic stems in part from her own hobbies of poetry, drawing, and calligraphy. Her range of publications reflects these varied interests, including peer-reviewed research articles and poetry. Dr. Acosta joined the Vanderbilt University School of Medicine faculty in 2013, where she does clinical research, teaches, and sees patients with neurodegenerative dementing disorders.

**Dr. Ron Bronitsky**: After being raised in Albuquerque and completing my undergraduate degree at University of New Mexico I arrived at Vanderbilt medical school in 1973. 7 years later I left with my MD degree and residency in Internal Medicine. I spent 2 years in Shiprock NM as chief of medicine for the Indian Health System. From there I completed critical care/pulmonary fellowship at Oklahoma Health Science Center. Since 1984 I have been back in Albuquerque practicing Pulmonary and Critical medicine. Along the way I have performed in musical theater, played bassoon, swam the La Jolla open water swim, and have developed a knack for making championship pies.
Dr. Tom Campbell: I am a “doubledore” with a BS in 1964 and a MD in 1968. I did 2 years of internal medicine residency at the University of Fla. I then spent 3 years in the airforce as partially trained internist in England. A preferable alternative to Viet Nam. I completed a psychiatry residency at Yale, then returned to Vanderbit to do consult liason work. My deepening interest in psychodynamics as the deepest window into the human condition lead me to complete psychoanalytic training at the St. Louis Psychoanalytic Institute, where I was eventually appointed as a training analyst. I have been in full time private practice in Nashville since 1981, teaching and supervising psychiatry residents as well. Recently I have been involved in teaching psychotherapy via Skype to a number of advanced Chinese students. My Wife, Barbara Moss is an attorney and also a “doubledore”. We enjoy traveling, our grandchildren and enjoying as much as we still can. I am a dedicated flyfisherman and Titans fan.

Bridget Collins is a fourth-year MSTP student at Vanderbilt University. She received her BA in Biochemistry from Columbia University and is currently working towards a graduate degree in Neuroscience. Writing has always been her muse, and she hopes to continue sharing in and learning from the Vanderbilt Literature and Arts in Medicine community.

Rebekka (Bekka) DePew is a third-year student who enjoys biking, music, and everything about springtime. She is interested in primary care. She grew up in Tampa, Florida and has loved her first year in Nashville.

Dr. Quentin Eichbaum is a Professor of Pathology, Microbiology and Immunology as well as Professor of Medical Education and Administration at Vanderbilt University School of Medical where he also teaches in the medical humanities.
(College Colloquium) course. He was born and raised in Africa where he is still extensively involved in global medical education as well as pathology education and training. He is widely traveled and draws inspiration for his paintings from landscapes across the globe. He has done watercolors all his life since childhood and has studied with many internationally-known watercolorists including Frank Webb, Don Andrews, Bill Bissell, Charles Reid and Sterling Edwards.

**Gregory Fricker** is a fourth-year medical student at Vanderbilt University School of Medicine. He majored in Biology and minored in Environmental Studies at Emory University. He serves as the current section editor for art and photography for Tabula Rasa and Post Call. His love of photography started as a child and blossomed in college and medical school. He can frequently be found in nearby national parks, local football stadiums, and at impromptu portrait studios. He shoots both digital and film photography and maintains a digital and analog darkroom. He treasures the ability to create something beautiful to take 1s and 0s and grains of silver halide and make a treasured memory and piece of art.

**Dr. Samantha Gridley Haley** is a Pediatrics resident at Seattle Children’s Hospital and recent VUSM graduate. She is indebted to Dr. Daniel Birchmore for his boundless encouragement in writing and all facets of life, and thankful to all those who enabled the Literature, Arts, and Medicine organization to thrive during her time as a Vanderbilt medical student. She remains an avid supporter of communal writing and storytelling and is thankful to have found a community of fellow pediatrician writers and literature lovers up in Seattle.

**Dr. Rajnish Gupta** did his undergraduate training at Vanderbilt University and studied in Anthropology. He stayed at
Vanderbilt for Medical School before going to the University of Michigan for his residency in Anesthesiology. He returned to Vanderbilt in 2006 and joined the faculty in the Department of Anesthesiology. Shortly afterwards, he became the Director of the Acute Pain Service where he has overseen the growth of the service from a fledgling group to a world-class Clinical and training program in Regional Anesthesia and Acute Pain. Dr. Gupta’s interests lie in regional anesthesia and acute pain management, education for medical students, residents, and fellow physicians. His research interests lie in improving the technique and art of Regional Anesthesia and in reductions of inpatient complications from increased opioid use. His personal hobbies include travel and photography.

**Dr. Stephen Lee Hines** refers to himself as a “full Vanderbilt product” since he attended Medical School and completed his Internal Medicine Residency training at Vanderbilt as well. After 21 years of private practice in Nashville, he transitioned in 2004 to his current role as core faculty member in a community-based Internal Medicine Residency Program at Methodist Dallas Medical Center. In 2012, he added Board Certification in Hospice and Palliative Medicine and now also serves as an interdisciplinary team physician for home-based hospice patients. He writes on topics relevant to self-care and palliative medicine, he maintains a blog. He is a proud parent of two grown children and a proud grandparent of three exceptional grandchildren. He lives and works in Dallas, TX.

**Dr. Richard M. Hutson (Dick)** is a VMS graduate, Class of 1966. He was born in Western Kentucky, and attended Murray State University in his home town as a pre-med student. After a Rotating Internship and Family Practice Residency he practiced Family Medicine in Paducah, KY, retiring in 2000. He and wife
Jane, a classical pianist, moved to Fort Collins, CO in 2004 where they are enjoying and exploring the Rocky Mountain West. Dick’s other interests include Fly Fishing, Hiking, Photography, Watercolor Painting, Archaeology, and a wide array of good Literature and Music.

Outside the whirlpool of medical school, Vishesh Jain enjoys cooking, reading, digital art, and photography. Nature is a common presence in his creative work, inspired by an enduring love of life and biology, as well as his gardening fiancée. He also favors geometric patterns, from rotation and spirals to symmetry and fractals.

Dr. Jessica Kaczmarek is a PGY1 Internal Medicine resident at Baylor College of Medicine. In her spare time, Jessica is beginning her creative and nonfiction writing portfolio, and besides that, she enjoys art museums and group exercise classes.

Dr. Joseph Little, III graduated from Vanderbilt Medical School in 1977 and then completed his pediatric residency at Vanderbilt Children’s Hospital in 1980. After working for the National Health Service Corps he has been in private practice. His photography and writing are informed by his patients and their families, his family and friends, and time spent reading about and observing the natural world - especially at his family property, Basin Spring.

Dr. Daniel Markwalter is an Emergency Medicine resident at UNC Health Care. His primary academic interests are clinical ethics and the medical humanities. To this end, he devoted the 2016-2017 academic year to conducting qualitative research on the experience of families in the pediatric intensive care unit and gaining exposure to clinical ethics consultation in the Vanderbilt Center for Biomedical Ethics and Society. He is pursuing residency in emergency medicine and hopes to unite this passion
with his interests in clinical ethics and palliative care throughout his career.

**Dr. Roy A. Meals** (MD from VU 1971) is a Clinical Professor of Orthopedic Surgery at UCLA. He has served as Editor in Chief of the Journal of Hand Surgery and as President of the American Society for Surgery of the Hand. Roy has a lifelong passion for teaching and particularly in making difficult concepts approachable and comprehensible. This has resulted in two books One Hundred Orthopedic Conditions Every Doctor Should Understand and The Hand Owner’s Manual, A Hand Surgeon’s Thirty-Year Collection of Important Information and Fascinating Facts. When not investigating, treating, or discussing bone, he is likely gardening, cycling, or jogging.

With day jobs assisting in advertising (radio/TV/print), church and synagogue and medical school, **Gwen Moore** loves to learn and serve, while in real life she is a singer, songwriter and author who loves to dabble in watercolors. From Malibu’s Surfrider Beach to Yale Divinity School to Jerusalem, Gwen’s journey keeps bringing her back to Nashville, Tennessee.

Originally from South Carolina, **Scott J. Pearson** studied at Clemson University, Princeton Theological Seminary, and the Medical University of South Carolina. He has composed poetry since age 16, having been inspired by the English mystic poet John Donne. Now as a day job, he writes computer programs for medical and research applications, but outside of work, labors to stay involved in the imaginative worlds of family, religion, literature, and creative writing.

**Andrew Perez** is a fourth-year medical student at Vanderbilt University School of Medicine. He majored in Neuroscience and minored in Spanish at Brigham Young University. He has always loved photography, but has never advanced further than a
smartphone for his image-capturing needs. He always tries to find the place of greatest potential in his photo-taking and loves finding the vantage point that reveals what before was hidden or unnoticed.

**Henry Quach** is a fourth-year medical student from San Diego, CA. He attended UC San Diego for his undergraduate degree in Biology, where he also took a fiction writing class that inspired him to create and share stories. He enjoys being a leader of the Literature, Arts, and Medicine student organization as he truly believes that medicine and humanities can only support and strengthen each other.

**preston m stein:** Despite many years of postgraduate training I never felt I knew enough. However, I always tried to treat my patients and their families with respect and to the best of my abilities. Whatever I have accomplished would not have been possible without the concern and help of others.

**Dr. Cosby Stone, Jr. MD, MPH** (post-doctoral fellow in Allergy/Immunology at VUMC) grew up in rural Crossville, Tennessee and went to college at Vanderbilt University where he enjoyed studying languages, literature, mathematics, and science. He completed medical school at the University of Alabama in Birmingham, where he did additional training in public health. He served as an NIH Fogarty Scholar from 2008-2009, living abroad in Tanzania and doing research in nutrition, HIV, and health education. Afterwards he did residency/chief residency at Yale-New Haven Hospital in the combined internal medicine and pediatrics residency program. His poetry has been seen before in published collections, medical arts journals, medical newsletters, annual poetry collections, and performed in front of live audiences.
**About Us**

**Julie Sumner** is a poet who has worked as a critical care nurse, liver transplant coordinator, and massage therapist. She has been writing poetry for over ten years. Her work has appeared in The Cresset, Juxtaprose, San Pedro River Review, Catalpa Magazine, The Behemoth and Catapult. Her poems were chosen for Best Overall Submission at the Indiana Faith and Writing Conference in 2015. She is currently pursuing her MFA in Poetry at Seattle Pacific University. Her chapbook, Flight Path, is available at East Side Story and Parnassus Books in Nashville.

**Dr. David Thombs** is an Emeritus Clinical Professor of Pediatrics and retired pediatrician from Old Harding Pediatrics in Nashville. He is a graduate of Vanderbilt Medical School and trained at Vanderbilt and Cincinnati Children’s. In retirement, Dr. Thombs has studied art under Charles Brindley.

**Rochelle Wong** is a fourth-year medical student at Vanderbilt University School of Medicine. She graduated from the University of California, Los Angeles (UCLA) where she majored in Biochemistry and minored in Theater. She has always loved art in all its forms - music, photography, dance, painting, etc. - but has never had any formal training. She likes to dabble in all sorts of basic art, which usually consists of doodles around the edges of pages or photos snapped through a smartphone filter. But, she always feels inspired to try something more and likes to push the limit of what art she can discover.

**Dr. Chi Zhang** was a former medical student at Vanderbilt and graduated in 2016. He is currently a resident in internal medicine at Vanderbilt. In his spare time, Chi enjoys running, eating, and writing haikus.