CREATIVE WRITING ANTHOLOGY

THE UNIVERSITY OF IOWA
ROY J. AND LUCILLE A. CARVER
COLLEGE OF MEDICINE

Creative Writing Anthology
SUMMER 2020
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FOREWORD

Physicians and scientists are included amongst a number of famous poets and short story writers. Poets such as John Keats and William Carlos Williams come to mind who as medical students wrote some of their first poems. Writers such as Somerset Maugham, Arthur Conan Doyle, and Abraham Verghese garnered much of their material for stories from their patient care experiences which provided a deep intuitive understanding of the human condition. Physicians and other healthcare providers are often known for their technical and diagnostic skills, but their talents often extend beyond the field of medicine.

This anthology is comprised of poems and fictional short stories composed by a diverse group of current Carver College of Medicine faculty, residents and fellows. The works cover a variety of topics and are not necessarily medically related, but all touch the human spirit in some way. Readers are invited to enjoy the following selections and appreciate the diverse and insightful perspectives of the colleges’ creative minds.

These poems and stories were selected from a larger group of submissions through a double-blind peer review process by non-conflicted faculty at the College.

*Brooks Jackson, MD, MBA*

*Vice President for Medical Affairs*

*Tyrone D. Artz Dean, Carver College of Medicine*
WINNER IN FICTION

The Plaited Snake  Carol Scott-Conner, MD, PhD, Professor Emeritus, Surgery

WINNERS IN POETRY

The Harkening  Ron Abrons, MD, Associate Professor, Anesthesiology
Body of Text  Brittany Bettendorf, MD, Clinical Assistant Professor, Internal Medicine
Small  Scott Lindgren, PhD, Professor Emeritus, Pediatrics

SELECTED CONTRIBUTORS

Oh Sweet Slumber!  Deepak Agarwal, MD, Resident Physician, PGY3, Anesthesiology
How Would I Disconnect  Mohammad Ansari, MD, Chief Resident Physician, Internal Medicine
Solidarity  Sarah Averill, MD, Assistant Professor, Radiology
The Coding Specialist  Bruce Brown, MD, Emeritus Physician, Radiology
The Rare Man  James Brown, MD, Anderson-Hebbeln Professor, Urology
The Girl in the Rocking Bed  Lud Gutmann, MD, Clinical Professor, Neurology
Ocean Tides  Christina Harview, MD, Resident Physician, PGY2, Dermatology
The Runner  Brooks Jackson, MD, MBA, Professor, Pathology
Wednesdays  Jody Jones, PhD, Clinical Associate Professor, Surgery
Iowan Winter  Hristina Koleva, MD, Clinical Associate Professor, Psychiatry
Cardiac Anesthesia Rap  Sundar Krishnan, MBBS, Clinical Associate Professor, Anesthesiology
Night Sky  Stephen Rostad, MD, Resident Physician, PGY3, Neurology
When You Left  Stacey Pawlak, PhD, Clinical Assistant Professor, Psychiatry
Immigrant Love Song  Sangini Punia, MBBS, Associate Professor, Anesthesiology
Epic Downtime  Katey Molinarolo, MD, Resident Physician, PGY2, Radiology
Vesselin Tenev, MD, PhD, Clinical Assistant Professor, Psychiatry
THE PLAITED SNAKE

One evening long ago, I was covering General Surgery when the ER physician called me to come see a snakebite victim.

“Doc, we’ve got a 33-year-old male here. Got bit by a snake. Two puncture wounds consistent with fangs on the dorsum of his hand. Hand’s pretty swollen. Says it happened about two hours ago. We’ve got the snake, too, in case you want to see it. Snake’s still alive, by the way. Case you want to see it intact,” he repeated for emphasis.

“Great,” I said, “On my way.” Fresh out of an inner-city surgery residency, I was in my first academic job in a small city in the heart of West Virginia. All I knew about snakebites was what I’d learned in Girl Scouts. Cut across the fang marks with a razor blade and suck out the venom.

I was still young enough to be scared when I sped toward an emergency. I remembered my first page to the Trauma Bay as a surgical intern. The pride of running full speed through the hospital corridors was balanced by the fear that I would run too fast and get there before the rest of the team did. Here I had two reasons to be afraid – first, I didn’t know exactly what to do for the patient, and second - this encounter would involve a live snake.

I pulled my surgery textbook off the shelf. The snakebite section was limited to a single paragraph thoroughly debunking the crisscross suck and spit method I’d learned in Girl Scouts. There was a brief mention of antivenin. You had to know what kind of snake it was in order to prescribe the right type. You gave it by the vial and tried to use as few vials as possible because it was expensive, and because there were a lot of allergic reactions to the shots.

I pulled a small paperback off another shelf - my childhood copy of The Little Golden Book of Reptiles - and slipped it into my coat pocket. At least I’d be able to identify the snake.

In the ER, things were already getting busy. I found my patient in one of the side rooms. The ER doc had started an IV, given antibiotics, and put a loose dressing on the hand. The patient sat stoically astride a chair. He looked at me with resignation. A coarse canvas seed sack writhed apathetically at the foot of the chair.

I introduced myself and got right down to business. “How’d you get bit?”

“Picking berries by the side of the road,” he said. “Didn’t see the snake. Put my belt on my arm to keep the venom from getting to my heart. Snake had a plaited pattern on its back. One of those plaited snakes. I got it in the sack there for you.”
“Let’s keep it there for now,” I said, as I gently examined his hand. The hand was already badly swollen. The fang marks were surrounded by a pale blue-gray discoloration spreading out for an inch or so - early tissue death. The punctures oozed sickly dark blood. He’d been envenomated, for sure.

I seemed to remember that there were both rattlesnakes and copperheads in West Virginia. Rattlesnake bites were worse, I vaguely recalled. I definitely needed a refresher course in reptiles.

Okay, what do we know here? The patient was on an EKG monitor, and his heart was beating slow and steady. His blood pressure was stable. He wasn’t complaining of excessive pain, and he seemed neurologically okay. All this was good, especially since it was going on three hours since the bite. But he might need antivenin to limit the tissue destruction in his hand. It was his right hand, his dominant hand, and he worked as a telephone lineman.

Someone had removed the belt-tourniquet and it didn’t seem like the venom was affecting the rest of his body. I completed my examination. There was just one thing left to do, and I had postponed it as long as possible.

“Don’t you want to see the snake, doc?”

Not really, since you’re kind enough to give me the option to decline...

“Yes, let’s look at the snake. By all means. What kind of a snake do you think it is?”

“One of those plaited snakes we have around here. Lots of folks get bit.”

Great. That’s something to look forward to.

He gently pushed the bag towards me. I noticed that he used the tip of his dusty work boots, instead of his hands, to manipulate it.

I put on a pair of rubber gloves, just to stall. Then, trying to appear confident and professional, I untied the cord holding the sack shut. The snake moved heavily somewhere in the dark depths.

I lost my nerve and dropped the neck of the sack. The snake, no doubt seeing its chance, slithered so fast out of that sack that it was all I could do not to run out the door. I did step back a couple of paces. Good Lord, that snake could move, even on a smooth linoleum floor.

The examining room door was open and the snake, casting around looking for a dark corner, turned toward the door and hesitated. I was closer to the door than the snake was, so with two quick steps I shut the door. Now it was just me, the patient, and the snake - a kind of worst-case scenario. The patient simply lifted his legs and balanced on the chair with his boots about six inches off the ground.
I jumped up on the gurney. The snake headed for a far corner and came to rest in a coil at the apex of a triangle that included me and the patient as the other corners.

“I’m going to go get us some help,” I announced. “You stay where you are, and don’t go near that snake.”

“No danger of that, doc. Snake and I already had one argument, and I lost.” The man almost looked amused. I made a dash for the door, watching the snake the whole time. It simply lay there in coils. It was a tawny brown and mottled. “Plaited,” a word I’d only heard applied to women’s braided hairstyles in the past, was a good description of the patterned back. In another context, it would have been beautiful. I could see how well camouflaged it would be.

It was also a pretty good size. Maybe three feet long and as thick as a toddler’s wrist. I closed the door behind me, leaving the patient and the snake alone together, and took a deep breath.

At the nurses’ station, the ER doc and some paramedics were drinking Mountain Dew and exchanging tall tales of fabulous saves, improbable rescues, and heroic encounters with vicious dogs. I cleared my throat.

“Hi doc, how’s the snakebite patient?”

“He looks like he got a pretty good dose of venom to his hand, but he’s stable. Thanks for starting the IV and the antibiotics…” I hesitated. I really didn’t want to have to tell these guys that the snake was loose.

“How’s the snake, doc?” one of the paramedics asked. They all snickered. I realized I’d been set up. New surgeon in town, a woman, fresh out of some fancy medical school in New York City, they’d been just waiting for me to shriek or call for help or go running. Although I had done none of these things, the outcome was a little suboptimal, as we used to say on rounds. I wished I could confidently tell them that I’d killed the snake, what kind of snake it was, and oh by the way we need 6 vials of copperhead antivenin. But, of course, the snake was alive, I didn’t know what kind it was, or even how many vials or what kind of antivenin was indicated.

“The snake is resting comfortably in a corner of the room. Patient’s got work boots on, feet off the floor, he’s okay, but the snake got away from me. I was trying to get a look at it,” I muttered. “Oh, yeah, the door’s closed to the exam room, I don’t think it’s going anywhere. But I could sure use some help.”

Two of the paramedics stood up, stretched to their full height, and set down their soda cans.
“Where’s the snake stick, Ethel?” one asked the head nurse. Ethel was a nurse somewhere in her late 50’s who had anchored the evening shift of the ER as long as anyone could remember.

“In the work room, where you left it the last time.” Was it my imagination, or did I see a hint of sympathy in her eyes when she looked at me? I stood up taller and straighter. I would have volunteered to go get the snake stick, except that I had no idea what it looked like.

The paramedic went into the side room where the doctors did their charting and came out with something that looked kind of like an asthenic golf club. Its thin metal shaft was about as long as a golf club, but the “club” end was really just a right-angle bend in the shaft creating an L-shape, sort of like a golf putter but without the extra mass at the end. I couldn’t see how that was going to help.

The other paramedic grabbed a metal trash can and emptied its contents into a bigger trash bin.

“Lead the way, doc.”

“After you. It’s room #5,” I said. They headed down the hall, one armed with the snake stick, the other with the trash can, and hesitated outside the door to the exam room.

“Where’d you leave this snake, doc? Is it near the door?”

“The far corner, under the desk.” The paramedic with the snake stick opened the door a crack and peered in. I stood behind the second paramedic and peered over his left shoulder. The patient stared back at us.

“Hi, Jake,” said the patient.

“You two know each other?” I said, absurdly, as if making introductions at a cocktail party.

“He’s my cousin. Where’s the snake?”

“Right over there.” My patient had both feet solidly planted on the floor again, but he was watching the snake closely. The snake was still coiled in the far corner. It could have been sleeping, except that it was holding its head up a couple of inches and both eyes were wide open. The paramedic opened the door and we three went in. I closed the door behind us. The room was getting a bit crowded.

Jake took the snake stick and gently insinuated it under one of the coils of the snake, lifted up. I could see that he had the snake solidly “hooked,” draped evenly, suspended by its midsection, over the shaft of the snake stick. I had to admire his dexterity. Meanwhile, his fellow paramedic had put the trash can on
the floor within easy reach, and Jake simply swung the shaft of the stick over the can and then dropped the snake in. Was it my imagination, or did he do it with a bit of a flourish? The snake made an abortive, and unsuccessful, attempt to climb out of the trash can, and then settled down into a coil in the bottom.

“Uh, what kind of a snake is it?” I asked, realizing that I was in the presence of superior knowledge.

“A plaited snake,” said the paramedic with the snake stick. “What some people call a copperhead. Common around here. Like to hide out in the berry patches, get little mice and so on... Listen, doc, next time, don’t look at a live snake. They bring in a live snake, get one of us. A lot easier that way.” He put a folded newspaper on top of the trash can, to further encourage the snake to settle down.

“We’ll take care of the snake, doc, you just take care of the patient,” said his partner as they headed out the exam room door, taking the covered trash can with them.

Copperhead. Well, at least now I knew what we were dealing with.

I turned my attention back to my patient. I was pretty sure he would need antivenin, to limit any potential tissue loss in his right hand. The web space between the thumb and index finger is such an important place – just think about how many times you use that opposable thumb during your daily life. The question was how to order it, and how much to give.

“You’re going to need antivenin, and we need to admit you to hospital overnight to keep an eye on things.”

Five minutes later I was out at the nurses’ station, writing his admission orders. Ethel came and stood next to me, looking over my shoulder. “Uh, Ethel, he needs antivenin.”

“Yes, doctor. How much do you want to give him?” Great question. I wish I knew.

“Well, snakes vary a lot. What do people usually start with?”

“We’d normally start him with two vials, reassess in two hours, go up to six vials if needed. You checked? He’s not allergic?”

“He’s not allergic. Yes, two vials sounds good.”

Ethel nodded. “We keep it here in the ER. I’ll give him his first dose, watch him for a reaction. He can go to the ward in an hour or so.”

I finished writing orders and a brief history and physical. I did not include the details about how we got a look at the snake. Not medically relevant, I decided.
The whole episode was summarized in a terse sentence, ‘Visual inspection of the live snake confirmed that it was a large copperhead.’ I had ducked into the lady’s room and snuck a peek at my “Little Golden Book of Reptiles.” Copperheads were listed as 30-50 inches in length, so I thought our snake (which was growing larger in my imagination) qualified as a “large” copperhead.

As I finished writing, I realized that I was alone at the nurse’s station. A rare moment of silence filled this normally bustling space. It was then that I heard a vaguely metallic slithering sound from the vicinity of my right leg. There, tucked neatly under the desk and almost hidden in the shadows, was an old white metal spring-top can with holes drilled in the side and “Ethel” written on it. It was serving as a holding cell for the copperhead.

Ethel came back with two vials of antivenin in her hand.

“Uh, Ethel, the snake’s still here.”

“Course he is. I’ll take him home end of shift. My Dad keeps snakes. Milks them for venom. Nice little business. This is a good snake, from what the boys told me. Feisty. Big. Dad can always use another good snake. Where do you think this antivenin comes from, anyhow?"

Carol Scott-Conner, MD, PhD
Professor Emeritus, Surgery
THE HARKENING

A young, thin man walked across the dock and into the view of a rugged old mariner.

Straining to keep his eyes away from those of the wrinkled, muscled seaman, the younger of the two, just thirty by a handful of days, managed to find interest in the tideless waters.

The mariner looked up from his pipe and acknowledged the rail-like figure. When no response was given, the aging hulk looked closer at the muted, giraffe-like man. A line across his brow deepened.

“I know you, don’t I?”

The ill stranger pretended not to hear and continued his muted stroll.

Allowing deafness as an excuse for his quiet, the aged man asked again.

“I know you, don’t I?”

The stranger, not one to be rude, gave up and answered.

“No sir, you must be mistaken.”

The wrinkle deepened further as the mariner kissed his pipe and pondered the stranger’s down-turned visage.

“No, I am sure that we have met.”

“I am sorry sir, but as I said, you must be mistaken.”

“Have you worked for the fishermen?”

“No sir, I have not.”

“Have you moored for the weary traders?”

“No sir, I have not. I am sorry, but I must go.”

Intent on placing the hollow face onto a body of his past, the mariner continued.

“Have you mopped the decks of the Saint-Mary?”

“No sir, I have not. I must go now, it is getting late.”

“Have you run packages for the dock-master?”

“No sir, I have not. I must go now, I am late for bed and father will worry.”

The thin line vanished and the mariner slowly raised his head. His aging mind had removed the blackness and caught a spark of memory.

“You were friends with my son, weren’t you?”

“No sir, I am sorry. It is getting late and I must go.”

“Yes, I remember you. Your name is Joseph.”
“Yes sir, my name is Joseph. I am afraid, though, that I have never known your son.”

“Yes,” the old man grinned, “you would play in the earth outside our home. You and my son would crawl about the ground. My wife would often wash you.”

“I am sorry sir, I never knew your son. I must get to bed, father will worry.”

Ignoring the sick, worn man, the mariner continued.

“Yes. Yes, it was you! You were very young then, as was my son, raise your head lad, for your eyes I shall never forget.”

The skeleton slowly raised its head, revealing a pair of intensely blue eyes, still fixed upon the ground. Never before had such orbs seen the earth and never before had the earth seen such cold, fiery vessels. Used and broken, the man’s frail form stood unworthy. The mariner continued.

“Yes, yes I do remember! The years have been long and my memory has been weak, but I swear it to be you!”

The bony man stood as a statue, his eyes the only sign that life had once filled the tired frame. The mariner resumed excitedly.

“Yes. It has been many years though, for when my son left me so, of course, did you.”

“I am sorry sir, but I must get to bed.”

“That day I shall never forget. Though time shall surely rot my memory, the day he left shall haunt me forever.”

“I must get to bed.”

“He was ill, my son was, and he had taken a fever that burned his mother’s lips.”

“Father will worry.”

“He rose from his bed, as a torn, ashen sail from a ghostship’s deck. He said he was going. His mother cried for we could not stop him. The doctor had seen such illness and warned us to no longer near the boy. I think that is why he left, denied his parents’ touch. His mind was now ill and he could not take such punishment. He stepped out of his house of birth and looked back, as a crippled mariner to the sea. ‘I shall go,’ he said ‘...and I shall return when I am well.’ The flow of his mother’s tears turned the cracking ground to mud. I did not cry, for my wife needed me to be strong, but my eyes did water and my heart did tear. I could not stop him, for without my health, his mother would surely die as well. With all the words that I could utter to my parting son, I chose the same which I had said to him each afternoon, for years, as he went outdoors to play.”

The ill man shifted. “What were those words?”

The old man answered. “Be home for bed or your father will worry.”
The two men stood in silence. The blue eyes seemed to search the water for sense in the story. Then, for the first time, they slowly rose and met the mariners own, rich blue eyes. His mind awash from years of travel, the stranger softly replied.

“It is a good story, kind sir, but it is getting late and I am afraid I must go.”

“Yes. You must. Shall I see you again tomorrow?”

Ron Abrons, MD
Associate Professor, Anesthesiology
The spinal canal, 
cerebral aqueduct, 
gray sprinkles embedded in white chocolate 
white matter, white matters.

Ice cream cones of topographic disinformation, 
that perverse compass, no way to know which way
is North, or how to read it, how to eat it
so it doesn’t melt, runny, its choroid plexus

generating more cerebral spinal mess than
its cavity cone can hold. Ventricles trickle,
saturated, as though typing and suddenly forgetting the location of the keys
or the key with its square around the symbols
that tell you what they mean to type
your blood or which square
would produce which character.

Because they could not produce words,
or seem to combine the letters in any sensical combination,
it’s nonsensible that this drowning girl’s hair spreads out like rays across the surface
of the water because
later, when she is laid out, it falls tangled across her shoulders.
Deep black rivers scratching the white sand, it is as if they mean to
draw blood.

She must have been doing something all the time because the minutes on her clock
mark the longitude and latitude of her over-life and she cannot have no direction,
but she does nothing now. Her bookbox, covering an entity, is pallborn, a vehicle
for some other thought.
You will find something important of yours –
here’s a tissue of the cortex, on which to run your nose – in this means of storing,
maybe the image.

_Brittany Bettendorf, MD_

_Clinical Assistant Professor, Internal Medicine_
SMALL

I brushed against your shirt today, the one with the small grey stripes, hanging on a peg by the door.

It was so small and so delicately rumpled, with the folds of the sleeve falling gently at just the right angles.

And I pictured you wrapped in the shirt and smiling at me, and I remembered how my hand fits perfectly in the small of your back.

*Scott Lindgren, PhD*

*Professor Emeritus, Pediatrics*
OH SWEET SLUMBER!

Awakened by the blaring horn
Eyes wide shut, the lights are green
Thank God the car, was not in drive
Thank God I did not trust myself
Thank God for being taught to have a safe system
Thank God my baby wasn’t in the car
Thank God such a thing hasn’t happened at work... till now
For I would rather it be me than those I serve, or love.

Deepak Agarwal, MD
Resident Physician, PGY3, Anesthesiology
HOW WOULD I DISCONNECT?

Is it a heavy chest, buried under layers, split from the cold winter air?
Is it musty drafts of pines and perspiring logs, carried by the wind?

Is it a tensed hand, grasping a pen, shattering silent pages with explosions of jagged thoughts?
Is it a wooden table surrounded, by soft humming voices and the comforting embrace of a book?

Is it aching legs, whipped into balance and persistence, yearning for rest?
Is it a summit with bright blue hues, distant plains and rolling hills?

Mohammad Ansari, MD
Chief Resident Physician, Internal Medicine
SOLIDARITY

If you come to Iowa now
you will find me grim
in solidarity with an army of
disappointed daffodils
and yellow-throated crocuses.
Our one-voice scratches hard
on icy sod.
Together we swallow
old-leather hard
on the false promise
of tender spring beds.
We sing standing,
still standing,
after all these years.
One round voice takes us
all through the night.
Every-thing’s gonna
be al-right, every-thing’s
gonna be al-right.
Out from under
dust covers we chant
morning is
breaking, like the first
morning.
We save
here comes the sun
little darling, here comes the sun
for last.
We circle our songs,
divide fat quarters,
golden tongues wagging on,
declaring enough is enough.
Long last, sun wing-lights the eastern sky.
Yellow parachutes melt with laughter,
our hearts wide-open windows.

Sarah Averill, MD
Assistant Professor, Radiology
THE CODING SPECIALIST

Dr. Stewart Lessly spoke in a calm voice as he stood with the other members of the medical team in a semicircle around the foot of Mrs. Mynah Waverly’s bed. “Mrs. Waverly, this is Mr. Pimberton, our hospital administrator, and Mr. Bissel our disease coding specialist.”

Mrs. Waverly had been admitted to Bixler Memorial Hospital early that morning complaining of vomiting and pain in her abdomen. Propped on two pillows, she seemed at present in no discomfort as she faced the entourage, an IV bottle hung on a pole to one side dripping a clear fluid into a tube in one arm. Soft wrinkles framed her green eyes that sparkled when she smiled. A slight involuntary bob to her head.

“Very nice to meet you,” she said with a wobble in her voice.

She motioned to a chair behind the group where a tall, thin man sat. He had a long horse-faced and wore Oshgosh bib overalls. A wide-brim, Harry-Truman hat was perched on the apex of one knee.

“This is my son, Archie,” said Mrs. Waverly.

All turned part way toward Archie, then back to Mynah.

“Let’s begin, shall we?” said the hospital administrator.

“Certainly, Mr. Pimberton,” said Dr. Lessley.

Mr. Bissel, took off his coat, stepped briefly into the hall and returned rolling a many-wheeled, waist-high stand topped with a keyboard shaped like the carapace of a horseshoe crab with ten or twelve typewriter keys poking through its back. Above this was an angled, flat screen; on a shelf below the keyboard, an output tray.

Mr. Pimberton clasped his hands in front of a portly bulge in the vest of his pinstripe suit, his eyes fixed on Mrs. Waverly. He spoke in an expansive voice as if dedicating a large bridge or highway.

“Mr. Bissel is here to record our conversation for quality assurance. He is also our disease coding specialist.” A proud smile arched across Pimberton’s egg-shaped face, forming a line mirroring the curve of his bald head “With our computer system, all known diseases and operations have been given special coded numbers. These codes are sent instantly to our billing offices in Ukraine.

Mrs. Waverly nodded indicating she was still awake.
“Fine,” said Mr. Pimberton. Bissel stood at the machine, his fingers poised above the keys, looking to begin at Pimberton’s direction.

“Dr. Lessly?” Pimberton commanded, waggling one hand at Lessly, drawing him forward as if beckoning a group of child performers into the room.

Dr. Lessly stepped up and began. “Mrs. Waverly, I know we went over most of these questions last night, but we need to have you answer again for our records. Do you understand?”

“Yes.”

“Why did you come to see us?”

Bissel’s machine clicked away in the background—a munching sound, like several old people with ill-fitting false teeth chewing bread.

“Doctor, I had pain in my stomach. I was vomiting and couldn’t eat or drink.”

Pimberton lowered his voice and spoke to Bissel. “Is there a code for pain in the stomach, Bissel?”

The munching stopped. Bissel looked up. “Not in our database, sir.” He loosened his collar.

Mr. Pimberton turned to Dr. Lessly. “What else could be wrong, Lessly? Perhaps she has something else. Something we could code.”

“She came in with abdominal pain. Her abdomen was tender, and her white blood cell count was quite elevated. She seemed dehydrated. In any case, abdominal pain is tough to sort out in older folks, so I wanted to observe her on the ward. I thought it could be the flu. But, as they suspected at the other hospital, there was the possibility it could be appendicitis.

“Appendicitis. Appendicitis,” Mumbled Bissel as his fingers peddled across the keys. A strand of hair fell across his face. There was a whirring noise. A paper shot into the output tray. He ran his finger down a column of numbers, brushed the hair aside, then smiled.

“610.9,” he said.

“You’ve found it?” said Pimberton, his eyebrows arched.

“610.9,” said Bissel, stabbing the paper with his finger. “Appendicitis,” he beamed. Pimberton’s eyebrows flattened to default. He rocked back slightly, hooking one thumb in his belt.

“Excellent. Excellent.”
Mrs. Waverly smiled.

“And now the treatment code, Bissel,” said Pimberton.

“Appendectomy, 701.5, sir. $5,243.78.”

Pimberton’s smile broadened to show his teeth. He tipped forward and whispered in Dr. Lessly’s ear.

“My, she came through the operation nicely, Lessly. She looks perfectly well. She won’t need that bed for long.”

“There was no operation,” Dr. Lessly said firmly.

Pimberton stood up straight, his eyes wide. “No operation?”

“I wasn’t convinced it was appendicitis.”

Pimberton leaned down and turned his face directly into Dr. Lessly’s view. He spoke in a squeaky whisper. “If she’s not sick, why is she still in my hospital?”

“The exam and the white count were worrisome. But after listening carefully to her history, I didn’t think it was appendicitis. I thought she might have the flu. But to make sure, like I said, I brought her in for hydration and observation.”

Pimberton straightened and spoke. “Did you hear that, Bissel?”

“No, sir.”

“Observation. Observation. Is there a code for observation?”

Bissel once more set upon the keyboard. More munching, a whir, a blank sheet out the bottom. “No, sir.”

Again Pimberton leaned into Dr. Lessly’s gaze. “You must have missed something, Lessly.”

Dr. Lessly frowned, but responding to Pimberton’s glare, he turned to Mr. Bissel. “May I have a look at the medical chart?”

“It’s all yours,” said Bissel standing aside.

Dr. Lessly hunched to glower at the screen and punched in his password. The machine emitted a honk, then red print on the screen: “Incorrect username or password.” Some sweat on Lessly’s brow. He tried again: “Welcome.”

As he flipped through pages of forms, he mumbled under his breath: “Medicare, Medicaid, insurance companies, privacy groups, drug companies, nurses’ union, the cafeteria workers. Everyone has a form.” He continued tapping the page button. He paused and removed his glasses which had fogged
slightly, wiped them on his tie, recentered them on his nose, took a deep breath and continued flipping pages, finally arriving at: Bixler Hospital History and Physical Examination Form B19d, followed by Be Brief! in bold font. Below this was a rectangular box occupying one-third of the page in which the history and physical exam were to be fitted. Within this, Dr. Lessly’s evaluation of Mrs. Waverly.

Dr. Lessly looked up at Pimberton, relieved. He paged further on to the morning lab results and paused, narrowing his gaze. “White count is still elevated, but her temperature is normal.”

Pimberton frowned. “So, that’s it? Here for observation?” He creased his brow and leaned forward. “Perhaps there is something about reimbursement for observation in her insurance forms,” he said. “Bissel?”

Bissel took over.

Dr. Lessly stared at the floor.

Bissel, flipping. “Hmm, she came from an outside hospital.”

More pages.

Pimberton frowned at the delay. He tapped his foot. Finally, “Did you get a CT scan, Lessly? We have that new CT scanner.” He turned to the coding specialist. “Bissel?”

“Oh yes, sir. The code for a CT scan, 71.1, sir. $856.25. Slam dunk, sir.” Pimberton turned to Dr. Lessly. “What about a CT scan?” he said, hunching to see more pages flip by.

Lessly spoke in a calm, professional tone. “I didn’t think the scan was necessary. Mrs. Waverly and I talked a long time, and when I listened carefully, the history and physical exam steered me away from appendicitis. But I thought we needed to hydrate and observe.”

Pimberton appeared lost to the moment, his eyes moving rapidly side to side scanning the screen. Finally, he straightened and looked at the doctor.

“I don’t think you understand, Lessly. There is absolutely nothing in her insurance forms about observation. No codes. Nothing.” He arched his eyebrows. “What did you say about the CT scan?”

“I didn’t think a CT scan would solve the problem. We should observe.”

“Might I ask how long it took for you to come up with the idea of observation?” he said.

“An hour or so. We talked and I examined for about an hour.”
“An hour? My goodness, Lessly, what were you talking about? What were all your other patients doing? Going to other hospitals for real diagnoses?”

Archie rose and stood by Mrs. Waverly’s bed.

“What is all the yappin’ over here?” he said in a growly voice. “At the Bixler Hospital there wasn’t all this talkin’ and wrinin’ their hands. My mother talks to the nurse for one minute and up they come with the idea of appendicitis. Didn’t need all this pokin’ on her belly. Said she should get some sort of scan where she lays in a kind of doughnut machine. Told us for sure to get one of those and yank those appendix out pronto or she’s gonna croak right there in the hallway.

“They were going to do the donut and the yankin’ at Bixler, but they found out you folks did better on people with no insurance, so we should come here for the scannin’ and cuttin’.” Archie, his hat now squarely on his head, looked at Dr. Lessly with squinty eyes. “So far, no scan, and no cuttin’.”

“Well, she seems better now,” said Dr. Lessly. He looked past Archie’s glare and spoke to Mynah. “How are you feeling, Mrs. Waverly?”

Mynah looked up trying to smile, but unsure. “Better, but still kind of queezy in the stomach.”

Mr. Pimberton whispered in Lessly’s ear. “I take Maalox at home for queezy stomach.”

“Let’s see what the physical exam shows this morning,” said Dr. Lessly drawing a curtain around Mrs. Waverly’s bed shutting out Pimberton and Bissel.

With Archie looking on, the doctor gently felt her abdomen, tapped in all the quadrants, and listened with the stethoscope. Mrs. Waverly stared at the ceiling and tried to smile.

Archie scowled.

“Not as tender today,” said Lessly. He turned to Mynah. “But your stomach is still queezy? Any more vomiting?” He gently felt above her belly button.

“No vomiting. Just queezy and my joints aching.”

“Well, I think maybe this is the flu, but just to be sure I’d like to see that you have enough fluids and are eating well before sending you home, so we’ll watch you a bit longer.” He smiled. “Let’s say first thing tomorrow if all continues to improve.”

“That would be just fine,” said Mynah.

“Not so fast,” snorted Archie. “What about all this appendicitis.”

“Well, she looks better now—still a little fragile, but improving.”
Archie moved directly in front of the doctor and snarled. “Those doctors at
the other place said she had appendicitis. Said you people were going to cut
them the hell out. I asked them. They said they never heard of appendicitis
going away. Once they got you, they don’t just go away. Any beaver on the dam
knows that.”

Dr. Lessly was silent, his neck cranked upward, his hands at his sides, listening.
Archie looked away frustrated, then turned back and began again. “And you’re
supposed to be a doctor?”

Lessly spoke calmly, directly to Archie. “Well, maybe we were all mistaken.
Maybe she doesn’t have appendicitis after all.”

Archie smirked. “So. You were just foolin’ us? We all just been wastin’ our
time? Our comin’ in here and stayin’ with you people was just a little joke?” He
leaned into Dr. Lessly’s face and scowled. “You think you can change your mind
just like that? And my mother---you’re going to throw her out on the street so
she can keel over and die of appendicitis?”

“No. No. It’s just that---”

“What’s going on in there, Lesley?” said Pimberton from outside the curtain.

“Just a little discussion.”

“Could I talk with you in private, Lessly?”

“Excuse me,” said Dr. Lessly to Archie and Mynah.

Archie scowled and followed his exit with a glare, Archie yelling after him. “I
got my eye on you, Lessly. Don’t be goin’ too far.”

Pimberton folded his arms across his chest and spoke. “Well, Lessly, does she
or doesn’t she have appendicitis?”

“I think she has the flu and is dehydrated, but fluids and more time will tell us
for sure.”

“More time? My goodness, Lessy, seems to me you’ve taken more than
enough time on this case.” He glanced at his watch. “How much time do
you need?” Again, the doctor was silent. Bissel’s machine munching in the
background.

“Lessly?” called Archie from behind the curtain.

“Yes?”

“Just checking. Remember what I said. Don’t go far away. When my mother
keels over from those busted appendix, You are mine. You understand?”
Pimberton with a worried look. “What if Archie is right? No CT scan? No operation? All of them have codes, Lessly. What if you’re wrong? What if we’re just waiting around on someone with appendicitis?”

The doctor looked at the floor and exhaled, “I suppose Archie will sue us,” he said. Finally, he looked up at Pimberton who peered down at him with a broad, relaxed smile.

“Archie will sue you---Doctor Lessly. I don’t practice medicine. Remember?”

Bruce Brown, MD
Emeritus Physician, Radiology
THE RARE MAN

Some men get to wear the hat, directing armies and industry forward. Theirs is fortune and folly too, a rich and annual reward.

Some men get to marshal the team, moving company by land and air. Theirs is love and loathing too, much more than their fair share.

Some men get to run with the ball, cutting and pushing through the pack. Theirs is strength and struggle too, true confidence they never lack.

Some men get to catch the pass, gliding and leaping past adversity. Theirs is distinction and disgrace too, a spectacle for all the world to see.

But most men must kneel upon the line, in hidden travail and torment each play. Theirs is regret and resentment too, all the livelong day.

The rare man stands within these trenches, a smile upon his sweat stained face. His is the wink, the laugh, the attaboy, that forever changes this piddling place.

James Brown, MD
Anderson-Hebbeln Professor, Urology
THE GIRL IN THE ROCKING BED

The rhythmic click-clack of the rocking bed was always there. Unstoppable, or so it seemed to Tom. It was rocking when he awoke each morning and when the last vestiges of the day slipped into sleep late at night. Its metronome-like regularity seemed to measure every passing moment, counting every second of life moving on. The sound filled the entire boarding house as if it were the heartbeat of the building.

Living with the rocking bed was the most memorable event during a summer in the 1950s at the height of the polio epidemic. Tom was an undergraduate at a nearby university where he was preparing to go to medical school. It was one year before the advent of the polio vaccine. He was working as a waiter at a beach resort hotel, earning money to help with his university tuition and expenses. It was only fifteen miles from the family farm but living at the beach provided more independence.

The rocking bed and the frail teen-aged girl dominated the boarding house living room. When Tom rented the attic bedroom, her mother asked him not to interact with her. It would just make her more short of breath and breathing was difficult enough. He nodded his head and felt himself tremble. He was afraid to even look at her; afraid he would make her worse. She wasn’t much younger and yet she was struggling to stay alive. This was an aspect of life Tom had never imagined. Every day that summer, he was glad to escape to the nearby stairway and make his way to his third floor room.

Leaving and returning was always a quick walk. Tom even avoided looking at her so as not to invade her privacy. Occasionally, he might sneak a quick glance; a stolen look. She was always the same—a thin faceless girl whose eyes were fixed on the ceiling, rocking back and forth continuously. Inhale when upright, exhale when flat. Inhale when upright, exhale when flat. This was not the era of sophisticated ventilators and effective vaccines to prevent the illness. It was the era of iron lungs and the Sister Kenny treatment of polio and, if you survived: rocking beds to endure the aftermath. Many patients would be disabled or die.

Tom’s mother was obsessed with the polio outbreak. As he was growing up, she often took him to the beach during the hot summers. It was in the midst of the epidemic during the 1940-1950s and swimming in the ocean was considered safe. Tom’s attention had been captured by the public swimming pool on the other side of Ocean Avenue. His mother decreed it off-limits. She was convinced the pools were where polio was spread. It wouldn’t be until years
later in medical school that Tom would learn that only one of every hundred people infected with the polio virus developed paralysis. Most people had only a bout of diarrhea but this was not known at the time. Still, that knowledge would not have made a difference.

The beach lifeguards who gave swimming lessons had been adamant. They could not teach Tom to swim in the ocean, He had to learn in the pool. His mom was a dedicated swimmer whose great hero was Gertrude Ederle, the Olympic champion; the first woman to swim across the English Channel. Learning to swim was important and his mother finally relented, allowing the lessons to proceed in the pool.

Tom spent that summer in the pool once or twice each week but just long enough to finish his lessons and practice. On days when the water was calm, he'd practice in the ocean. The pool remained the forbidden venue of his boyhood.

Tom's unhappiness was tempered by the fear of polio. Everyone knew people afflicted with this disease. The daughter of a family friend had a leg shriveled by polio. To Tom’s young mind, it was a frightening sight but he knew she was one of the lucky ones. She may have been lamed by the illness but she was hardly incapacitated like the girl in the rocking bed.

The constant eerie sound of the soft, whirring motor and the endless clock-like clicking of the bed changing position haunted Tom for years. The girl sitting in the chair-shaped bed, her legs flexed at the hip and knees seemed affixed to a medieval torture device. How she might bathe or go to the toilet seemed a mystery.

Back at the university, Tom would awaken some nights and imagine hearing the breaking waves of the ocean and the click-clack of the rocking bed arising from the quiet house. He wanted to go back to visit even though he had never spoken with her. Tom knew he never would. When he had moved out at the end of summer, he glanced at her one last time. She looked more delicate and frail than he remembered.

Some months later, Tom came home from the university for winter recess still preoccupied by memories of his fragile, secret friend. He wanted to visit her, hold her hand, tell her that he cared, but those fifteen miles to her house seemed impassable. He knew he could never go back. It was a constant nightmare. In his imagination, he stood in front of her darkened house, the rhythmic roar of the ocean ever present, listening for the click-clack of the rocking chair—but it wasn’t there.

*Lud Gutmann, MD*

*Clinical Professor, Neurology*
OCEAN TIDES

When we first met, we were at sea.
I watched closely as you breathed in the universe.
You stood there in the moonlight,
holding the stars in place with your eyes.
Now time keeps us here, souls trembling together,
and I have danced to your music ever since.

Christina Harview, MD
Resident Physician, PGY2, Dermatology
THE RUNNER

He ran along the trail at dawn
Through mist that hung o’er dewy lawn
His stride so swift he swished the mist
On padded feet and breathed the bliss
Of fresh morn air so still and sweet
The scent enhanced by body’s heat
The road of life, not long nor paved
A path to dust, a certain grave
But here amidst the morning dew
The dawn is broke, and life’s anew

Brooks Jackson, MD, MBA
Professor, Pathology
WEDNESDAYS

Her life ended on a Wednesday, the same day of the week on which she was born. The Wednesday of her birth was in the winter, a frigid day in a Midwestern town. It was a place where her parents had grown up, and their parents before them. Her family (a mother, father and little sister) had moved away when she was a child. Her parents were the first in each of their respective families in generations to leave that Midwestern locale, though they were just the first to go—not the only. She had spent many of the intervening days and months and years of her life in sunnier, warmer climes, bathed in sunlight and often immersed in the salty waters of the Atlantic Ocean, far from the landlocked country where her life began. The day her life stopped was very unlike the Wednesday on which she was born: a June day, near the solstice, her favorite time of summer. The longest day of the year.

She had eventually returned to the Midwest after growing tired of the lack of change of seasons in the comfortable, easygoing South; the longed-for experience of four seasons, however, meant the accompanying loss of abundant warmth and sunshine for much of the year. Now, in this lead-up to the solstice, she would rise before the sun, drink some coffee, and set out on her bicycle just as dawn broke. On these mornings, she would pedal across the countryside, calling out greetings to the cows, goats, and horses. She knew the animals as friends; they were as familiar to her as the people she passed in the hallways where she worked. She knew that had anyone heard her they might think her foolish, but this was not a concern—she rarely encountered any people at this time of day. Sometimes she sang aloud, songs like “Here Comes the Sun” by the Beatles or “Nights on Broadway” by the Bee Gees (she loved the opening line: Here we are/In a room full of strangers). Her father had introduced her to the music of the 1950s and 1960s—Buddy Holly, Elvis, and the Doors—when she was just a little girl. As she grew, so her love of music expanded, becoming a backdrop, an always-playing soundtrack of her life. She sang in celebration of a sunrise over the cornfields. She sang in honor of the remarkable feeling of power she felt on the bike, her feet clipped to the pedals, her hands deftly working the gear shift and brakes, acting as one with the machine as she glided through the country. She sang because she was happy.

Occasionally, birds pecked at her helmet when she rode uncomfortably close to a nest of baby birds. Sometimes she would be startled out of her reveries by the sudden appearance of deer bounding out of the fields and running alongside
her. A fox once surprised her when it dashed across the road in front of her.
Moments like that made her sorry for all the people still sleeping in their beds,
missing the astonishing thrum of life so abundant all around her. Those were the
moments that inspired her to sing.

She often daydreamed on her rides, arriving home a couple of hours later
barely able to remember traversing the winding country roads. On this day, she
recalled a dream she had about a friend. He was the first person she had ever
dared approach first in hopes of getting a date (she had always waited to be
asked), handing him her phone number with a sly smile that belied the frantic,
anxious beating of her heart.... He looked to her like an Irish hoodlum: pale
skin; thick, dark hair; sharp blue eyes; and dark stubble around surprisingly full,
rosy lips. It was his voice that caused her stomach to tighten with pleasure and
anticipation. His voice made her think of a rich red wine in need of decanting, a
slight gravelly note at the bottom of his lower register. His grandfather had just
died. This was the first person he had ever loved and lost.

She had experienced much death in her life: loved ones gone too soon,
unexpectedly, no time for good-byes. She pitied his innocent sorrow, this first
touch of death that would undoubtedly visit him again. In the dream to which
she had awakened, she had been standing on a hill near his grandfather’s home.
She watched as her Irish hoodlum lover and his family gathered in front of the
grandfather’s house. It seemed they were there as part of a celebration of his
life. They were eating, drinking, talking and laughing. She found it curious that
she was watching the scene play out from this distant hill, yet she could see
everything as if she were mere feet away. She could hear the rumble of voices,
the peals of laughter.

Upon awakening in the dark that morning, she wondered if she had been
sent the image by the grandfather himself. Such a concept would have been
preposterous to her earlier in her life, but now....After her own mother had
died, a friend who lived hundreds of miles away emailed her with a strange
request, wanting to know if she was okay, having sensed something was off-
kilter, something was wrong. She had responded that her mother had just died.
Her friend revealed to her for the first time in the many years they had known
each other that she and the women in her bloodline channeled messages from
“beyond,” had done so for generations. Mediums? Was such a thing really
possible? Her friend said she thought she was being used as a conduit to share
the message that her mother loved her and was watching....With the rhythmic,
hypnotic circling of her legs as she left miles of road behind her, she rehearsed
the fragmented dream in her mind to share with her Irishman, hoping to give
him comfort. Overarching all of this was the sense of being in the presence of
her own family: an older brother who died before she was born who she always felt as a guarding presence about her, and maybe her mother too, spilling over her the precious motherlove so long absent from her life.

This particular Wednesday was her father’s birthday, a highly unfortunate Wednesday on which to bookend her life. He, who had never made much of birthdays, would for the rest of his life now give the day over to her, the daughter who seemed carved out of his own skeleton, his own flesh, so alike were they in appearance and temperament. When she was young she thought he could read her mind, so unsettling it was when he spoke to her of how he had felt at her age. She thought he did this as a trick to let her know he could see inside her mind, and was sympathetic to her joys and struggles. She only understood much later, as an adult with two nephews, that her father had simply felt when he was young the way she had, much as she watched the older of her nephews—one who acted much like her and looked like her in her childhood awkwardness—and understood implicitly his joys and struggles also. (What a marvel that her sister could have given birth to a child she herself could have brought into being.)

She did something unusual that day, to mark her father’s birthday, stopping to take some pictures of the sunrise over the cornfields. He still lived in the South where he had moved her family; on this day of his birth, she wanted to share with him images of the land where he and his parents and grandparents were from. The sky was peony-pink and orange on the horizon, fading to lavender and then morphing to baby blue and royal blue higher up. The fields, lush and green, appeared almost black against the pastel sky. A few miles down the road, she stopped once again for another picture of a deep-red-colored Amish barn in the new light of the day. She photographed it, a final timestamp on the waning moments of her life.

[If she had not stopped, this Wednesday in June near the solstice, immersed in the dream of the Irishman’s recently-departed grandfather, the presence of her brother’s ever-comforting kinship and mother’s warmth washing over her, would those seconds have made any difference in what was to come?]

After taking the picture of the Amish barn, she turned west and began the second half of her ride. The turn marked the place where she stopped riding away from all that anchored her to her “normal” life and started the journey back to the familiar and routine. The entire ride was her favorite route, a circuitous one she could only choose on these long summer mornings the few weeks before and after the solstice. The earlier spring days and those of late summer did not bestow enough sunlight in the early morning to give her adequate time for the 40-mile roundtrip before she had to be at work. This next section was one of her favorites, a few miles of rolling hills with old farmhouses dotting
the landscape on either side of a soft asphalt road so smooth her bike seemed to float over it. She would sometimes see Amish women in their dresses and bonnets out planting, weeding, and picking vegetables before the day got hot, the large gardens bordered with brilliant red poppies to keep the deer away. She waved, and they would wave back.

This little portion of road also reminded her of her best friend, a woman with glossy, raven hair and a tall, lean body who loved riding bicycles also. When they rode this section together, the birds would peck her friend’s helmet but not hers, which made her laugh. They had been on a different road a few miles away once when an unusual animal ambled from the long grass on the side of the road into their path. They could see it from some distance and wondered aloud what it was. As they grew closer, her friend exclaimed, “It’s a badger! I can’t believe it. I’ve never seen one in real life!” Her friend picked up speed and veered to the far side of the road away from it. She herself was not familiar with the vicious nature of badgers, so she slowed and steered a little closer to it to take a look. Her friend saw this and barked, “Move! Get away from it!” She sped up and without incident buzzed on past, followed by a stern lecture about the legendary cruelty and strength of badgers....She’d always sort of been that way, though, not perceiving danger when it lurked. She had once taken a hiking trip to England and on a hillside had approached some cattle, making soft sounds of friendship, hoping to coax them closer so she could explore their English cattleness. Then, too, she was quickly reprimanded by her guide and warned that the innocent-looking animals could with a couple of quick butts do some serious bodily damage and knock her off the hillside.

And so it was on this day that she again failed to recognize the impending danger before her. She idly noticed a car coming from the opposite direction. It was not often that she encountered traffic out this early but it was not so rare she thought it unusual. She had no cause to give much thought to the car, which she saw from a half-mile away. As it came closer, she saw it maneuvering down the center of the road, and she assumed it would move more to the right once the driver saw her. She would be aggravated if he stayed where he was—drivers out in the country tended to drive down the middle of the road—but she was on the edge of her side of the street so there would be in reality plenty of room to pass each other, although it would feel uncomfortably close. But then she had an odd feeling that the driver was aiming directly for her. It was very strange—she fleetingly wondered if somehow all the rules had changed and he was supposed to be driving on the left side of the road and she had been errant in not moving over to the other side. She actually started to cut the bike to the left in observance of this new reality, freshly arrived in her awareness. There was not time enough, though, to get on the other side.
She felt only confusion, no fear, just before the car slammed into her. She believed she saw a look of horror on the driver’s face at the moment of impact. This was her last conscious thought. She and her bike became a whirling, living missile, crashing first onto the hood of the car, then shattering the windshield, then tumbling up to the roof of the vehicle to leave one more indentation before she landed on the road. At some point in this mad, somersaulting dance, she had become separated from the bicycle. One of her clipped-in shoes remained on her foot; the other was ripped off and thrown 50 yards into a cornfield, where a farmer would find it nearly a year later. She and the bike laid broken near each other on the pavement. The front of the bike had been shorn in half at the impact. The back half appeared fine, untouched.

She was wearing a white jersey that day, sleeveless, and it had bright pink flowers on it. Her eyes were closed as if she were sleeping. Outwardly, she looked almost normal. Her right knee was ripped open and quite swollen, and she had abrasions on her hands, elbows and shoulders, but other than that...? Signs of internal damage were not immediately obvious—the broken bones of her spine, shoulder, and ribs, the ripped-open, deflated left lung lying uselessly in her chest—and one might have assumed she had safely escaped serious injury until one noticed how her pink-flowered jersey now grew blossoms of red the color of blood, or how the straps of her helmet turned from white to red as blood seeped from...somewhere.

On this Wednesday, near the summer solstice, in a Midwestern town not unlike the one in which she was born, her head full of song and sunshine, memories of friends, of dreams, of birthdays, and of badgers and birds, it was done. At the age of 36, her life ended.

On this Wednesday near the summer solstice, in a world of second and third and fourth chances, near-misses, disappointing endings and promising starts and endless opportunity, 15 minutes later the blue eyes of a broken, struggling, and forever-changed woman opened. On this Wednesday, her next life began.

*Jody Jones, PhD*
*Clinical Associate Professor, Surgery*
IOWAN WINTER

Blizzards and winds
Rage through the prairie
Gluttonous clouds
Gape at the sun
Rolling towards
an invisible vacuum
Endless the fields are
White and oppressing
Stretching along
an aphonie refrain.
Boredom and power
cress and devour
Our triumphant
progressions
of Ice.

Hristina Koleva, MD
Clinical Associate Professor, Psychiatry
CARDIAC ANESTHESIA RAP

Awake art line, at least one big IV,  
Get the tube in, hang it on the tree.  
Neck line with ultrasound imagery,  
Tape’em down, tuck an arm or three.  
Echo pictures in color and 2D,  
Then it’s time for morning coffee!

The knife is coming, give her fentanyl,  
The saw is buzzing, keep the lungs still.  
Pay attention - she is very ill,  
This work will take some special skill.  
Manage her pressure closely, until  
We’re on bypass, then Bob’s your uncle!

Cross-clamp is off, don’t be lazy,  
These ten minutes can be crazy.  
Start your vent, norepi and epi,  
Off bypass, fix coagulopathy.

Follow these instructions, it’s that easy.  
Me? I struggle. Blood makes me queasy!

Sundar Krishnan, MBBS  
Clinical Associate Professor, Anesthesiology
GHOST OF THE SANJOULI ROAD

Bisheshar felt a surge of warmth slowly creeping up from his legs now. He had covered almost half the distance between Mall road and Sanjouli, a sleepy suburb of Shimla. He was a little breathless of course, as the road had this little gradient all the way from Lakkar Bazaar to Sanjouli. Last time he had walked this much was about ten years ago. He recalled that he never actually relished walking alone on this road, especially at this time of the night. Many old stories, recounted numerous times between the friends when they returned home from DAV school in Lakkar bazaar back to Sanjouli, came to his mind.

Sanjouli road can be quite a deserted, especially in early January, when the ebb of tourists had subsided after Christmas and New Year. So at half past twelve, Bisheshar neither saw any other person nor expected to see, especially on this stretch of road starting from Medical College gate onwards. He recalled that this road used to have street lights but today it seemed that on this segment of the road there was not even a single street light lit. As there were hardly any houses next to the road, so occasional rustling of branches in the dense forest which extended on either side of the road made him glance backwards number of times. The road also had patches of ice, remnants from the last week’s snowfall, so he could not increase his pace any further, even if he wanted to.

“I should not have had that second helping of Kashmiri lamb dish”, he thought ruefully. Ever since his real estate business has taken off, he never really had to walk back home. And for last couple of years, he had been going to his Sanjouli home even less. He should have stayed at his Oakland hotel suite, he thought. But today he had to go to Sanjouli as Leela, his second wife of six months, insisted that he should come back home tonight. She wanted to talk to him about Pritam, his step son from his now deceased first wife, Shanti, who had been behaving increasingly belligerent lately.

Just the thought of Pritam made his mouth bitter. He was never fond of Pritam but ever since his marriage to Leela, Pritam’s waywardness had increased substantially. Only the other day Pritam had barged in his posh Mall road office and demanded his share out. Bisheshar knew very well that if the case goes to court, Pritam and his maternal uncle Rana would have no difficulty proving that the seed money for his now booming real estate business had come from Shanti. And then there were always rumors of her mysterious death. Bisheshar felt a thin layer of perspiration on his brow. “Oh no”, he mumble softly, “that was ages ago, who would care for that stuff these days”, he thought, more to reassure himself than anybody else. But his sense of uneasiness was not going away.
“Let me think of today and tomorrow, past is past”, He mumbled loudly. His voice came a little hoarse but he felt a little bit assured. And thinking of the past evening actually did bring a little cheer to his fifty five year old frame. The meeting at posh Fascination restaurant went better than expected. Mr. Dayal, the money bag from New Delhi seemed quite impressed with Bisheshar’s plans. Naura Dhar, the sleepy backwater of district Sirmour in Himachal, it seemed was sitting atop million tons of lime stone deposits ready to be converted into cement. A big cement project once approved would be worth tens of millions if not hundreds of millions of rupees. Both Bisheshar and Dayal knew this perfectly well, however what they had presented to Begi Ram, MLA from Naura Dhar was only a fraction of the real worth. So far Begi Ram seemed to be biting and hopefully tomorrow, when they all meet at Naldehra for the golf, things may start moving. But Bisheshar knew it very well that at this stage he should not have any financial squabbling with Pritam. Worst come worst he was preparing himself to send Pritam to Shanti’s way, and he could sense that Leela somehow understood his intentions.

Bisheshar chuckled a little bit when he recalled how Dayal was responding to Krishna, a young folk singer, who had joined them for coffee later in the evening after serious discussions were over. Bisheshar had readily agreed when Dayal offered to escort Krishna back to her flat at Chaura Maidan. Chaura Maidan is only about fifteen minutes away from Fascination restaurant, where they had dinner, but Bisheshar knew it very well that Dayal is going to take couple of hours before Krishna will be free. That was the reason he had instructed Raju, his driver to wait at Chaura Maidan till Krishna gets done, to bring her back to his Oakland suite, to get the final report.

Bisheshar had decided that instead of waiting for her on the Mall road, he would start for Sanjouli. Mall road was anyway getting deserted as only a few stragglers, mostly drunks or migrant laborers from the last movie show at Ritz and Rivoli were fast disappearing.

“Oh, I am so thirsty, I should not have indulged in this stupid drinking contest with Dayal”, who was at least ten years younger to him. Anyway, presently he had crossed the connecting road to Circular road. At this point there was a
sharp bend on the road. Since the days of British there was a public rest room which was on the left side of the road a few steps below the road level. As this point was almost midway to Sanjouli, people would usually feel the need for a snack. So, during day time, almost always you would find either a snack seller or a fruit seller hawking their stuff at this spot. Bisheshar could not believe his eyes when saw the faint glimmer of perhaps a small candle at exactly that spot in the middle of this cold, damp, desolate night. The candle light was so dim that Bisheshar could not see anything else till he was just few steps away from the bend. And yes indeed he could see a small huddled up figure sitting on the road side exactly above the rest room.

As he reached closer, he was astonished to see that in front of the figure was a small wicker basket with a few oranges. “Who would buy oranges at this time and in this weather? And who would actually sit in such a weather at this hour”, He muttered to himself. He wanted to go to the rest room first as his bladder was killing him, but he was so fascinated by this unexpected hawker that he asked “How much for half a dozen?”, he had asked more out of curiosity rather than any real intention of buying them. There was no immediate response. Maybe the hawker is a little sleepy. Bisheshar bent down to examine an orange and repeated his question little loudly.

“Four oranges for one rupee only”, the deep rasping voice of the shadow made him jump. The icy cold voice, seemed like an echo of the howling, bone piercing wind, as it swooshed through the tall dark pine forest on either side of the road. The voice seemed to penetrate through his thick Angora wool overcoat, his expensive worsted suit, down through his imported silk shirt and go straight to his bones. He looked sharply at the face of the shadow, the light from the tiny candle was so feeble that all it could do was to light up the corners of the basket. To Bisheshar it seemed that there was no face, just an unfathomable darkness and that icy cold voice was rumbling from somewhere far away. “Take them they are good”, said that voice again. “NNN, I was JJ just asking” Bisheshar stammered. “Take them, I will give one extra”, the voice implored in a strange disemboweled fashion. “Look they are good”, Shadow moved a little bit, and then for the first time in the dying flame of the candle, Bisheshar saw, the hand of the shadow. “EEE EEE”, Bisheshar felt as if all his blood had been drained. His dizziness worsened hundred times. He straightened up as if jolted by an electric current and then started running towards Sanjouli as fast as he could. He fumbled; slipped, lost his balance, fell down.

“Babu Ji these are very good, you would like them”, the voice echoed somewhere close behind him. Bisheshar got up somehow and then ran again. He bumped in to the little brick platform painted with blue and white stripes, built
for the coolies to straighten their backs on their way to Sanjouli, but now just a blur in the misty dark night. He wanted to rest by it, but he did not, he could not make himself do it. His legs were feeling heavy, he was out of breath, his chest felt heavy, but he kept running. He ran, beyond the connecting road going up the hill to the Medical college hostel, beyond the long green wooden fence of Government College for boys. He could barely make out the faint outline of the road, the big irregular blobs of whitewash painted on the mountainside guiding him somehow. He must have run for ten minutes or so and now realized he could not go any farther. He had to stop and gather his wits and breath. On top of that he had to relieve himself quickly.

Just after where the fence of the college ends, there is a rain shelter. As Sanjouli is still about three fourths of a mile away, a small rest room is situated just below the rain shelter. Bisheshar noticed that street lights here were working. Even restroom seemed lighted as dim yellow light could be seen filtering out from the small side window. He climbed down the icy, slippery stairs rather unsteadily. He found it a little bit reassuring as there was a humming sound coming from the inner stall. He could see that another person was relieving himself in the next stall and humming rather tunelessly. Bisheshar allowed himself a few deep breaths first time since that horrible encounter with the orange seller. To him it seemed he had been running for ages. His throat parched, heart pounding, he could barely breathe. However, the presence of this stranger made him recover his wits a little bit. He could not resist blurting out, “you know I am just coming back from the Mall road. There at the medical hostel bend, I had this most amazing incident” . He was so engrossed in reflecting what he had just seen that he failed to notice that the other person neither stopped humming his strange tune nor looked even once in his direction. “You know, if you are going towards Mall road, do not do it tonight. On the medical hostel bend I saw this most bizarre thing. Just by the public rest room, there is this strange shadow sitting selling oranges. And just imagine, I was about to buy those oranges but you know …” Bisheshar had finished relieving himself and was to continue when he noticed for the first time that the other person had stopped humming. He was done relieving himself but was still standing with his back turned to him. ‘The little poorly lit dingy rest room with strong stench of urine was all silent. The strange humming which was filling the dreaded void of this cold night had evaporated. “Clank” a small icicle fell from the tall pine tree next to the rain shelter. It occurred to Bisheshar that he should run as fast as he could. But strange as it seemed, Bisheshar had this strong desire to finish the sentence he had started. His whole being urged him to get out of this place as quickly as possible but he could not stop himself finishing his sentence”…but you know his hands were all backwards and had
hair on them like a bear, black and long with claws like bear”. Bisheshar felt very dizzy now as he grabbed on to the grimy side of the stall. He wanted to run but his feet were stuck to the ground. He wanted to shriek but no sound came out from his throat. His gaze was fixed on this stranger who had turned slowly to face him. “Mhmmeee”, were probably Bisheshar’s last words as his knees buckled and he slumped to the ground. The stranger had turned fully and had asked in the now familiar deep cold raspy voice. “Were they like this?” as the stranger with no face extended his grotesque large hands with tufts of black hairs arising from the palms. Hands which seemed to be joining the wrists in a strange angulated fashion with palms rotated to the outer side of the forearm, with long razor-sharp claws extending well beyond the fingers. Bisheshar most likely was dead before his head stuck the dirty floor. The stranger looked at him for a long time as if making certain that no breath is left in Bisheshar. Then carefully he unwrapped the dark woolen mask which was hiding his face. He also took off the long black gloves carefully avoiding the long silvery artificial nails he had stuck painstakingly on the fingers of the glove. He made sure none of the ill looking tufts of hair stuck to the gloves fell on the ground. Making sure everything is in order and without touching Bisheshar’s prostrate body, Pritam gingerly jumped over his father’s lifeless form and climbed the icy steps to get back to the Sanjouli road. Another figure had been waiting for him in the shadows and when Pritam waved, ran towards him impatiently. “Is he...” the shadow whispered. “Shh, let us go”, as Pritam grabbed Leela’s elbow.

“Clearly a sudden massive cardiac arrest, brought on by unaccustomed physical activity, a huge meal plus alcohol on such a cold night, a definite recipe for disaster” said Dr. Rao as he concluded Bisheshar’s autopsy in the Medical college forensic lab, late next day. “But what I do not understand is why the deceased had such a startled expression on his face?”

“Maybe he saw the ghost of the Sanjouli road”, muttered Om Prakash, Dr. Rao’s assistant of twenty-five years, under his breath.

Sandeep Laroia, MD
Associate Professor, Radiology
EPIC DOWNTIME

One of the most frustrating parts about medicine is how unintuitive and meaningless the system can feel. We have better processing power in our back pockets than the keyboard in front of us. It takes over a hundred clicks to admit a patient with a “simple” problem. It can take a long game of phone tag to get recommendations from a consulting service who perhaps should have been the admitting service. And then there are the Epic updates that occur in the middle of the night but can halt everything to a standstill, ushering the return to the simplicity of the “good ol’ days.”

This was one of those such nights where I was cross covering the general surgery service and providing backup support for the trauma service if anything came in. It was 0200, Epic wasn’t loading which meant that no one would be updating vitals or changing my orders as far as I was aware. Instead, I would get to take a nap and hopefully I wouldn’t get called.

Right as I was drifting asleep, my pager went off. I sprang up right away. There was a computer in the call room that was even worse than the one’s in our team lounge, but I started it up as I grabbed my list and punched in the phone number for the nurse who had paged me.

“Room 4012 is feeling nauseous. He’s not due for his Zofran for another two hours.”

4012…I looked on my list to verify who this was. The acute cholecystitis who was scheduled to have his case in the morning. I had consented him for his surgery a couple of hours ago, and now I just needed to get him comfortable to hopefully fall asleep until rounds at 0500. “What’s his dose?”

There was a rustling sound as the nurse finds 4012’s page. “8mg every 8 hours.”

I started to think about this. That was higher than I normally prescribed, which meant that he wasn’t doing well with 4mg. Crud, I thought. “Does he have Compazine on board too?”

“No.”

“Well then let’s add that.”

“At what dose and frequency?”

Crud. Epic normally tells me the dose of Compazine. “What dose do we normally give?”

The nurse who I had been working with for the past two nights paused and shuffled through papers on her end. “I don’t know.”
“Does 10 mg sound high?”

There was some talking on her end before the nurse said, “One of my other patients has a Compazine order. I’m going to the PICIS to see what his dose is.” Phew, I thought. I honestly didn’t know the dosage, and in my sleep deprived state using Lexicomp was going to be slower than her going to the PICIS.

“They have an order for 10 mg.”

“Okay. Fine. Let’s do a 10 mg dose of Compazine once.” I thought, By the next time he needs anything else, Epic will be working again.

With that, I hung up the phone. I put a star on my list that I would need to put that order in once Epic started back up. Until then, perhaps I could get a little more shut eye. I had heard this was the perfect time to get a nap in. Then my pager went off again. This time when I saw the page, I cursed before grabbing my jacket and walking quickly to the elevator. Of course, someone had to get into a car accident during Epic downtime.

When I arrived at the trauma bay, the team was there. The ED resident was donning his PPE. The trauma junior and senior were finding their stethoscopes with the trauma junior putting a second glove on his dominant hand. The nurse, nurse assistant, and respiratory therapist were making sure everything in the trauma bay was ready for getting an IV started and possibly intubating the arriving patient. From the EMS report, the patient was not sitting great.

The nurse scribing had a large stack of paper in front of her. This was our third trauma that evening, and she looked at me gravely. “We’re going to have to do this all on hard copies.”

Still not completely processing what was happening since I had been nearly asleep less than two minutes earlier, I asked, “What does that mean?” She handed me half of the papers. This was how I was going to have to place orders. While the trauma team was stabilizing the patient, I was going to have to check boxes for labs and scans.

The patient rolled in a minute later and everything became a blur. The junior and ED resident were performing the primary survey. The patient had needed to be intubated as they were on their way to the hospital, so RT was now working to get the patient moved to our system. There was an obvious open femur fracture and a scalp laceration. There was also a moderate amount of contusions in the chest and abdomen in a seatbelt sign.

Meanwhile, the chief resident arrived and told me to get ready for a panscan. The scribing nurse pointed towards the social worker in the back behind the glass who was hastily printing stickers for the new trauma patient. As she was printing stickers, I was filling paperwork for individual CT scans. My
handwriting was growing worse with each scan from CT head to C spine to Chest Abdomen Pelvis to the x-rays for the chest and pelvis to confirm tube placement and ensure no open book pelvis fractures. I had to write the attending’s name, service, trauma senior’s phone number, and indication on every single form that I filled out. All this while also keeping an ear to what was happening in the trauma bay in case anything was changing.

By the time I had all the paperwork filled out, the trauma team was ready to roll the patient over to the CT scanner. The CT technologist was grumpy that it was Epic downtime since that meant he had to type in all the patient information by hand instead of easily scanning it into Epic. This was an odd situation, and everyone could feel that there was just a little more that we all had to do in order to make everything work the way it normally worked when Epic was online.

I stayed down with the trauma team for the CT scans. They were hoping that everything would be clear. Then, if they could extubate the patient by morning, it would become an ortho trauma patient. That though was not the case as soon as they saw the head—subarachnoid hemorrhage. That meant neurosurgery and a repeat CT head. Then as the patient was scanned further, we could all see the pulmonary contusions and a possible rib fracture or two. That meant this patient was going to the SICU at least for a night or two. The abdomen and pelvis at least looked clear on initial scan, but the trauma junior would go down to radiology for wet reads to confirm that.

By the time this trauma code was complete, Epic was back up and I had two pages waiting for me. I found a computer up in the team lounge and corrected the Compazine order first. Then I ordered a suppository for one patient that had not had a bowel movement in three days for one nurse and reordered home meds for another patient for the other page. Sometimes these computers are so helpful, making it easy to run all the tests and order all the scans for a trauma patient from a smart list. Other times they make it a pain to ensure that everything is done right. Even though everyone called the pre-EMR times the “good ol’ days”, I would rather get the helpful reminders to keep me moving more swiftly than have to fill out all those papers for each order.

Katey Molinarolo, MD
Resident Physician, PGY2, Radiology
WHEN YOU LEFT

It was a sunny day when you left, all sparks of light that masked
the dark clouds swirling inside
The air changed and time stopped abruptly though no one
noticed that a new epoch had begun
One in which nothing would ever be the same, when seconds
and hours and days would all have the same quality of dread
When you left
The flames grew, ravaging all the soft parts and singeing the
moon with its cold face
Then they whiffed out and left a desolate wasteland
Where no sound could be heard but the steady heart beat of
lost moments and faded colors in a book of sadness
When you left

Stacey Pawlak, PhD
Clinical Assistant Professor, Psychiatry
**IMMIGRANT LOVE SONG**

If wishes were horses, beggars would ride,
If no choices existed, I wouldn’t have had to decide.

Between love and duty, I was forced to choose,
Either way, I was sure to lose.

I wanted so much to spend my life with you,
To comfort and cherish and make your dreams come true.

Now in a strange land, I’m thinking of you,
I hope you still remember that I love you too.

This is the consequence of the choice that I made,
We are apart, and our memories will fade.

Sometimes I wonder if my choice made sense,
Would YOU leave the love of your life for anything else?

If wishes were horses, beggars would ride,
If I could have it my way, you’d be here by my side.

*Sangini Punia, MBBS*

*Associate Professor, Anesthesiology*
NIGHT SKY

I often tend to wonder why
Some people live without the sky
Beneath the glare of city lights
Where stars cannot be seen at night

The inky sky mysterious
Lit by the moon so luminous
So as to make the shad’wy earth
Appear as day and show its worth

The constellations clear as day
Appear within the Milky Way
Created by the master’s hand
For wonderers upon the land

Polaris stays above its pole
Fulfilling its almighty goal
Of guiding ancient waterways
For people seeking better days

As I stand there entranced, enthralled
My senses heightened; body stalled
I cannot leave the night and sky
My legs resist me though I try

And so it stands to wonder why
Some people live without the sky
But if they’ve never understood
Perhaps, sadly, they never would

Stephen Rostad, MD
Resident Physician, PGY3, Neurology
SMALL HONORS

Young doctors
you were the first to see the distant rider coming
Furious
Upon a horse so pale and so lithe
Dispassionate
observe the people turning, screaming, running
As they flee
The blackened cloak, burning eyes, blood stained scythe
I thought I taught
You to heal amongst the teeming masses
You taught yourself
To grab his cloak tail as he passes
Then you will ride
behind him, though you must hang on with your all
From there catch coins
Thrown from his victim’s pockets as they fall

You will live well
Though Fame shall not call upon you
Live among small honors
‘Til his cold eyes fall upon you

Douglas Somers, MD
Associate Clinical Professor, Internal Medicine
BIRDS LIKE ME

Birds like me would fly...
If they were never shot from the sky
They would soar to elevations up high
Without ever catching on fire
With the winds in their sails...
They would kiss the clouds every morn
And their mamas would never once cry...

They’d say goodbye to their babies
Without fear of ever returning...
Some may even go down in history
As the best of the bunching
The time is nigh...
That birds like me stop dying...

Femi Suraju, MD
Resident Physician, PGY1, Surgery
TRANSPARENT

My feet are on the ground
My head is in the clouds
And everything that’s in-between
Is shattered by the wind

Thinner than the air
My hands are losing grip of the reality
I always wanted it all
Could never let it go

Hoarding words emotions
memories of love untold
Should it fall apart, would I start again
the things that brought me down?

If seeing is believing
Would you still need something hidden
To make your choice for good
Love or leave the truth
I’m totally see-through

If I let it go
Would you hear my call
Would you still be seeing me
Or would you see through me

Staring in the dark
Would you turn your back
As if I disappeared.

Don’t let it go

Vesselin Tenev, MD, PhD
Clinical Assistant Professor, Psychiatry