Lifelines
2004

A Dartmouth Medical School Literary Journal

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Joseph Richard Wilder was born in Baltimore on October 5, 1920. He attended Dartmouth College, University of Pennsylvania, and Columbia University College of Physicians and Surgeons.

Joseph Wilder, athlete, surgeon, and artist, rose to the top of three professions. He was inducted into the Hall of Fame for Lacrosse in 1987 and received the Markel Award for cardio-vascular research in 1954. His paintings were exhibited at galleries and museums all over the world, including The Museum of Modern Art in New York and The National Portrait Gallery in Washington.

He wanted to be remembered for his love of humanity and for his love and respect for his fellow surgeons whom he considered to be the greatest of heroes.

He is survived by his wife Madeline.

For more information on Dr. Wilder’s paintings, please contact Madeline Wilder:
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A Tribute to Joe Wilder

Forty-seven years ago, when I was Surgeon-in-Chief of the Children’s Hospital of Philadelphia, a medical student from the University of Pennsylvania, where I held the rank of professor, rotated through my service. His name was Joe Wilder. He was an artist, and he became a surgeon.

When I look at Joe Wilder’s paintings, I remember and feel once again all the things I found difficult to describe. Joe Wilder was not only a surgeon; he was an extremely sensitive person. His figures—the way they stand, their body language, their very attitudes—propel themselves from the canvas into my mind. The sensitive artist understands it all because he lived it.

My favorite painting of Joe’s is “Contemplation before Surgery.” Joe Wilder asked me once to write down what I thought of when I looked at “Contemplation.” I did so in the following way:

I know that the surgeon has just scrubbed his hands and arms to the elbow, and while doing so was subconsciously or consciously going over the details of the operation. He is now as prepared as he ever will be to tackle the surgical challenge ahead. The non-surgeon would naturally think that if all I have said is true the young surgeon should be very tense. But he is not. He is relaxed. He is contemplative. Most people ask the question: is he praying? I presume that he is, because that is what I did many times in that situation.

But there is a bigger picture—doctors in the operating room and the success of the surgery are totally dependant on two other professions, nurses and anesthesiologists. In this painting we see only the nurse. We see her doing as menial a task as a nurse needs to perform, straightening the surgeon’s gown, pulling it tight, and being certain that it is tied in back and covers his operating suit. But what a tremendous amount of knowledge and skill that woman has; she is crucial to the surgeon’s success.

When Joe Wilder died, I felt a sense of deep personal loss. I lost a friend who shared my worldview of the changes in medical practice. I’m extremely delighted that Joe left so many examples of his work behind that tell us about his sensitivity and personality. We will not forget him.

C. Everett Koop, MD, ScD
Welcome to the first edition of *Lifelines*, a literary journal by and for the Dartmouth Medical School community.

The power of poems, stories, and images, when expressed in the language of art, can transcend the usual ways we experience medicine. Here at Dartmouth, we believe that the humanities have the ability to enhance our understanding of the medicine we practice as doctors, or experience as patients. The arts are our wisdom-keepers.

Expect to be moved by the pieces in this first edition. Robert Frost wrote, “Poetry has a way of taking life by the throat.” In medicine, we witness life and death. We stand at the crossroads of the deeper mysteries of life. We encounter the sacred. It should thus not be surprising that much of what you will read and see here deals with weighty issues; we would anticipate nothing less.

We hope the beauty and power of these pieces will enrich your minds. Those of us who are physicians believe these works will inspire us to seek deeper connections to our patients, to find greater meaning in the work that we do. Some of us dare to believe that these works will help us become the healers our patients hope we will be.

Drawing on the language of my Navajo forebears, may *Lifelines* help us get closer to the ideal of *Hozho*’ – beauty, harmony, balance, and peace.

*Lori Arviso Alvord, MD, DC ’79*  
Assoc. Dean, Student Affairs and Multicultural Affairs  
Dartmouth Medical School  
From the Editor

“Nothing will sustain you more potently in your humdrum routine...than the power to recognize the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs.”

Sir William Osler

Dear Readers:

You hold in your hands the product of a unique literary experiment conceived by students at Dartmouth Medical School. We call it Lifelines.

We envisioned the mission of Lifelines to parallel its name: to be a thread that winds amongst all those who have been touched by the medical experience. The stories contained within—incarnated by pens, brushes of paint, and the propitious exposures of light—are distilled from the joys and sorrows of human beings we see sitting across from us in doctor’s offices or waiting rooms, patients and caregivers alike, equal halves of the same equation. We were also fortunate to catch a few glimpses of physicians in training, as they began medical school and took their first brave steps into the anatomy lab. The “fertility of imagination” that was uncovered, to borrow a phrase from William Carlos Williams, was utterly extraordinary.

It hasn’t been easy to come this far, but we believed in this important project to be worthy of a few sleepless nights and missed lectures. In the process, we needed the support, both financial and spiritual, of individuals too numerous to name from both within and outside the school. We are grateful to the members of the editorial board for volunteering their precious time to select the best pieces. Two colleagues on the Lifelines staff, Meghan McCoy and Rodwell Mabaera, deserve special mentioning for their indefatigable work in the design and layout of this journal. What they have achieved (as you will see in each painstaking page) was nothing short of alchemic. In addition, we thank Shawn O’Leary, who believed and stuck by this project beginning from its protoplasmic form and saw it to its completion.

And lastly, we would like to thank and commend each of the contributors in this inaugural issue for recognizing the “true poetry of life,” and sharing it with the world.

We hope that Lifelines will grow to become a longstanding tradition here at Dartmouth Medical School and act as a beacon for the promotion of medical humanities in the country.

Sai Li, Editor-in-Chief
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The Rapture

I remember standing in the kitchen, stirring bones for soup, and in that moment, I became another person.

It was an early spring evening, the air California mild. Outside, the eucalyptus was bowing compulsively over the neighbor’s motor home parked in the driveway. The street was quiet for once, and all the windows were open.

Then my right arm tingled, a flutter started under the skin. Fire charged down the nerve of my leg; my scalp exploded in pricks of light. I shuddered and felt like laughing; it was exhilarating as an earthquake. A city on fire after an earthquake. Then I trembled and my legs shook, and every muscle gripped so I fell and lay on my side, a bolt driven down my skull into my spine. My legs were swimming against the linoleum, and I looked up at the underside of the stove, the dirty places where the sponge didn’t reach. Everything collapsed there in one place, one flash of time.

There in my body. In the kitchen at six in the evening, April. A wooden spoon clutched in my hand, the smell of chicken broth.

And in that moment I knew everything that would come after: the vision was complete as it seized me. Without diagnosis, without history, I knew that my life was changed. I seemed to have become entirely myself in that instant.
Not the tests, examinations in specialists’ offices, not the laboratory procedures: MRI, lumbar puncture, electrodes pasted to my scalp, the needle scraped along the sole of my foot, following one finger with the eyes, EEG, CAT scan, myelogram.

Not the falling down or the blindness and tremors, the stumble and hiss in the blood, not the lying in bed in the afternoons.

Not phenobarbital, amitriptyline, prednisone, amantadine, ACTH, cortisone, cytoxan, copolymer, baclofen, tegretol, but this:

Six o’clock in the evening in April, stirring bones for soup. An event whose knowledge arrived whole, its meaning taking years to open, to seem a destiny. It lasted thirty seconds, no more. Then my muscles unlocked, the surge and shaking left my body and I lay still beneath the white high ceiling. Then I got up and stood there, quiet, alone, just beginning to be afraid.

_Cynthia Huntington_
I get here early, but they’re ready for me in a few minutes. The nurse takes me into a little room and tells me to undress from the waist down.

“After you’re undressed, sit on that table and use this cloth to cover your lap, please.”

“Okay”

In a few minutes the urologist comes in and shakes hands.

“You ready?”

“Yes,” I say, “I think you covered everything about the biopsy last time I was here.”

“Good,” he says. “Don’t worry about it. The only pain will be the two shots of anesthetic. Lie down on your side and bring your knees close to your chest.”

The urologist is older, somewhat cherubic, I think. Easy to talk to, and he takes his time explaining things. The nurses say he’s extremely thorough. He’s done over 8,000 of these biopsies in his career. I think about making a comment about “all those assholes,” but figure they’ve heard it before.

I thought everything was fine after the antibiotics—we thought a slight infection had raised the score on my annual PSA test for prostate cancer. When they tested me again, though, the score had increased. I’ve been in this special study for about ten years, and nothing went wrong before. I’ve kept the results of my PSA tests in those little boxes on an Excel spreadsheet. Steady numbers on the PSA tests. Usually around 1.8 to 2.5. Now it’s jumped to 3.9. In most places a score below 4.0 is considered good, but these urologists have found prostate cancer in guys with scores above 2.5, and they worry about quick upward jumps in the number. That’s why I’m here today.

The urologist positions me on the table the way he wants and says, “Okay, I’m going to give you two shots to deaden the area.”

I feel a prick, but it’s not too bad. Then the second, and he says, “Now we’ll do the ultrasound with this probe.”

I look at the long, tubular instrument. “This will image the prostate and guide me to the places to get the tissue samples.”

I always want to watch the screens on these tests, but the monitor is
positioned in such a way that I can’t see it.

“Can I watch the screen?”

“No. You can’t see it from there, but I will print the images for you when it’s finished.”

I can feel the probe sliding up my ass. Not too bad. Not any pain, only the unusual feeling of fullness and movement. It’s still a rape, though. I’m being raped by my past. All that fat. All those steaks and pasta. All that white sauce. The booze and the cigarettes. They’re coming after me now. I’m not in prison but I’m imprisoned by what I’ve done.

“Okay, your prostate looks good. It’s fifty percent larger than the average prostate, about 48 grams, but that’s not a diagnostic indication. It doesn’t mean there’s anything wrong. You’ve always been able to urinate fine. You don’t get up several times in the middle of the night to take a pee, you said.”

“Right. So I guess the average size should be around 32 grams or so. But they get larger as we get older, don’t they?”

“Yes, don’t worry about it. That’s not why we’re here. I’m going to start taking tissue samples now. I’ll take six from each side of the prostate. It shouldn’t hurt. You’ll feel it, but not painfully.”

The urologist flourishes a long instrument with a pistol-like handle. The barrel is a long, hollow tube. There must be some kind of cutting instrument at the end. He slides it in; it feels like the ultrasound probe is still in there, too. It’s tighter now, but not painful—just a little uncomfortable.

I’m thinking about how you never think about hospitals and doctors until you need them. The walls of the room are painted gray. It’s a very dull room. No pictures on the wall but laminated charts about prostate cancer. Some kind of scale measuring the different versions and severities of the disease. A bunch of black, irregular spots, a Rorschach pattern of ugly little representations of death.

Click. Pop. “There’s the first one,” he says. “How was that?”

“Not bad,” I say. “It didn’t hurt at all.”

The urologist keeps sampling. My mind wanders to when I was a twelve-year old kid in church sitting next to Annie Clockinger, “Clockie.” She took my hand, and that electric thrill gave me an erection. I wonder what happened to her. Married with kids somewhere, I guess.

Click. Pop. “That’s six down; six to go,” he says.
He says something else, but I’m not paying attention. I’m thinking about my wife. How much money I have. Will there be enough for her if this is the end? Click. Pop.
I’ve been doing some research about all this on the Internet. I read about enlarged prostates. There’s a drug, Proscar, I think, to help shrink them.
Click. Pop.
But you’re supposed to drink a lot of water. It also helps, they say, to ejaculate a lot—at least there’s some benefit to this, maybe.
Click. Pop. “That’s ten; two more to go. You okay?”
“Yes, no problems.”
Click. Pop. Click. Pop.
“All done. I’ll call you Tuesday or Wednesday. I have to get to a meeting now.”
“Thanks.”
After getting dressed, I stay in the room for a few minutes looking at those posters on the wall, the black splotches of uncertainty. I try to visualize the little cancers working inside my body. Are they slowly eating away at my vitality? Will I start to feel something down there soon? How long will it take? I’ve been pretty lucky in my life, and have frequently escaped the consequences of my choices. Maybe this time I won’t be so lucky. Maybe this time it’s caught up with me. Maybe this time I’ll have to pay.
Waiting for Test Results, Barnes Hospital, St. Louis

Let me tell you how it is: your palms
don’t so much sweat as drop off. Your arms
follow. This spreads like Novocain into your chest,
ignoring your head which is numb already, believe me,
from being beaten against whichever walls
have presented themselves. Your chest
is consumed and you can feel the lack of feeling
pulled over your stomach by gravity, leaving a puddle
around your heart—untouched—
because, though you may not have needed your head to live
this long, you will require heart to continue. It stops
somewhere in your torso and something else happens
to your legs; they grow dumb and will respond only
to voice, so that when needed they come only after much shouting.

An envelope or a file, or some such, will be handed to you
soon. Your hands—those dead, traitorous things—will take it. Common sense
would tell you to run, leave the yellow doom on the stiff chair
for some other bastard to dread.
There is sky that some part of you could wake up to;
there is a breeze that you will not feel again for some time,
but common sense does not yell loud enough
for those legs you call yours to hear.

CL Bledsoe
On 5 West

Ghosts in the night,
soundlessly edging close,
silently, like cats on padded feet.
Flash-lit hands, face
white against the darkness.
Whispered, “I need to check your signs.”
Waking from a daze of fever, boredom, fear,
the room unfamiliar.
The window on my right (not left),
Formica, fluorescent light, a plastic chair—
no wood, no wool, no softly lit lamp.
A hand takes mine, tugs the IV
(painful). Clear liquid, steadily dripping,
first one fat bag, then its sister,
an endless relay.
Again the gentle hand, measured movements.
Machines embrace me, whoosh and click and sigh,
then talk in numbers; the ghost understands.
“How’s my fever?” “Still up.”
“Rats. I want to be home by Christmas.”
Oxygen hisses, the hose tangled around my head,
under my arm. I’m bound in tubes,
stuck with needles, a penitent
asking forgiveness of my illness.
The ghost retreats, door cracked open.  
Hall light spilling in, speaking of other doorways,  
a shadowy bedroom, parents downstairs.  
Bogeyman under the bed.  
Now the bogeyman is cancer,  
his henchman, pneumonia.  
Closing my eyes, I wait for morning,  
another day to live—  
another day to LIVE.

PJ Hamel
Anatomy Student

I look at this body on the table and wonder; 
*where is he?*

I search for the strength of his character
in the long and sinewy muscles of his back—
muscles that must have lifted
bookcases and Sunday’s groceries
and maybe some days the weight of the world.

But as I peel back each red, ropey page
seeking to read the story of his strength, I find
only physics and fibers.

I try to trace his life’s work
amidst the landscape of his hands—
did they ever swing a hammer?
Tend flowers?
Write a book?
Where resides the magic of creation
that compelled him to build,
to make, to be?

I inspect fingertips
and vessels in finely wrought filigree.
I can label the layers but I cannot see
what drove them.
I open his heart, sure that I will find
all the dear, sweet ones he held there—
children, his wife,
perhaps a long-ago love.
They must be there, tucked away
in worn and careful crevices.

Inside I discover
only valves and ventricles—
a miracle machine, with no room
for love.

What is a man—his work, his strength, his love?

With a sigh of relief I reach, again,
for my first scalpel
and smile a small smile, as if someone
has told me a secret—
he is not there.

Cara Haberman
We were looking forward to a wonderful weekend with our new son. John had been born eighteen hours before and now we were just waiting for the attending physician to come on duty in the morning and sign us out. We were also waiting for John to “pass his meconium,” or as the nurses put it, “poop,” but we had been assured that it’d happen within a few hours. A few hours before sunrise the nurses noticed that his little belly had become distended and residents began stopping by to examine him. Nobody thought it was serious. When the attending arrived she got a much more concerned look on her face and then asked us if we had a family history of cystic fibrosis (CF).

We panicked. We didn’t know what CF was but we knew that it wasn’t a good thing. We knew they had walks for it, maybe even telethons. We tried to calmly say, “no, not that we know of,” to her, but the terror in our voices must have been palpable. She said, “Well then, let’s not get ahead of ourselves; it could be another type of blockage. Let’s take some x-rays and we’ll know more about what we are dealing with.”

The next 18 hours were spent going between the Neonatal Intensive Care Unit (NICU), radiology, surgery, and a countless number of waiting rooms. We tried to assure ourselves that it was probably something else, something unexpected but ultimately benign.

We waited while John was in surgery, watching the clock and hoping for news. The surgery was running longer than they had expected—not a good sign. When the surgeon came to see us we knew inside what the diagnosis was, even if we did not know what it meant. She told us that John had been full of sticky meconium and explained the procedures that she had done and then told us what we knew—that the blockage was almost assuredly related to CF.

We went to see John back in the intensive care unit. He was tiny. He had IVs and a respirator. The staff told us to go home and reluctantly, we did. For the first time in two days we went home, held each other, and cried before falling asleep. The only thing that we had wanted to give each other was a beautiful, healthy baby. But all we had was that image of John lying there, so small, so alone.

We woke up two or three hours later and tried to search the web for
We weren’t sure where to look. We found articles about mucus and chromosomes, about the Human Genome Project and lung transplants. We found memorial pages for children and started crying again. We found a page about a young woman with CF who ran 10K races and tried to have hope.

We drove back to the hospital and went up to see John and talk to the staff that was on during the early morning hours. Over the next day we met many of the doctors, nurses, and technicians that worked at the NICU. We watched John’s oxygen rate and pulse oscillate on the different monitors and asked to meet with anyone who could tell us more about CF; about what John’s life would be like. We were able to learn more about CF but it was so hard to process what it all meant. Would he ever be able to go to school? Would he be able to go outside and play with other kids?

The next day we woke up early again, went to see John, and then went to get breakfast in the hospital’s empty cafeteria before the six o’clock shift began to come in. We drank our coffee until one of the doctors from the NICU came in with his tray and sat down at our table. He sat with us for an hour and talked about being a father. He told us about children and how hard it was to be a parent. He told us to take one day at a time but also that we had the right to hope, the right to imagine John living a full life. He told us not to let John’s disease define him, but to let it be just one aspect of who he was. He told us to get over the notion that something that was not perfect could not be good. That was the turning point.

John grew stronger and started breathing on his own. We learned about enzymes and physical therapy. We were able to take him for a walk outside and the two of us held him tight as the sun and fresh air touched his face for the first time. We brought him home.

Over the next three years we watched a newborn grow into a little boy who loves to play soccer, flirt with girls, and talk to his grandfather on the phone. He watches Sesame Street while we are doing physical therapy and then eats pancakes covered in syrup and butter. He carries his enzymes in his Harry Potter lunch box and can tell you exactly where a linebacker lines up on defense. John has CF and it is something that we are always conscious of, but it does not define him or constrain the incredible power of his spirit in any way.
descriptio doloris

1. Throbbing like a lighthouse.
2. In each cell, it is the North of the compass.
3. The scattered body is its spoor.
4. There is no dictionary to translate it.
5. Limping with the cumbersome body.
6. Trying to jettison me.
7. Holding onto itself, it teaches nothing.
8. Like a dog, pain marks its territory.
9. Inedible, immiscible.
10. Between me and myself.

*Stephen Broyard*
Reconciliation

To meet you…
   Prone and temperate
   Last blanket of plastic blue
   Cocoon against the abrupt coldness of the table

A brave body.

Exposed here before curious eyes
Physical secrets revealed

Your name a mystery.

An intrusion, a violation
To disturb the flesh with
Instruments poised in unsure hands.

Forgive me.

Epiphany:
You are gone.
You have been gone for a time.
You are beyond.

This, then, a shell
Of intricate design
Enigmatic gift for me to explore.

You are gone.
A passing scalpel will not discover
  The fibrous membranes of your resolve
  The delicate tissues of your compassion
  The fossa of your swirling emotions
  
  The fabric of your soul transcendent.

Enigmatic gift
A motive unspoken
An unusual wish
Not borne of tradition

I recognize her
I greet my friend
My head bowed over her as I work

A practicality and a prayer.

Christy Paiva
Frau Reich had one leg, one arm, and two personalities. I wasn’t used to this in a person. Everybody I knew had two legs, two arms, and one personality. This narrow worldview made things rather difficult for me.

Actually, nothing was easy in the beginning. For one thing, nobody spoke English and my German was no match for the surgical lexicon exchanged on the ward. I suppose I wanted that kind of adventure, though. It’s part of the reason I decided to go to Europe in the first place.

The morning I met Frau Reich began like all the others. Simone, the head nurse, reported on every patient on the surgery ward. She quickly read her notes through thin, square-brimmed glasses that tightened her German features. When she got to Frau Reich, she paused, took a deep breath, and said, “room 380, bed 1: Ms. Miriam Reich. Fifty-six year-old diabetic scheduled for a pancreatic tumor removal this afternoon. Be careful with this one. She kept us running all night and earned the illustrious nickname of The Third Reich.”

The nurses laughed.

“It’s not funny. She’s a pain in the ass, always demanding this or that, and she screams at everybody. Just watch out. And please make sure she’s ready for surgery today.”

I sat in the corner, head down, trying to be invisible. I could feel the inevitable coming: the pre-surgery shower. Every patient had to take one, and we assisted those who were too old or handicapped to do it alone. I always got stuck with the job since I was new and everybody else hated it.

Then I remembered my first day at the hospital when Simone said, “Joseph, if there’s ever anything you don’t feel comfortable doing, just let us know. You’re here on a voluntary basis and you don’t have to do anything you don’t want to.”

I kept throwing those words around in my head: you don’t have to do anything you don’t want to. The only problem was that I was too scared to decline a job, and when asked to do something dreadful, I would involuntarily blurt out, “Sure, no problem.”

Head down, still in the corner, I waited for Simone to move on. I wasn’t in the mood to give anybody a shower that morning. I was too tired, too sick to deal
with it. So I prayed.

   God, if You get me through this, I will be good for the rest of my life. I will serve You, O Lord. I will give to the poor. I will walk in Your light. I will stop drinking so much Kölsch beer. Please, don't make me wash that wrinkly, old Schlampe.

   “Joseph, could you give Frau Reich a shower before her operation? She’s up first this morning, and needs it real bad.”

   “Sure, no problem.”

As it turns out, The Third Reich suffered from just about every disorder in the book. Throughout the course of her life, she had pancreatic cancer, breast cancer, diabetes, two amputations (one from infection, another from a car accident), appendicitis, hepatitis, the measles, chicken pox, shingles, pneumonia, hypertension, histrionic personality disorder, major depression, and a bunch of other things I can’t remember. Whenever the opportunity arose for Frau Reich to contract an illness, she did. Her body never turned sickness away.

   On that particular morning, however, the patient in room 380, bed 1 was worse than usual. I walked to her room as slow as possible because I figured, in a stroke of ingenuity known only to a few, that the longer it took me to get there, the less time I’d have to spend with her. I crept to her door and hesitantly knocked. There was no answer so I opened the door and stepped inside.

   The odor quickly changed from the sterile smell of a hospital hallway to a musty, stale, urine-like aroma. My senses were quickly diverted, though.

   “Who the hell is that,” someone asked.

   Looking to the only bed in the room, I saw The Third Reich. She lay there, covered by a thin, white sheet stained all over with pale olive spots, her big head poking out of the top. Frau Reich had a mean face. Her skin was transparent and wrinkled, and looked like it was melting off of her cheeks. She had stone eyes that followed my slightest move, and a blunt, crooked nose that was constantly sniffling. Her raisin lips were purple and chapped, surrounded on all sides by saliva and thin black whiskers. She had brown hair with gray streaks in it, much of it falling out.

   “Good morning, Frau Reich. It’s Joseph. I’m an intern—a nurse with the morning crew. I’m here to help you shower.”

   “What the hell did you say? Speak German boy.”

   “I’m here to give you a shower before your operation.”
"I need my shots! Give me my insulin shots! I’m going to die!"
"Yes, Frau Reich, your shots. But not until later. Now if you’ll just—"
"Kwach, Junge! Bring me my shots or I’ll die!"
I wanted to turn around and go back to the kitchen, to come clean and confess that I wasn’t up for this.
"Please, ma’am, I—"
"What do you want boy?"
"I’m from the United States." I didn’t know what to say and this seemed as good as anything else.
"You’re from where?"
"I’m from the United States, ma’am. From Detroit, Michigan."
"I thought you were a nurse, boy!"
"I’m a volunteer. I’m working here before I go to medical school back home. I’m here for—"
"I can’t understand a word you say. Speak German, boy! What the hell kind of accent is that anyway? Where are you from?"
"I’m from America."
"What are you doing all the way over here then?"
"I’m just here to learn a bit. I’m here to help you shower."
Suddenly, The Third Reich started to get out of bed. She moaned in a very melodramatic way. It seemed as though she was faking the pain.
"Can I help you miss?"
"Don’t just stand there you fool. Get over here and help an old woman!"
I rushed to her side. I felt I was making some progress and my confidence grew. I noticed she was struggling to sit on the edge of the bed, so I reached out to help. I meant to support her by holding her arm, but there was no arm on the side I went for. It startled me and I gasped.
"What’s wrong with you? Are you scared of a cripple?"
"No ma’am."
‘What is your name anyway?’
"It’s Joseph."
“Well listen here, Josey. Bring me my shots, would you? My blood sugar is too high. If you don’t bring me my shots, I’m going to die.”
“That’s not true, Frau Reich. You’re not going to die and you know it. I’m here to give you a shower. Now let’s go to the bathroom.”
“Josey, you don’t want me to die, do you?”
“My name is Joseph, Frau Reich.”
“If you don’t get my shots, I’m going to, I’m going to….”

The Third Reich turned green in the face and looked like she might vomit. I froze, waiting for the worst. She breathed deeply and her eyes rolled back in their sockets. She wretched once but nothing happened. It took a minute for her to speak again. The rush of discomfort frightened her and thrust her into a temporary state of cooperation.

“Okay, take me to the shower. But I’ll need a wheelchair. I only have one leg.”

I took Frau Reich to the bathroom before she could change her mind. The bathroom was a large room with nothing more than a sink, toilet, and shower. In the middle of the shower there was a plastic stool to help handicapped patients support themselves. As I helped Frau Reich from the wheelchair to the stool, she vomited all over my shirt. She wasn’t allowed to eat or drink for quite a while, so I don’t know where her body found the materials to make such artwork.

“Oh shit,” I said in English. I didn’t know what to do. I almost threw up myself.

“You’d better take your shirt off,” she said to me.
“I’ll be back. I’ve got to get a new one.”
“Like hell you will. You’re not leaving me now. I could die anytime, and I swear to God, if you leave this room I’ll scream.”
“You’re not going to die, Frau Reich. Just wait here and I’ll be right back.”
I started towards the door and, just as she promised, Frau Reich started screaming as loudly as she could.

“Okay! Stop! Please, stop…I’ll stay.”
“What were you thinking, Josey, leaving a woman like me here in this condition all alone? Why would you leave me alone?”
“But I—”
“I need help, Josey. I need help! Now come over here and wash me.”
“Say please, Frau Reich. And my name is Joseph.” I don’t know why I challenged her like that, but given my current situation, I didn’t think things could get any worse, so I became hostile.
“What did you say?”
“I said say please. I won’t do anything unless you ask me nicely.”
“I will not!”
“If you want me to help you, be courteous.”
“You listen to me, goddamn it. You listen to me, Josey. I’ve been taking orders all my life and I won’t take any more. I’m old, boy. Do you understand? It’s time for people to listen to me. I’m giving the orders now!”
I gave in out of utter frustration. I went to the stool and put on rubber gloves for the shower. My shirt smelled disgusting so I took it off.
“Okay, your turn Frau Reich. Let’s undress you now.”
I helped her remove her hospital gown. I’d never seen such a woman without clothes on before. The image is forever stamped in my brain and I’ll never forget what I saw that morning at 7 a.m.
The first thing I noticed about her naked body was a thick, white scar that cut across the left side of her chest where a breast would normally be. I stared at it for a moment, until my eyes were taken to the breast that was there. The long eggplant hung almost to her stomach. At the end, a huge brown Cyclops eye stared up at me. Then to her left leg, which was cut off just above the knee. The skin gathered there in a strange pattern, twisted and knotted, bone pressing against it. Next her right arm, which wasn’t an arm at all, but a rumor of an arm that was once there, a chicken wing that flapped from her shoulder. There were numerous other scars on her abdomen: one from an appendix removal no doubt, two others from I know not what. As she breathed, her chest moved slowly up and down, her ribs barely visible. Her heart thumped against her sternum like a drum.
Somehow, when it was all put together in front of me, that mosaic of deformity and age, Frau Reich became more real. At first I was repulsed. But after a minute, I felt a wave of compassion rise within me. I was tranquilized by her figure. How far was I from the patient before me? How could I even begin to understand what kind of life she had, how much she suffered, and how difficult it must have been? Who was responsible for her scars?
“Well, Josey, are you going to wash me or not?”
“Huh?”
“Wash me, Josey. I haven’t got all day. They want to cut me open in a few hours to see if they can do something the others couldn’t.”
“Yes ma’am. Let’s wash.”
I turned on the water and let the temperature adjust so it wasn’t too cold. I waited for a long time to get it just right. I began to wash her using body gel and a small towel that fit around my hand like a mitten.

Adhering to the instructions of my supervisors, I cleaned every inch of that woman’s body. And upon every single inch my hands glided over her skin, touching her back, arms, chest, legs, and feet. I moved with trepidation between her legs, forcing myself to continue by stepping outside of my mind, entering a daze of subservience. The steam from the shower thickened and created a cloud of protection around me, fogging my vision and thoughts.

Through it all, Miriam Reich just sat there. She was completely motionless. And for the first time since I’d met her, she had a smile on her face. She closed her eyes, slowed her breathing, and let go of the world around her.

She didn’t say another word for the rest of the day. I took her back to bed, dressed her, combed her hair, and left her to sleep for a few hours. When she was called for surgery, I wheeled her to the OR. She said nothing.

Frau Reich returned from the operation six hours later. I didn’t see her until evening, though. Before leaving, I stopped in her room to say goodbye. She was sleeping in bed, still heavily drugged from the anesthesia. I said hello to her, but got no answer. I quietly moved to her bedside. She slept peacefully, her ribcage slowly rising and falling. I noticed a card on her nightstand. It had a painting of people dancing at a ball on the cover. They were dressed in gowns and tuxedos, and huge chandeliers hung from the ceiling. The dancing couples exuded grace, elegance, and beauty. The inside was entirely blank except for a short, neatly written note.

The note said this: “Es tut mir leid, mein Schatz. Ich liebe dich. Dein, Josey.”

It means in English, “I’m sorry, dear. I love you. Yours, Josey.”

I went to the kitchen for a glass of water and saw Simone talking to a few doctors. As I walked out, I caught a glimpse of the meal chart for the evening. Curiosity led me to Frau Reich’s name. The word “Wunschkost” was written next to it.

I asked Simone what “Wunschkost” meant.

“It means, oh, how do you say it in English...” she tried to speak English, as she sometimes did with me, but it was always broken. “It means that she
can be allowed to eat whatever pleases her. Wish food...you know...she can eat anything.”

“Anything? I thought she was diabetic?”

Simone switched back to German. “Yes, but when we know a patient is going to die, we let them eat whatever they want. If you’re going to die, it doesn’t matter what you eat. Understand?”

“Going to die? Frau Reich is going to die?”

“Dr. Schiller found a tumor the size of a grapefruit on her pancreas this morning. I guess it spread all over the place. We think she’s got a few weeks left.”

“But I thought she was okay. Earlier they said it was no big deal.”

“You never know, Joseph. Besides, it’s probably better this way. She was so miserable.”

That night I walked the cobblestone streets of the Altstadt to see the city lights. I sat down at the Rhine and gazed out at the boats. A freighter passed and just as it moved out of sight, it let out a low, melancholy bellow. I became sleepy, so I stood up to go home. When I turned around, I saw the enormous Dom towering above me. There were flood lights on it and I had never seen it like that before. I walked to the square at its entrance, which is the first stop for most tourists in Köln. I had to strain my neck to look all the way up at its two peaks. They stood there, reaching to the foggy sky, dark stone king and queen so far away, laughing down at me.
Maya Girl

Jack Lyons
las mantas

David Sears
la sonrisa

Meghan McCoy
Convento de las Capuchinas

Jack Lyons
Standoff

Joseph Dwaihy
j’ouvert monday

Meghan McCoy
It was like getting into a cold lake. I knew that if I thought too much about it, it would be even more difficult. First day of anatomy. This is it, this is real. This is one of my very first perquisites of being a member of the medical profession.

I remember when the moment of truth arrived. I and my two lab partners unzipped the body bag that held our cadaver. I wanted to make the “first cut.” Not because I felt cocky, nor did I have any great desire to cut human flesh. No, I wanted to jump into that lake, not enter with dainty steps. So I loaded the scalpel blade carefully, as I’d been taught, and looked at the body. I remember the most absurd thought going through my head: “What if somebody finds out?” followed closely by “you’re a med student; you’re supposed to do this.” I realized with some surprise a hitherto unknown part of my psyche that felt what I was about to do was wrong.

Another distinct emotion pursued the first into my head. In my mind it was fleeting, formless, but cold, so cold. Importunately, words crystallized around that thought and they went approximately like this: I am about to take a perfectly intact human body and destroy it. This thought too I considered crushing, but I decided it was a valuable emotion. I savored the dark thought for a moment, just to remember what it was like, before I became inured to blood and meat. I wanted to remember that fleeting revulsion.

And then I did it—I jumped into the lake. Like a swimmer, I tried to focus on my lessons, remember my form. I descended through dermis, fascia, and flesh. With a conscious decision, I forgot the chill of the lake, and the violation of the flesh.
Lifelines

Mary Fletcher Hospital, 1958

Deep cold. Late at night
the ward is dim. Cousin, like kid-sister,
in the starched gray dress of a student nurse,
you stand behind the low desk, phone in hand,
flushed, looking out
over the double row of beds. My white-buck
soles creak down the polished floor,
palpating the tile like a native
on the hunt. I breathe out through my
teeth. Me, night call doctor? No, just another
student, third year medical, starched white,
and green.

We were it, 2:00 AM. Intern,
resident in bed, charge nurse down the other hall.

A woman, dusky as the ward, breathes deeply,
bubbles froth at her lips. “Let’s turn up
the oxygen,” I say, for want of something
more clever. You speak her blood pressure and
pulse.
Her eyes seem to turn inward, searching
for breath. We tip up the head of her bed,
you suction her mouth. She turns her head
to you in gratitude and lowers her lids
over vacant eyes.

The room becomes
silent but for a chorus
of hushed breathing. Wind
whines through cracks in the window frames. Snow
brushes the glass. One hand in mine,
one in yours she quiets
and goes to sleep.

Parker Towle
A Passing of the Night

8 p.m.
My savior has left.
So with the darkness
I must turn myself inside.
They tell me
This reparation is necessary
“To rid myself of evil”:
A breathing exercise of introspections.
For all I know my petals must close,
Scooping the last warmth of the day into my center.

Midnight
My savior is gone.
Perhaps never…no—
My savior will return.
I grow cold and my body limp,
But the oxygen is plenty
That has come from my savior’s light.

3 a.m.
My savior is dead.
And so will I be.
It is time to accept
The burdening rain that slowly drowns me.
The oxygen is gone,
The light will never return,
Never again will I be dry.
5 a.m.
There is no savior.
So I am merely one.
My breath once filled with sweetness
Has become a foggy dew.
I cannot think, cannot remember…
I cannot see anything
Beyond this blinding
Light.

Anonymous
I’m getting ready to leave my office when the phone rings.
“Hi mom.”
“Jon, darling, is everything alright?”
I still feel a moment of panic when he calls me from the hospital. It is now three weeks since his kidney transplant and the chances of rejection are diminishing with every week. The first few weeks were touch and go; he had received one of my kidneys, which worked sluggishly, and my days and nights became one long prayer. It was hard to be cheerful during my daily hospital visits, faced with the fear in Jon’s eyes, never spoken, but ever present, until one morning he blurted out:
“Mom, if things don’t get better, will I have to go back on the machine?” I held his hand in mine and fought back my tears.
“Things will get better, I know they will. We’ve got to be patient and keep on hoping”; knowing that my words sounded hollow and unconvincing to both of us.

Finally, after four tense weeks, his frail body rallied and, boosted by strong doses of steroids, the kidney began to function. Jon’s white face took on a rosy hue.

“Mom, remember, today’s the day?”
For a moment I don’t understand. Then I remember.
“Oh Jon, of course, you mean you can have a Big Mac for dinner.”
“Yeah, they said it’s okay.”
He sounds jubilant.
“Now, mom, you be sure to ask for the Big Mac, with everything on it, and a large order of French fries.”
“C’mon, Jon, do you really think that I’d forget? You’ve coached me for weeks, remember?”
It’s so good to hear him giggle.
“Hurry mom, I can’t wait. I’m not going to have their dinner tonight.”

The nightmare began a year ago when one Sunday morning I found my
11-year-old son semi-conscious on his bed, gasping for breath, his lips blue and his chest heaving. I thought he was having a heart attack. My frantic call to the nearby hospital brought the calm reply:

“We’ll have an ambulance there in no time.”

But my instinct, which I was later told saved his life, told me to shout into the phone:

“No, there isn’t time, I’ll drive him.”

Half carrying, half supporting him, I got Jon out into the cold January air and into the car, a down vest thrown hastily over his pajamas.

Two attendants waited for us at the emergency entrance. They lifted Jon out of the car and wheeled him down the hall at top speed.

Now the endless hours of waiting began. I sat outside Jon’s room and watched nurses and doctors go in and out, but no one had time for me. At one point, a nurse and a doctor came running up to the room. Later I learned that they were inhalation specialists who had been summoned by an urgent “come quickly, I think we’re losing the boy” from the attending physician. Jon had stopped breathing.

Dawn was breaking when I was told that Jon would live, but that both kidneys had ceased functioning. He had been minutes away from heart failure.

I relax in my car with a deep sigh. I am always tired these days and wonder when I’ll ever be able to sleep through a whole night without waking up, bathed in sweat, thinking that

Jon in the room next to mine cannot breathe. Then I realize that his brave new kidney is doing well and that he is safe in his hospital bed. But it’s hard to go back to sleep after this recurring panic.

I found that an 11-year-old can adjust to anything. Soon his dialysis days became part of our lives. He experienced occasional pain when the needle was inserted, and there were days when, after dialyzing, his blood pressure was so low that it took him a long time to be able to get up. But he put up with everything patiently and cheerfully. As the youngest patient in the dialysis unit, he was the favorite of nurses and technicians.

The only thing he could not adjust to was his bland, salt-free diet, which was an absolute must. That, together with the very low liquid allowance, was the hardest for him to put up with. For a younger who loves the spicy junk
food that kids thrive on, this was rough going. In spite of the combined efforts of the hospital dietician and myself, it was almost impossible to concoct palatable salt-free dishes, but nothing could compare with hot dogs, pizza and, above everything else, his beloved Big Mac.

Days followed days, weeks, months. Jon prepared for his dialysis the way other kids get ready for school. He laid out his clothes, books, puzzles, his TV program, and he became fussy about his hair since he had developed a crush on one of the nurses. As he got stronger, the doctors started talking about a donor transplant.

I find a spot in the hospital parking lot and hurry across the street.

“One Big Mac to go, with everything on it and a large order of French Fries, please.”

By rights, my order should be accompanied by a roll of drums! No one can know what this moment means to me—a triumph, a victory, a glorious reward for pain, tears and sleepless nights—the ultimate award for Jon’s patience and stoic courage through moments of mental anguish and physical pain, and worst of all, the terror of rejection.

I’m leaning against the counter, waiting for my order. Here comes the cardboard box, giving off the familiar, spicy smell. I hurry out into the street, cradling it protectively against my body.

I know where he’ll be waiting for me—he’ll be sitting in a wheel chair by the elevator, a small boy with big dark eyes in a thin face, looking frail and vulnerable in his hospital gown.

I am going up in the crowded elevator, wondering whether everyone can smell what’s in my paper bag. The door opens and there he is, as I expected, greeting me with a big hug. He’s holding a big towel, ready to drop all over himself, in anticipation of the feast.

For a moment I cannot speak, then,

“Well, Jon, here you are, it’s all yours.”

Two nurses pass by.

“Hi Jon, is this the day? Congratulations!”

My son holds his treasure in both hands and bites into it with a beatific smile. For one perfect moment, life, for both of us, holds everything one can ask for.
After Surgery

What is this circle they’ve carved in the back of your skull? O pumpkin, blank face, a great reposing head waiting in your autumn bed. We light a candle, post a vigil—but too late: pain has made its harvest. You with the taste of ash in your mouth, not sleeping.

Little earth, how solid you are, even after the knife. And your eyes, deep moons. How long can you lie there with the will to watch the tangled night, the mountain over you, the god of iron?

Cleopatra Mathis
Walking through My Father’s Fields, Home

The windows creaked from the heat
day they bundled my mother up
and hauled her off like an old Christmas tree,
taking only a couple of suitcases
and her sickness with her; this dying stranger
who hadn’t left the house
since before I could remember, and whom I’d sat watch over
for more than my 15 years—watched her wither
like a lake bed, until I was sure there was nothing left of her but dust.

Dad said,
“We’re taking her to the hospital.”
I pulled on pants good enough for town, and shoes,
as my father and brother led her out the door,
half the time carrying her and her confused moans
to the old International truck. I climbed in the back.

My father drove faster than usual,
which still wasn’t very fast,
past the barn, the sheds and tractors, the fields.
I heard my brother say that the silage looked sparse,
and my father, that it’d gotten scorched by the drought
and we’d be lucky if it lasted the cows through winter.
I scanned the yellow blighted field and nodded as we rattled
down the long gravel road
peopled by cows that’d jumped the fence
which we didn’t stop for. I watched them
grow small and quiet behind us
until the trees gave out, and the gravel
turned into asphalt with a bump.
The fields became houses.
The edge of our land bordered the county hospital. We pulled into the cracked and ugly asphalt parking lot and waited while Dad went to get an orderly. Behind us stretched corn—I could barely make out the cows grazing in the field—and beyond that the road, then the pasture, and hills. Somewhere back there was the house, just a mile or so away.

I turned back to the truck as they came for her. My brother walked over to me and pointed off to the south to the nursing home they’d just built on a corner of layout ground of ours. That’s where they’d take her when she was all checked in, he meant.

We’d brought her into town so she could die proper. If she made it through the year, she’d be able to see our winter wheat outside her window and maybe think of home. “Dad’s finishing it all up,” my brother said. “We can go.” I nodded and glanced at the truck.

Instead, we walked to the barbed wire fence, which was overgrown with a wall of trees and weeds. We scaled it and plodded through the still young corn, not speaking, growing slowly separate as we spread out to drive the cows back to pasture.

CL Bledsoe
Evening

Fertility flowers in your blood, gathers like the folds of a sari. Visceral heat seeps under my clothes, through my fingertips and toes. Your vine winds through my lattice yet we never touch: improvisation on two flutes, a long rhythmic line, a minor third, cascading fourths. You shift, the edges of your mouth curl up, lips swell in a smile. A blush warms the air between us, we barely breathe. A flash bums on the palms of my hands, I search the petals of the flower. She shakes out her hair from its combs. The neighbor’s drive is floodlit. Boys are playing one on one, “Tick, tick, tick,” a dribble scuffs the street. The waters rise the wall is breached, the flag bearer gallops his stallion into the tidal wave and is drowned in a moan at the cannon’s mouth.

Parker Towle
It all started when I ran into a Scotsman in spectacular form two nights ago, which is to say that he ran into the floor and I, being the only concerned patron left at the Angkor What? Bar (except for a Canadian named Kelly), went over to find him hiding his face in his arms whilst blood pooled about his head. The 23-year-old highlander had taken a rather impressive face plant after attempting a daring 180-degree turn. After conceding him time to “get my thoughts together and plan my next move,” I finally convinced him that he could not stay on the floor bleeding and hiding his head until he healed, which could be hours if not longer and you want to be out and about back on the scene before that; the ladies won’t be fans if you don’t have your face taken care of. He raised his head and I saw the damage: 2 inch cut on the supraorbital ridge, right through the eyebrow. Didn’t look that bad so I shoveled him into a tuktuk and followed him back to his guest house with the Concerned Canadian Kelly (also a stranger to this man). At the guest house we hauled the heap that was him up three flights of stairs to his room. His rather dodgy room—littered with empty foil packs of valium, old roaches, a knockoff Red Hot Chili Pepper album on the bed (one of their first albums), a guitar in the corner, and clothes scattered as if his backpack had spontaneously exploded. As Kelly was rummaging to find his first aid kit she found a few opened boxes of condoms. Super plus dodgy. Found the kit and cleaned his wound; a lot worse under the fluorescent light than I had initially thought—definitely needed to be sewn up at the hospital.

While waiting for him to rest up for the trip back down the three flights (carrying someone up steep stairs is easy, carrying someone down is dangerous), we heard his story, and quite a tale it was. “Basically, my friend and I ate 140 vali’s over one week time, but he left go back Ireland and I not really sad, that not why I like this; just I ate 5 vali’s before going bar tonight and three beer when I there.” He had apparently been on a week-long valium/opium/alcohol bender—I of course felt a little stupid that I had not immediately recognized the tell-tale signs of lost participles and the fear of declining the verb “to be.” He told us he had woken up two days ago thinking it was New Year’s day but noticed something was awry; he remembered getting a shave the day before but he now had half a beard on his face. To his surprise, it was actually January 5
and he had lost five days in an opium-valium haze. He had gotten into at least one moto accident while on this binge, as testified by the scabs and bruises on his legs. The last event he remembered before the haze set in was being arrested and handcuffed for getting in a street fight on New Year’s Eve then paying a $50 police bribe.

Then things got super double plus dodgy—a Khmer woman in jeans and a black Britney Spears t-shirt walked into his small room. Her name was Amum and was well-known by the expat regulars at the What?. Every few weeks like clockwork she would show up with a new Barang “boyfriend” who brought her from Phnom Penh to Siem Reap. Her last patron had been the Irish partner-in-crime of our Scotsman, who was now ranting about “vali’s” and opium and the greatness of the Red Hot Chili Peppers, but mind you only on their earlier albums because the new ones don’t have the same energy and wailing guitars, except of course for a few tracks that are superb. Amum, thinking she had found a soft head along with a soft heart, started laying on her Blanche Dubois shtick, you know—the one that goes, “I have always relied on the kindness of strangers...” and “I very sad my boyfriend left me go home Ireland; he gave me $30 to go back Phnom Penh but I went to bar and drank the money—and I was that sad... and now I have no money go back to my two babies in Phnom Penh...” “It true,” the Scott chimed with blood still trickling down his temple, “and I want give her all money but I only have money enough go Thailand... no ATM in Cambodia... she my friend girlfriend but he go home, now she need $25 go Phnom Penh but I have no money to give.”

He was getting roused and took the only possible next illogical step: he switched the conversation to international politics asking me, as an American, how do you feel about the US Army giving weapons to the IRA? Well, dude, that’s the first I’ve heard of such a thing but I don’t think the US is or ever has given weapons to the IRA, especially seeing as they are on the official list as a terrorist organization. Ok, ok, but as an AMERICAN, how do you feel about the US Army GIVING weapons to the IRA? Well, dude, I suspect your source may be wrong; I was in a “Troubles” peace simulation in DC a few years back and never found a hint of that in my research, even though I was representing the DUP and the right Rev Ian Paisley; where did you get your information? Ok, ok, I understand I may not know everything...but as an American, how do YOU feel about the US Army giving weapons to the IRA? Well, dude, to be honest I feel
that as an American it’s high time we get you to the hospital and get your head sewn back together. Ok, ok, I very sorry, we go. Then we went—the Concerned Canadian Kelly, Amum the forlorn, the Scotsman who would otherwise be bleeding in an alley and myself amid strange vibes. Once again, I fetched a tuktuk and shoveled the dude into it. At the hospital he passed out completely on the ER bed as the surgeon was paged to come in at 4 AM. While Kelly and I waited, we talked with Amum and learned that not only her feelings for the Irishman had betrayed her into drinking her ticket money, but indeed the whole world was set against her happiness. And all she did to deserve her lot was be born.

When the surgeon came we tried to rouse the Scot but he was dead to the world, so I vouched for him and asked the surgeon to do whatever he needed to. The surgeon asked me, “what is his name?” A valid question, seeing as I was the one who brought him in. But I never got his name. Kelly didn’t know it. I asked Amum who had been living with him in his guesthouse and she said she thought it might be Bill. We resolved to take his passport out of his belly bag; it was Richard. Local anesthesia, four stitches, shovel into the tuktuk and like a sack of sand up three flights of stairs. I tried to communicate the doctor’s orders but wasn’t sure what stuck. So, I told Richard and Amum that I would come back tomorrow at 3 o’clock.

I returned and they were both still asleep. Richard was more coherent and I could pass on the doctor’s orders; he was going to Laos to read and play his guitar after getting money in Thailand; he’d had the bender of his life, he decided, and wasn’t sure if he could survive any more of it. I thought that was a good call. Well, Richard, you came here to see the temples, what did you think of Angkor What? “To be perfectly honest, I wasn’t that impressed.”

I told Amum that I would buy her a ticket to Phnom Penh so she could go back to her children. I could tell she would have been more pleased with $25—of course she would, the ticket only cost $5 for a Khmer and we both knew it. Richard wanted to buy me a drink for helping him out so we met that night at the What? and had a drink. Not surprisingly, Amum was also at the What? drinking $2 mixed drinks and wanting to talk to me. She liked living in Siem Reap a lot and did not want to go back to Phnom Penh and found a guest house that was only $20 a month and she wanted to work a real job and so no need ticket and you can pay for my guest house? Umm... no. Why not? You
say you buy ticket but not for me get job? Well, miss, I said I would buy ticket so you could go back to your two babies. But they not live with me; they live in Sihanoukville. Then I can not help you miss. Why not? Because I do not pay for other people’s guest houses. That miffed her long enough for her quarry, a middle aged and slightly overweight Barang, to tell her it was her shot at the pool table. Thankfully, she was so busy trying to get in with the big Barang that she must have forgot about me or decided the pudgy tourist would be easier to fleece. That woman, she’s like a leech, Richard said. I gave a knowing nod to no one in particular and took a sip of beer.
My Servant Job

Every scrap of energy I have
Goes into an attempt to calm her down
She waits for me pink, tearless, pyramid
Until she hears my voice. The rage is real
Splintering, either in pain or testing
Like a car alarm set off by ghost winds
No matter that my fever rages high
And braced against enormous obstacles—
Stacked towels, dirty sheets, forgotten toys
Her grasp around my neck and sudden sigh
As a soft, heavy head rests peacefully
And perfectly between neck and shoulder
Never a short word to patients in need
One temper finds no equality here
But let no parent ill or hurt or tired
Forget the blessing of child, one who needs
Short is the time we are useful to rage
Against injustice seen by small, bright eyes.

Susan Pepin
I cannot lie about the first time that I walked into the anatomy laboratory. I only had one thing on my mind. I was not thinking about the origins and insertions of the trapezius muscle. I was not thinking about which muscles helped to abduct and adduct the arm, and, sadly, I was not even thinking about the elder gentleman that I was about to cut, saw, and probe. The first day in anatomy, all I could think about was sleep. Having just moved to New Hampshire days before the first day of class, I was extremely sleep-deprived and I thought only of returning to my slumber. Hours passed by in the anatomy lab, but I mostly stayed a passive observer, noting the functions, origins, and insertions of the major back muscles while being essentially disengaged from any introspection related to cutting open the human body.

Only days after my first session in the anatomy laboratory did I begin to think about what I had been doing. I remembered the only other dead human body that I had ever seen, and soon after my experience in the anatomy laboratory began to take on new meaning. Aside from the body that I had dissected on Table 11 in the anatomy laboratory, the only other dead body that I had ever seen belonged to my uncle, Bhanu Kaku. I remembered how he had been in life. He always had a smile on his face. He always played games and joked with children. He was always the life of the party. He made you feel good to be alive.

As a child, I never realized that my uncle had abused alcohol for most of his life. Toward the end of his life, he had been sent to the hospital several times for coughing up large amounts of blood, a consequence of his severe liver cirrhosis. Then, one evening in February of 2000, my parents told me that we would have to rush to the hospital. Bhanu Kaku was not well. We arrived at the hospital just minutes after he had passed away. His eyelids were closed and his body was stiff. I remember looking at him and thinking that he was just playing another bad joke. As I sat with my friends and family, I remember staring at his face waiting for him to crack a smile. I remember watching his chest, waiting for it to rise as a sign that he would breathe again. But it was not to be. Bhanu Kaku passed away at the age of 57, leaving behind a wife, two sons, and the memories of his joy and laughter in my heart.
At first, it was difficult for me to think of the cadaver on Table 11 as anything more than just a collection of cells, tissues, and organs. Then, in the days following our first anatomy session, I began to remember that moment when I arrived in the hospital just minutes after my uncle had passed away. It was true that at that moment he was a cadaver, but to me he was still so much more. In those moments following his passing, although life failed to weave itself through him, my uncle’s body still told a story. His hands were still the same hands that wiped away my tears as a child. His face was still the same face that would make funny faces to get me to laugh. His body was still so special to me, regardless of whether he was still alive or not.

It was then that I began to realize what a gift the gentleman at Table 11 had given. His hands I am sure wiped away tears as well. The emotions on his face I am sure brought people laughter and joy as well. The gentleman at Table 11 became more to me than bones and attached muscles. I realized that he had been a living, breathing human being too. I began to understand that his loved ones would have wanted him to be treated with respect, just like I would have wanted my uncle to have been treated with respect if he had donated his body to science. I took a more active role in the laboratory from then on, not simply so that I could pass the anatomy exam, but so that I could honor the gift given by the once living being at Table 11.
High school summers, I kept Dad’s clinic rooms, setting syringes straight as table knives, daubing sutured wounds with squares of gauze.

In the tidy world my father tended, sitting knee to knee with squinty farmers who paid with sacks of beans and spuds, each person hid a secret that my father knew. Sometimes, behind the closed door, I heard men weeping. I wondered at the way Dad took his patients’ hands into his own and turned them slowly over, searching gnarled knuckles and bitten nails.

Hearing the swish of Dad’s starched coat, I dropped Edna Ferber’s Giant to the floor. (This was Oklahoma. I was sixteen.)

That year, the title of the text we read in English was Literature and Life, but I failed to grasp any connection.

I drugged the numbing boredom of my days by feeding on the gossip of my friends and fleshing out cheap novels in my head.)

Ferber’s fevered saga fanned like a slinky closing on itself down a flight of stairs as I rushed, late to do my proper chores, into a paneled, claustrophobic room that smelled of floor wax, alcohol, and fear. There, a collared spotlight shone
upon the livid site where one life hinged. Stunned to my bones, I handed the woman without any breasts her paper robe.

_If I’d had eyes to see_—living sags beckoned in my own back yard, exotic as the loaded flat-bed rig my brother wedged one sunrise in our drive—red flagged rear butting across our sleepy street—ten tons of drill pipe driven from El Paso.

Was I vaguely curious, as he sprawled asleep on the rug, so roughneck dirty and thoroughly drained, he looked a victim of a hit and run? Nose deep in a book, without even a ripple of wonder, I stepped over him to eat my breakfast.

So shallowly distracted, I couldn’t imagine then how a husband’s hands might veer from touching skin so scarred, couldn’t conceive the radical revision suffered by a woman so maimed even the memory of the breasts he’d cupped like fragrant peaches made him gasp and shudder and deny her.

_Pamela Harrison_
“And what can I do for you, young man?” asked the man in the white coat.

“Perfume, please,” the boy replied, his voice barely audible.
“Cannot hear you. Speak up, fellow.”
The boy flushed a deep red. “Some perfume, please,” he said.
“Ah, that’s better. Perfume. Now, who might it be for, if I may ask?”
The little boy’s head hung so low that the man behind the counter could only see the frames of his glasses.
“My mom.”
“Well now, isn’t that nice. Is it for her birthday?”
The man’s voice was so kind that the boy lifted his head and looked at the pharmacist, who was startled to see an angry looking red scar running down the side of the small, pale face, starting at the corner of his eye and ending close to his ear.
“Hey,” he said, leaning forward over the counter for a closer look. “That’s a nasty looking cut you got there, buddy. How’d you get it?”
The little boy’s face once more flooded scarlet. He made a turn as if to run out of the store.
“Never mind, just see that you keep it clean,” the man said, sensing the boy’s discomfort. “Let’s get back to the perfume for your mom. Now here’s a nice one, ‘Evening in Paris.’ It’s very popular. I’m sure your mom would like it.”
The boy raised his head once more. “How much is it?”
The pharmacist caught the fear in his voice. “How much can you spend?”
“Two dollars,” the boy spoke once again barely above a whisper.
The pharmacist suppressed a smile, his eyes warm and friendly.
“Come to think of it, there’s something your mom might like even better. It’s called June Geranium—a real fine one.”
He held up a small bottle with a garish orange label for the boy to see.
“And two dollars will just about do it, including tax.”
The child’s face lit up with a timid smile. “Oh, that’s nice, thank you.” He searched in the pocket of his pants and came up with eight quarters, which he slowly and seriously laid out on the counter.
“Thank you, young man,” said the man, handing him the small package. “Come again.”

Looking after the boy, the pharmacist shook his head as if to rid himself of troublesome images.

A heavy-set middle-aged woman entering the store brought him back from his thoughts. “And how are you today, Mrs. Goodwin?”

“Good morning. Was that the little Denitz boy I just saw leaving the store?”

“I cannot say; I’ve never seen him before. A strange little kid. Do you know his folks?”

The woman leaned her ample bosom across the counter and looked over her shoulder furtively. “He lives in my building with his mother. I’m not sure what goes on there, but I hear all sorts of things. I really don’t want to say….”

“I noticed a nasty scar on his face. He must have been in an accident, but I didn’t want to pry. He seems terribly shy.”

Mrs. Goodwin looked over her shoulder once more, then brought her head closer and said in a loud whisper, “I’m not one to carry tales, but there’s been some talk of her abusing the child.”

“Oh, my God, the scar, you mean….”

Mrs. Goodwin nodded emphatically and turned away from the counter.

“I need some of that foot powder you sold me last week. It’s so helpful in this hot weather. What was the name again?”

Without a word, the man reached for the shelf behind him. “Isn’t there anything one can do about the child?” he asked, handing the package to the woman.

“You know how it is; no one wants to get involved.”

“Poor child, poor little boy,” mumbled the pharmacist.

He rang up the sale and Mrs. Goodwin left the store after a cheerful “good bye.” Left alone, the man shook his head once more.

“Someone ought to do something about that,” he mumbled to himself.
The Profession

Man in his late seventies comes in with his wife, weak, lost 25 pounds, can’t eat, hard to talk, seeing double off and on past eighteen months, been to a family doctor and two specialists.

They don’t know, I’ve got some ideas. It’s beyond my scope, here in the rural north country. I get him tucked away in the medical center by the following morning. He’s out in five days with a diagnosis, I was right for once. He’s eighty percent better on treatment, says he’s two hundred percent. Gives me the credit for once. The gray hair helps. Man comes in to emergency with loss of vision in one eye, works full-time, in his sixties. It goes away and he wants to go home. Internist and eye doctor find nothing. I find something and say, no.

Family says I’m overreacting but they all agree, reluctantly. Urgent angiogram—surgery on the neck arteries is booked for the following morning. That night his opposite side becomes paralyzed.

Emergency surgery cleans out of a nearly blocked vessel. They don’t appreciate the post-operative pain. They don’t appreciate my style or anything about me. He walks out saved from an almost certain permanent disability. Woman comes in with a headache, high blood pressure, in her fifties. I do a spinal, few red cells, radiologist gets me on the phone.
He says the CAT scan’s negative, I’m not so sure and send her down country for an angiogram. Radiologist was right and I was wrong—no aneurysm in her brain. Young mother of two comes in with seizures hard to control all her life, and paralyzed on the right side from birth. I consider a CAT scan a waste of money: the gray hair stands for experience, remember?

She gets slowly worse over the years. Her family doctor does a CAT scan, finds a malformation of the brain. “We just ain’t so smart,” my old teacher used to say when I was an intern. A man comes in, in his sixties, can’t work, losing weight, muscles are twitching, hard to swallow, hard to talk. Do some tests, tell his wife and him he’s got Lou Gehrig’s Disease, it will affect his breathing, he’s going to die, it will be tough, we’ll try some things. We do, he gets worse, can’t walk, can’t feed himself. I visit the house: a small cape with a screened porch behind a variety store in a small town in New Hampshire. He gets worse, I visit some more, talk some to him, to his wife and son, he dies.

_Parker Towle_
Progressive Health

We here at Progressive Health would like to thank you
For being one of the generous few who’ve promised
To bequeath your vital organs to whoever needs them.

Now we’d like to give you the opportunity
To step out far in front of the other donors
By acting a little sooner than you expected,

Tomorrow, to be precise, the day you’re scheduled
To come in for your yearly physical. Six patients
Are waiting this very minute in intensive care

Who will likely die before another liver
And spleen and pairs of lungs and kidneys
Match theirs as closely as yours do. Twenty years,

Maybe more, are left you, granted, but the gain
Of these patients might total more than a century.
To you, of course, one year of your life means more

Than six of theirs, but to no one else,
No one as concerned with the general welfare
As you’ve claimed to be. As for your poems—

The few you may have it in you to finish—
Even if we don’t judge them by those you’ve written,
Even if we assume you finally stage a breakthrough,

It’s doubtful they’ll raise one Lazarus from a grave
Metaphoric or literal. But your body is guaranteed
To work six wonders. As for the gaps you’ll leave
As an aging bachelor in the life of friends,
They’ll close far sooner than the open wounds
Soon to be left in the hearts of husbands and wives,

Parents and children, by the death of the six
Who now are failing. Just imagine how grateful
They’ll all be when they hear of your grand gesture.

Summer and winter they’ll visit your grave, in shifts,
For as long as they live, and stoop to tend it,
And leave it adorned with flowers or holly wreaths,

While your friends, who are just as forgetful
As you are, just as liable to be distracted,
Will do no more than a makeshift job of upkeep.

If the people you’ll see tomorrow pacing the halls
Of our crowded facility don’t move you enough,
They’ll make you at least uneasy. No happy future

Is likely in store for a man like you whose conscience
Will make him to certify every hour from now on
Six times as full as it was before, your work

Six times as strenuous, your walks in the woods
Six times as restorative as anyone else’s.
Why be a drudge, staggering to the end of your life

Under this crushing burden when, with a single word,
You could be a god, one of the few gods
Who, when called on, really listens?

Carl Dennis
Bios

**CL Bledsoe** was born and raised on a catfish farm in eastern Arkansas. He has stories, essays, poems and articles published or forthcoming in many journals, including *Nimrod*, *The Arkansas Literary Forum*, *Hobart Pulp*, *Eyeshot*, *Story South*, *Euphony*, *Mobius*, *The Dead Mule*, *Byline*, and *Apalachee Quarterly*.

**Mark Brady** was born and raised in Rhode Island. He spent six months at the Angkor Hospital for Children in Cambodia (“as far away from Providence as you can get before coming back the other side”) and five on the Appalachian Trail (“to get to Katahdin”) before starting at Brown Medical School (MD ‘07).

**Stephen Broyard** was born in 1968 and is a writer and a physician. At 30, he published, in a private edition, the volume of poetry *The Night*. He also writes essays, literary criticism, and occasional art and film criticism. He is currently working on a second volume of poetry titled *The Book of Dreams*.

**Bob Burnham** and **Kathryn Sabadosa** live with their two sons in Norwich, Vermont. Biking, hiking and learning new programming languages are just some of their hobbies. They love to travel and explore new places. Before settling in Norwich, they have lived in places far and wide, including Bangui, Central African Republic and NDjamena, Chad.

**Carl Dennis** is the author of nine books of poetry, including, most recently, *New and Selected Poems 1974-2004*. In 2000, he was awarded the Ruth Lilly Prize from *Poetry Magazine* and the Modern Poetry Association for his contribution to American poetry. He is currently the Artist-in-Residence at the University of Buffalo. “Progressive Health,” from *Practical Gods* (Penguin, 2001), which won the 2002 Pulitzer Prize for Poetry, is reprinted here by permission of the author.

**Joseph Dwaihy** is a student at Dartmouth Medical School, class of 2006. He received a BA in Philosophy from The University of Michigan, Ann Arbor. Joseph is currently writing a novel for the Albert Schweitzer Fellowship of NH/VT. He is also working with DMS Visiting Artist Sara Dykstra on a series of paintings depicting the history of medicine at Dartmouth.
Sara Dykstra is a visiting artist at Dartmouth Medical School and is collaborating on a series of paintings with second year student, Joseph Dwaihy. The paintings depict some of the most defining historical moments at the school, spanning three centuries. Sara received her Bachelor of Fine Arts at the Maryland Institute, College of Art and has exhibited national and internationally.

Cara Haberman is from upstate New York and is currently a first year medical student at DMS. Until now, her work has only been published in the Cornell literary magazine, but she plans to spend the summer writing poetry and hopefully publishing a book in the next year.

PJ Hamel is a writer and cookbook author at King Arthur Flour in Norwich. She, her husband, and son live in Hanover. Diagnosed with breast cancer in 2001, PJ has appreciated the wonderful care she’s received at DHMC, where she is a volunteer in the breast cancer outreach program, BeFriend.

Pamela Harrison was named the PEN Northern New England Discovery Poet for 2002. “Literature and Life” is taken from her first full length collection, STEREOPTICON, which is due out from David Robert Books this summer. The daughter and sister of physicians, she is also the wife of Dr. Dennis McCullough, Clinical Co-Chair of the Department of Community and Family Medicine.

kelly heim is an artist, musician, creative writer, angler and outdoor enthusiast currently pursuing a Ph.D in pharmacology.

Cynthia Huntington is the current Poet Laureate of New Hampshire. She is the author of The Radiant, The Fish-Wife, We Have Gone to the Beach, and The Salt House (prose). She is Professor of English and Director of Creative Writing at Dartmouth College. “Rapture,” from The Radiant (Four Way Books, 2003), is reprinted here by permission of the author.

Roman Johnson graduated from Arizona State with a BS in Psychology. After exploring psychology and research in basic science, he found his passion in medicine, and plans to pursue a career in Surgery. He and his wife Christy plan to have children soon and return to their native west coast after graduation.
Sue Levi graduated from Columbia University, specialized in ESL and translations (German/French), and has taught at Skidmore College. She has published in Redbook, The New York Times, and nursing magazines. Presently retired, she has been teaching Fiction Writing at ILEAD for the past seven years.

Jack Lyons is a mostly retired physician who now teaches Anatomy at Dartmouth Medical School. He has been photographing for more than fifty years. His preference is to work in black and white film that he processes in his home darkroom. Currently, digital photography is beckoning to him strongly.

Cleopatra Mathis is the author of five books of poetry, including, most recently What to Tip the Boatman (2001). Her poems have appeared in New Yorker and American Poetry Review. She is Professor of English and Creative Writing at Dartmouth College. “After Surgery,” from Guardian (Sheep Meadow Press, 1997), is reprinted here by permission of the author.

Meghan McCoy was raised in Colorado and received a BA in Anthropology from The University of Colorado, Boulder. Besides photography her interests include writing poetry and short fiction, baking and ice hockey. She is currently a student at Dartmouth Medical School, class of 2006.

Debraj Mukherjee, a first year medical student at DMS, is a native of Chicago, Illinois. His writings include research abstracts, essays addressing public policy and the growth of the Internet, and a poem entitled “Freedom.” He enjoys working with advanced audio-visual software and traveling abroad.

SD Mulligan, 61, is a Midwestern businessman who began writing fiction and poetry in 2001. He has been published in The Evergreen Review, Gator Springs Gazette, Pindeldyboz, and a street newspaper in New York City called BIGNews. His only connection to the medical establishment is to have survived two biopsies.

Shh! Christy Paiva (Brown-Dartmouth ‘06) is fast asleep. She’s tuckered out after her transition from the mountains of NH to the ocean of her native RI. Please don’t wake her, she might be dreaming. “Be kind, for everyone you meet is fighting a great battle.” (Philo.)
Susan Pepin attended the University of California, San Francisco Medical School and stayed there for her ophthalmology training. She has been an attending ophthalmologist at DHMC for almost 5 years. She continues to have a strong interest in writing and reading poetry as well as philosophy.

Michael Pirozzi is a Dartmouth ‘00 and a DMS ‘06. He likes to do things outside, and sometimes he paints and draws.

David Sears is a second year student originally from Santa Barbara, CA. He has a strong interest in international health and has spent time doing health related work in Bolivia, Mexico, and Costa Rica. He hopes to heal all the world’s poor someday, but will most likely learn to lower his expectations instead.

Cheryl Shannon is a second year medical student at DMS and a Dartmouth alum, class of 2000. In addition to art she is very excited about rock climbing, mountain biking, and snowboarding. So far she is undecided about her future medical specialty.

Parker Towle is a DHMC neurologist and has practiced in the north country of New Hampshire and taught at the DMS for the past 24 years. He also teaches at the Frost Festival of Poetry each summer in Franconia, NH and serves on the local and advisory boards of the Robert Frost Place. “Mary Fletcher Hospital, 1958” appeared in a slightly different form in Vermont Medicine (Summer 2003).
We would like to thank Martin and Carol McCoy, DMS Student Government, DMS Multicultural Affairs, departments of Anesthesiology, Biochemistry, Community & Family Medicine, Microbiology/Immunology, Surgery, On Doctoring, Pediatrics, Pathology, and Dr. Pfefferkorn for making generous contributions to support our cause, as well as Shawn and Victoria for managing our funds. Your kindness will not be forgotten!

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Thanks as well to Paul Gennaro and Mason Kortz for creating and maintaining the Lifelines website and submission engine, Dana Grossman and Theresa Bryant for publicizing our project, and Bob Donnin for his legal advice.

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Other thanks to Jonathan Crew, Melissa Zeiger, Dean Spielberg, Dr. Dmitrovsky and Didit Martinez.

Finally, we thank the DMS class of 2006 for their support and encouragement!
Call for Submissions

Please visit our website:  www.dartmouth.edu/dms/lifelines

Lifelines invites submissions of original and unpublished short stories, non-fiction, poetry, artwork, and photographs. The editorial committee, comprised of students, faculty, and established writers in the nation, will review and select works based on craftsmanship, originality, and content. We welcome multiple submissions from each contributor. Submissions will be accepted year-round. Publications may appear in the Lifelines journal and also on the Lifelines website. All rights revert to author after first publication.

Submission Guidelines:
Poems must not exceed 750 words. Prose pieces must not exceed 5000 words. We welcome both black-and-white and color artwork and photography.

Please include your name, current address, phone number, and/or email address on all submissions.

We prefer to receive submissions electronically at: lifelines@dartmouth.edu

Submissions can also be sent through the mail to:

Dartmouth Medical School
Attn: Lifelines
Hanover, NH 03755-3833

Please contact us at lifelines@dartmouth.edu for further questions or comments.
Support Lifelines

We envisioned *Lifelines* to be an open forum for the community: a journal that would grace patients’ rooms, doctors’ offices, hospital waiting areas, and classrooms, providing their occupants opportunities to pause and reflect on issues of health and illness.

Thanks to the funding provided by The Fannie and Alan Leslie Center for the Humanities, Allen and Joan Bildner Endowment for Human and Inter-group Relations, as well as departmental and individual contributions, we were able to make our first issue available to you at no cost.

We hope to continue publishing and distributing future issues of *Lifelines* free of charge, but this will only be possible with your continued monetary support. The *Lifelines* staff is composed of volunteers from the medical school and the undergraduate campus, donating their time to the various aspects of the journal’s creation. All of your contributions will be used toward defraying printing costs and minimal operating expenses.

We appreciate donations in any amount. Donors who contribute more than $100 will be listed in the next issue of the published journal, as well as receive a lifetime subscription to *Lifelines*. To send donations, or for more information, please contact us at:

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or  
Lifelines@Dartmouth.edu
Lifelines is a literary magazine featuring works of creativity and non-fiction from Dartmouth students and health-care professionals, as well as current and former patients. The mission of Lifelines is reflected in its name: to be a thread winding amongst all those who have been touched by the medical experience, and to weave a literary tapestry offering the much-needed creative outlet for doctors and patients alike. We welcome works of art and word that through their poignant accounts of everyday lives, as Dr. William Carlos Williams wrote, offer us a “glimpse of something, from time to time, which shows us that a presence has just brushed past us.” It is our hope that this journal will enhance the atmosphere of the health-care community in the Upper Valley by creating an environment which fosters an on-going dialogue between health-care providers and patients, extending beyond the discussion of diagnosis and prescription.