

# *Lifelines*

## *2005*

A Dartmouth Medical School Literary Journal

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## *From the Editor*

Surely there is something special about a second issue. Last year's inaugural issue was flavored with a sense of triumph, after gathering the huge amount of energy required to birth a project such as this out of the realm of dream and into being. Yet this year my sense of triumph is no less. Perhaps that is because throughout the year-long process of publishing, I have been lucky enough to reap the harvest of last year's careful planting. I have received letters and emails from people who noticed our journal on a waiting room table, leafed through it and realized they were staring at their own lives on the page. A mother who found understanding in a parent's story, a widow who found solace in a medical student's poem... this is what *Lifelines* was meant to be.

For that reason, as I sit and sift through the pages that are about to become our new issue, I take joy not only in the witty turns of phrase and the captured moments of childhood, but also in the anticipation of what these words and images will mean to the next person who picks up our journal from a waiting room table. To that person I say: may you find a piece of yourself within these pages, and in doing so become part of the tapestry we call *Lifelines*.

*Cara Haberman, DMS II*

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## **Knitting**

A thoroughly (post)modern woman,  
My wife,  
Quite at home in this age of immediacy;  
Still,  
Awaiting our first child,  
She knits.  
Bathed in the TV's pale blue glow  
Her fingers move, autonomous,  
Needles softly clicking,  
As a tiny woolen sleeve  
Slowly ravel in her lap.

Without as within:  
A timeless patient rhythm,  
The casual perfection.  
From tangled skeins,  
A gathering,  
Knots intricate and fine  
Form a seamless garment,  
Supple, soft, and strong.

*Christopher Wiley, MD*



## **The Fifth Brother**

Death descends upon the  
fifth brother now.  
This time he is scything  
at a sad speed

through marrow, liver, brain.  
So much slower  
now than the four before.  
From backgrounds of

communism, even  
atheism,  
these men became local  
wonders within

their community. We  
are adjusting  
to their present absence.  
I am saddened

by their widowed survivors  
found delicate  
as the flesh of their husbands'  
bodies now gone.

*Erik Ulland*



## Lakota Road

*Ed Lynskey*

Once the bleak span of tar-top road emerged from the treeline, Payne shut his eyes for an instant but upon opening them saw it was the same journey with the same passenger. Hands at ten and two, he sawed the steering wheel but the boxy '61 Willys Overlander still jarred in and out of the chuckholes.

“Ouch.” Payne had cracked his crown on the roof liner. Just once, he’d like to travel this way without incurring any bumps or bruises. He grunted. Lakota Road, a smooth Sunday drive? That’d be the day.

“Are you headed to a fire, boy?”

The elder man’s plaintive voice grated on Payne’s headache. Still, he drove forty miles per hour along this straight stretch entering shade cast by stands of mature honey locust and black walnut. Payne’s passenger didn’t accept his laconic unresponsiveness.

“Are you too good to answer your dad?”

“No, pop, that isn’t it,” said Payne. “The sights distracted me is all.”

His dad swiped at a wispy chin beard. “Sights? You’re a lousy liar.” Neither man, father nor son, filled the silence until the father draping a gaunt elbow out the rolled-down window said, “Sorry, Payne I didn’t mean to tear you a new one like that.”

Payne’s palm heeled in a dismissive wave. “No harm, no foul.”

“We’re going home,” said his dad.

“For a time, yes, we are.” Payne straddled a box turtle scuttling over Lakota Road. “Only for a time.”

“Lately in my dreams, I’m riding on this same road.” The old man, shivering, leaned back against the seat. “It’s always a bright day like this one, too. A righteous bright day.”

Breaking into sunlight, Payne dealt his dad an oblique glance. The lung cancer, he saw, had done its worst damage. His dad’s skin was stretched on his bony physique like parchment covered a lampshade. “Are you cold, pop?” Payne asked. “I can close the hood vent.”



“No-no,” said his dad. “That spring air blowing over me is like a tonic. I for God certain can use one. Two or three, for that matter.”

“This road means a lot to us both,” said Payne, almost weary of the corny conversation they always had coming this way.

“You said it and how,” his dad said. “I’ve logged some long miles on it. Ages ago I brought your mother this way on our wedding day. That was also in April. A sunny April day that was as fine as this one.”

“Yeah, well, like you said, that’s all ancient history now,” said Payne, his eyes pinned to the road’s crown.

“I miss too much tucked away in that hellhole where you sent me.”

Irritation stirred in Payne’s guts and, with instant regret, he had out what lay on the tip of his tongue. “For what they charge, it’s hardly a hellhole,” he said. “Your nurses call it ‘assisted living’ and that’s how I look at it, too.”

“Except I don’t require any assistance in living,” said the old man. “I’ve had plenty of experience with it, thank you very much.”

“Pop, we’ve hashed through all this before,” Payne said. “I’m not equipped to give you the proper care as the nurses can. I have to meet a mortgage and that means lots of overtime. Understand?”

“What, you can’t take care of me when I’m sick? I cared for you as a sick boy. I cared for my daddy in his last days. It’s only a part of the natural progression.” The elderly man spat out the window.

Grimacing, Payne sought a fast, convenient diversion. “Well, look over to your side of the road. Is that field cress out already?”

Craning his neck and peering in that vague direction, the old man nodded as if he could really see it. “What’s this, April? Hell, it sure enough is now ain’t it? Pull it over. We’ll go grab us a mess of it. The tastiest field cress grows here along Lakota Road.”

Not sure how to play out this make-believe bit, Payne lifted his foot off the gas pedal and braked to slow, turning into a fencerow gap. After he cut the ignition switch, the Willys’ engine coughed to die out. Down the small brow from them, the chocolate muddy river water churned out of its irregular banks. A giant wind-struck sycamore ripped up by its



shallow roots bridged the span. Up the green knoll on the opposite bank, Payne viewed the wrought iron fence to a family grave plot.

“Are you up for some cress?” Moaning, his dad leaned forward in the seat. “Let’s go get it.”

Their script seemed lifted out of some sappy movie but Payne was grateful for the diversion. He was in no big hurry to run his dad back to Deer Valley Living Assistance Home. “Yeah, let’s go do that. Your being blind as a bat will take us right over to it, huh?”

The old man’s wry grunt sounded like more of a croak. “You’ll do the scouting part. I’m the royal taster. My palate will tip you off if it’s ripe for the picking.”

Now Payne suppressed a small smile. “Can you walk okay, pop? It’s a little bit of a haul going downhill to the cress.”

“Walk. Crawl. Slither on my belly like a goddamn snake,” said his dad. “I’ll reach there somehow. Bet on it.”

“What was it really like that April?” Payne asked. “The first day you brought mom home on Lakota Road?”

“Better forget about that,” said the old man. “I ain’t turning all mushy and misty-eyed over that past stuff. I only live in the present.”

A slack nod showed Payne’s understanding of his dad’s sentiment. The two of them alone out in this lush countryside slowed time and so he waited. Sooner or later, Payne counted on the story’s recitation. “I’m serious, pop,” he said at length. “Mom died when I was six. My memories of her are hazy at best.”

“You were seven if you were a day,” said his dad. “Now my damn big toe aches. Goddamn gout.”

“Gout is the least of your health problems,” Payne. “Let’s hop out of the jeep and go stand on the tar-top where it’s warm and sunny.”

“Amen to warm and sunny,” said the old man. “It tops sitting in here gabbing with you.”

After popping his door open, Payne swung out his long legs and, once standing, stretched his arms, too. His deep breath caught the smell of freshly tilled earth: fecund, wet, and ashy. After hitching around the front bumper, he thumbed his dad’s door handle to draw it out.



“Clutch a hold on my shoulder,” he said. His dad rasping a meek “No need” to protest, still complied with the request. “Easy does it, pops. Don’t take off running, hear? I ain’t in that good shape to keep up with you.”

“Ha,” said the old man. “Your lippy mouth is in pretty good shape.”

They half-hobbled, half-dragged each other as if joined as twins at the hip. The stench of death and decay coming off his father didn’t surprise or distress Payne. Indeed, he dealt with its presence with a fatalistic acceptance. In the middle of the road, Payne relinquished his grip on the old man but lingered nearby in case of any swooning fall.

“Are you making it okay?” Payne asked him.

“You asked me about your mother,” said the old man. “About that first day we came home on Lakota Road. That was thirty-two years and some months ago but I’ve grown terrible at tracking time. Where are we?”

“Within sight of Old Man Fincham’s silos,” said Payne. “The river is off a ways to your left. We’re also within throwing distance of that persimmon grove you might recall.”

“Okay, that’s enough. I got a clear picture in my mind. Are those silos still a faded green?”

“Nope. Fincham painted them red like a barn. They look like dildoes with lipstick stains.”

“Never mind with the crude comparisons,” said the old man. “Lakota Road in those days was flint and bluestone, a pair of ruts cut clear up to the axle. The highway department didn’t send their paving crews here until years later. Don’t ask me why. Back then one car clipping down it stirred up quite a dust cloud.”

“Wasn’t it paved the year mom died?” I asked.

“Yes—yeah, now that you mention it, I believe the road was paved then. Even in an ambulance hauling ass over this tar-top she couldn’t beat the Grim Reaper, now could she? DOA. Fatal heart attack.”

“Go back,” I told him. “Not that sad day but the happy day the two of you came along here as newlyweds.”



“I guess you’re entitled to know what your mother did on her wedding day,” said the old man. He turned his pale, pinched face into a direct shaft of sunny brightness. “It’s her wedding night that’s none of your business even if you were the result. Well, she didn’t like it on the ride out here but put on a brave face for me.”

“Lakota Road was the gateway to the sticks?” Payne said.

“I’m sure she thought something along those lines,” the old man said. “Let’s just say the future didn’t look too promising to her.”

“But mom had it in her to stay put and not walk away from her commitment to you.”

“And in due time, you as well,” said the old man. “Son, I’m drained. My reserves of strength have suddenly fled. I can’t explain why. Just old, I guess.”

“You ready to get back into the jeep?” asked Payne.

“I think that would be best,” said the old man. “The sun feels good but I’m getting weak as a skinny puppy.”

Alarmed, Payne went to his father’s side. “Hold it together, pop. We’ll make it over at your say go.”

The old man tapped Payne’s shoulder. “Go,” he croaked.

Once bundled back inside the Willys, Payne started to crank the engine when his father spoke in a stunning clarity. “Don’t be in an almighty rush. We might linger a bit longer, can’t we?”

“Surely,” said Payne. “I ain’t got nowhere special to be. Are you hungry, thirsty at all? I got soda pop and lunchmeats in an ice cooler. They’re in back. You got any picnic feeling?”

“No. Just give it a rest,” said the old man. “We’ll sit here quiet for a spell.”

“Surely,” repeated Payne. “Like I said, I’ve nowhere special to be.”

“Swell.”

Soon the percussive putt-putt of an ancient John Deere tractor spoiled their quiet repose. Jerking a worried glance over at his father, Payne relaxed to see that the old man slumped his skull head against the bench seat catnapping. Squeezing the door handle with careful ease,



Payne edged out of the Willys and made his way to the side of Lakota Road. The hunched-over figure steering the John Deere was familiar to him. Just short of Payne, the tractor torqued down its growl and came to a halt.

“How you doing?” asked the lanky farmer from the John Deere’s seat.

“I can’t complain, Fincham,” said Payne. “Even if I did, nobody would listen to me.”

Fincham sucked through his teeth. “You out and about for a Sunday drive, eh?”

“Like every Sunday, I pick up my pop from the home,” said Payne. “Today he wanted to ride on Lakota Road and I was more than glad to bring him.”

“Is he doing any better?” asked Fincham, his one good eye narrowed on the Willys.

“Still pretty sick,” said Payne. “He has his good days and bad days. Today, fortunately, is a good one.”

“I’m damn happy to hear that,” said Fincham. “You figure he’s up to saying a few words to me? We go way back before you were born.”

“Surely, I imagine he’d like that fine.”

After Fincham climbed down off the John Deere, Payne and he went over to the passenger side of the Willys. Payne stretched his arm through the rolled window and nudged his father on the shoulder.

The old man didn’t move. “Pop,” said Payne. “Can you wake up? Mister Fincham just dropped by for a moment.”

Gently, Fincham took Payne’s free elbow. “Son, come on away from there. Your dad ain’t gonna wake up.”

“He’s dead?” asked Payne, incredulous.

Fincham didn’t return the younger man’s intensifying gaze. “I’m afraid so. It would seem your pop picked his own time and place to pass away.”

“On Lakota Road,” said Payne with emotion. “And with me. Christ.”



## One of my hells

will be the hell of dogs—  
stacked cages filled with whimpering,  
cringing and tail-wagging  
eyes wanting love;

I will be sitting on the floor in scrubs  
and a puffed paper hat  
with my physiology book and a clipboard  
in my hands, hot, with the buzz  
of hot lights.

We wanted to be surgeons.  
This was practice. What did we speak  
of around the stainless  
steel tables? Who cleaned up  
the blood and shit?

After, we took  
vital signs. Did we feed  
them? Shave the hair of their bellies  
ourselves? Stitch them with cat gut?

How much did they bleed? Medium-  
sized dogs, mutts, brown, black  
non-descript. How many dogs  
have I rescued since?

How many  
dogs have I killed? As if I saved a life.  
As if I saved a life.

*Kelley White, MD  
-for Matty & Gus*



## The Gift

Although I've never seen his face,  
I am certain that I have stood at the window to his soul.  
As I stood there I saw him teaching:  
how else could I learn so much from someone whom I have never  
heard?

Later, I saw him kneeling in prayer,  
He must have known that it was time to let go of this life—  
So he left behind a perfect gift  
to be opened by eyes that would become wise.  
As he turned to leave, I saw him smiling in joyous wonder,  
the light in his eyes was so pure, so true, so real...

Did he understand the value of his gift?  
I'm sure he did.  
For, now I feel that certain smile,  
it whispers like shadows dancing in the hours of darkness.  
Unlike the shadows,  
I am sure his smile will not disappear before the dusk.  
How very sad that would be...

But,  
As I work,  
the smile follows me,  
assuring me,  
this man who is teacher,  
must have known,  
that he had a hand in allowing me to see at a glance,  
the *wonder* of God's creation.

*Sade Ajayi*



## **Oh, the Ignominy of it All!**

A Memoir

*C.W. Dingman, MD*

It was the second set of those most distressing trans-rectal prostate biopsies that revealed the dreaded and depressing cause of my slowly rising PSA levels. This was followed by four months of mounting anxiety which was thankfully interrupted by periods of welcomed denial and dissociation. I dutifully considered and researched all the alternative approaches, but surgery, in spite of all its potentially unpleasant post-op sequelae, appeared the best approach to me.

That fateful date drew inexorably closer until at 4:00 AM on a Friday morning I, blindly following the typed instructions while kneeling with my head on the bathroom floor, humbled myself with an enema. Soon thereafter, dazed and without the benefit of a morning cup of coffee, I felt my body being transported to the hospital by my wife. The rest of the morning went too fast for me to offer any resistance or voice any peeps of protest. Three hours later I awakened in the operating room, sans prostate and seminal vesicles, and, as I was to realize much later, sporting a penis which was now two centimeters shorter.

The twenty-four hours in Intensive Care and the next three days on the Surgical Recovery Ward went by progressively slower—and increasingly painfully, thanks to frequent intense bladder spasms which ultimately led me to ask for my first-ever shot of morphine. It was during my first day on the Surgical Recovery Ward that I finally felt brave enough to deliver my first demand, which was to insist that they give me back the two units of blood I'd donated to my own cause in the weeks preceding the surgery. The result was well worth the ire of the hospital's Blood Committee. It helped stave off the guilt I felt for being so demanding to know they couldn't use it for anyone else anyway.

The nurses on this ward, on learning I was a psychiatrist, showed a keen interest in talking to me about themselves while, simultaneously, showing a great aversion to offering me any care to my injured manhood. They left that chore for me to master. This leads me to offer a word of



advice to those contemplating similar surgery: cut your pubic hairs very short before you go. If you don't they become stuck to the catheter near the head of your penis and get dragged in and out of the meatus with each little motion of the catheter, causing much irritation and even bleeding—a real bummer. To her credit my wife was not at all squeamish about helping me accomplish the necessary genital crew cut when I was two days post-op.

The morning of my discharge was marked by the thankfully brief but extremely painful act of removing one of my drains. (The removal of the second one a week later was even more exquisitely painful.) On our way home we stopped at a pharmacy to get a prescription filled for oxybutynin (an anti-spasmodic for my bladder) only to have the pharmacist fill it as diazepam—which I would have been happy to indulge in before my surgery but which was useless now. Fortunately, I spotted this mistake before we'd left the parking lot. Feeling weak and battered, I was very thankful to reach home and crawl into my familiar bed.

Adapting to a catheter that was either attached to a large bag that hung on my bed or to a smaller bag strapped to my thigh occupied what little creative effort I could muster for the next several days. As I got a little stronger and more mobile this unwelcome appendage became increasingly problematic. It just wouldn't stay put on my left upper thigh but insisted on sliding down as it collected more and more urine until it was pulling with dangerous strength on my catheter, threatening to remove it painfully and prematurely, perhaps along with some more of my anatomy. A number of trials of different but unsuccessful ways of solving this problem finally led me to a happy resolution. I found I could use my suspenders to make a sling that was hung over my right shoulder and attached fore and aft to the thigh straps of the urine bag, leaving the shortest of the three arms of the suspenders unattached. My pride and delight at finding this solution was greatly enhanced when my urologist expressed both surprise and amusement at this unique arrangement, telling me he'd never seen that done before. It must have made a big impression on him because now, although he can't seem to recall when



my surgery was, he never fails to recall my suspenders.

Two-and-a-half long weeks later the catheter was finally removed only to leave me with yet another process to adapt to—wearing diapers day in and day out. I went through six diapers a day and, in spite of the cool weather, the constant warm, moist environment that shrouded my genitals soon led to an exuberant and luxurious growth of fungus that thankfully responded to persistent treatment. My only consolation during this mostly sedentary recovery period was that I got to read some very long but excellent books that I would never have attempted if I had been my usual self.

Over the following month or two I gradually gained enough control to require only two diapers a day. But by this time I was running low on patience with this process and in desperation I e-mailed my two-and-a-half-year-old grandson asking him how in the world he put up with being in diapers all day. His behavior in this respect had been quite in contrast to his very successful efforts to keep up with his five-year-old older brother in most other activities. Indeed, his parents had been puzzled and annoyed by his adamant refusal to master the rudiments of toilet training.

His e-mail response, or rather his parents' interpretation of his response, was not the least helpful and contained only the clipped statement that he “just didn't give a shit.”

On their next visit the two boys burst into the bathroom looking for me only to be taken aback by the sight of my diaper around my lower legs as I sat on the toilet.

“What's that, Gramp?” they asked in unison, leaving me to try to find an explanation that lamely attempted to preserve some sense of dignity.

A few weeks later when I had gotten down to using just pads instead of the full diaper, I proudly announced this accomplishment to the two-and-a-half-year-old, to which he responded by angrily holding his hands over his ears. He wasn't about to listen to anything that smacked of an effort to encourage him to make use of a toilet. To his credit, however, he became fully toilet trained within the next couple of months while I,



haplessly, still required hefty pads to keep my underwear dry.

This led my urologist to induce me to try a new treatment for persistent incontinence, a treatment as yet unproven for post-prostatectomy males. This involves sixteen twice-weekly half-hour sessions sitting in a chair that magnetically stimulates the pelvic floor muscles—passive Kegel exercises, if you will—which literally felt like rapidly repeated kicks to my nether regions. Apparently this technique has been quite beneficial to many women suffering from partial incontinence secondary to the trauma of childbirth. Unfortunately, it proved no help to me and Medicare didn't yet think well enough of it to pay for it either.

Next came a trial of a long-acting anti-cholinergic medication but this too proved to offer little benefit while providing a generous amount of gastric distress, dry mouth and constipation. When these efforts failed to moderate my incontinence my urologist recommended a cystoscopy to rule out any obvious anatomical problems which might be interfering with my urinary sphincter. Indeed, he'd told me on more than one occasion that when he was a resident he'd found a misplaced surgical staple in a man's urethra that, once removed, resulted in recovery of continence. I quickly responded that if he found a staple in my urethra his good name would be in grave jeopardy. Fortunately, this procedure was more benign than I'd anticipated (I even got to peek at my own bladder and upper urethra) but it revealed no visible reason for my defective valve. His next move was to prescribe a drug combination used for lung congestion that causes constriction of smooth muscles such as surround the urethra. This drug was partially successful for about six months but then became gradually less effective.

In the meantime increasing resignation to, and nonchalance about, my pads led to an increasing desire to make some use of that other function of the penis. However, its lack of response to soft porn videos and the best visual fantasies I could muster led to another round of grim disappointment. It was of some consolation that sufficient stimulation could often set off an orgasm without the slightest overt evidence that my limp appendage experienced any excitement by becoming even a little bit full. In fact, its only show of appreciation for my hopeful



ministrations was to shower me with a small spray of urine. A brief trial of Viagra proved I was no Bob Dole as the drug seemed to set off a cardiac arrhythmia without generating the desired effect, another downer, to make an unintended pun.

Never keen to admit to defeat, my urologist suggested turning to penile injections using a triple drug cocktail he and his colleagues had devised. A burly nurse initiated me to this procedure. After lecturing me on the risk of priapism which could lead to impotence (“So what?” one might, in a despondent mood, be led to ask), she instructed me to drop my pants and stand still so as to fix the proximal end of my now shortened and threatened penis. She grabbed the distal end and, while giving me constant reassurances that this wouldn’t hurt (would anyone believe that?), deftly jabbed the needle in and injected the magic potion. Here I was, I thought, in training to become a Mayan king—learning the technique of penile blood letting.

Well, it worked a little but not enough, so it was back the next week to try with a larger dose, and then back a third week to receive a still larger dose. These latter two trials were accomplished by my giving the injection under the watchful eye of this nurse. She was right that the injection doesn’t hurt all that much. However, although now achieving a pleasant degree of erection, my penis was left to ache for an hour or two afterwards. In case anyone’s wondering, I should note that the nurse didn’t stand around watching and waiting to admire the results of her ministrations, but quickly told me to get dressed and sent me out the door to manage the results, however admirable, on my own.

Now my patient wife and I are able to enjoy some very pleasant intimacy after months of abstinence—but, although it might euphemistically be described as “better living through chemistry,” it is not all that one might wish. True, there was no more messy ejaculate but in its place was the frequent squirt of urine over which I have yet to gain control.

My surgeon, almost as upset as I was about my continued incontinence, was not about to cease his efforts to make me whole—he believed I shouldn’t have to go through the rest of my life wearing pads



to control my incontinence. I found it easy to agree with his thesis but I had misgivings as to what further efforts might entail. Thus it was that two years post-prostatectomy I was on my back again in Out-Patient Surgery with my legs in stirrups for an attempt to stop the flow with a collagen-like substance injected into the proximal end of my urethra. This seemed to help for about a week and then my problem returned unabated. Not unusual, apparently, as to get relief men often require two or three such treatments. So it was back in a month to get another injection. Once again by a week later I was just as bad off as before. Acquiescing to yet another technique, I underwent an urethral injection of a large number of tiny dense spheres of carbon set in gel capsules which expand upon being inserted into the urethral wall. This treatment gave me much more pain and bleeding post-op but, far worse for me, by the end of a week I was more incontinent than I'd been since two months post-prostatectomy! I was, unhappily, back to two heavy duty pads a day. I was also wishing I'd elected to just put up with having to wear a pad or two a day in my underwear.

Now I was left to contemplate having an artificial sphincter put in which meant another trip to surgery—the fifth surrounding the treatment of my diseased prostate. After some discussions with my urologist and the device manufacturer's rep, a competent and knowledgeable woman, I agreed to the surgery. Although they told me the surgery went very well (the manufacturer's rep was also present) my post-op recovery was most unpleasant. My scrotum felt as if it had been severely burned and nothing seemed to relieve the pain. Lying in bed with my legs spread wide was the closest I could come to getting relief.

When I asked a nurse in the surgeon's office what they'd used to shave me during the preparation for the surgery, she blithely answered, "Oh, probably some cheap razor they got at Wal-Mart." I gave a grim smile in response but the truth was I was unable to drive or sit for more than a half hour and unable to walk for more than a half mile, without being driven to severe distraction by the irritation. And the problem was only made worse by my continuing need to wear pads until the time was right to have the device activated, which would only occur when



the tissues involved were fully healed. It was four long weeks before this painful sensitivity began to abate. Fortunately, by the time I went in to have the device activated, seven weeks post-surgery, I was left with only some hypersensitivity over the posterior surface of my scrotum.

Anticipating the activation process induced no small amount of squeamishness in me. As I understood it, only some nine thousand such devices had been implanted in the U. S. by that date. Apparently my urologist had some concerns as well for he had requested the manufacturer's rep to be present for this ceremony. Under her tutelage he made three unsuccessful attempts to activate it—a process which required him to squeeze the pump (which was resting inside my scrotum between my testicles) forcefully and rapidly. By the second attempt I was lying down so as not to risk passing out. The rep took over and she was successful on her second squeeze. I found myself wondering whether her skill at this process had been honed keeping her male friends in line.

The good news was that the device has worked well. I leak only a small amount, such as when I bend over to lace up my boots. Now I need only the lightest of pads when I'm out in public. However, mastering the process of operating this device took time. The little plastic pump slips and slides all over the place so fixing it somewhere between my testes sufficiently to impart a good squeeze required much practice. Initially I seemed to need my pants down around my knees, both hands free, and at least five fingers. Even then I'd pee on my hand a significant portion of the time. Not a process I relished doing while standing at a public urinal. But within a month or two I became more facile. I just hope the device lasts.

In the long run, perhaps the best medicine for all these vexations is a healthy sense of humor. But let's face it, in response to all this trauma there were times when my sense of humor became as impotent as my penis. Nevertheless, the best news is that, so far, my PSA remains below the level of detection.



## We Talk of Pictures

We talk of pictures, we do not delve into detail,  
barely recalling our eight-year-old cheeks  
in competition to blow out birthday candles,  
two shy girls at a seventh grade dance.  
We talk and giggle about the mundane,  
but don't laugh until our stomachs feel empty  
or until our eyes start watering,  
not of launching pickles from my grandmother's balcony,  
and not of gymnastics routines on backyard swings.  
I can see us playing dodge ball,  
climbing backwards on slides,  
teasing my brother and his friends,  
images remain locked in my mind  
hidden behind a sealed window  
leading to an open door  
masked only by time and distance.  
We do not hesitate to promise:  
"I'll call" and "I'll write."  
We do not know when we will talk next  
when we marry? When we have children? Tomorrow?  
Will we read about each other in the paper,  
hear from mutual friends?  
Will we only then mumble our intents to keep in touch,  
will it be too late,  
our lives no longer bound to intersect?

We reminisce,  
talk only of the mundane,  
of how our dogs are doing,  
of world conflicts,  
while each mind sits patiently on its own porch,  
surrounded by the sounds of childhood  
and friendship floating beyond,  
waiting to smile.

*Hadas Shiran*





El Gringo and friend at fence

*Peter Mason, MD*



3 young friends

*Sabrina Selim*



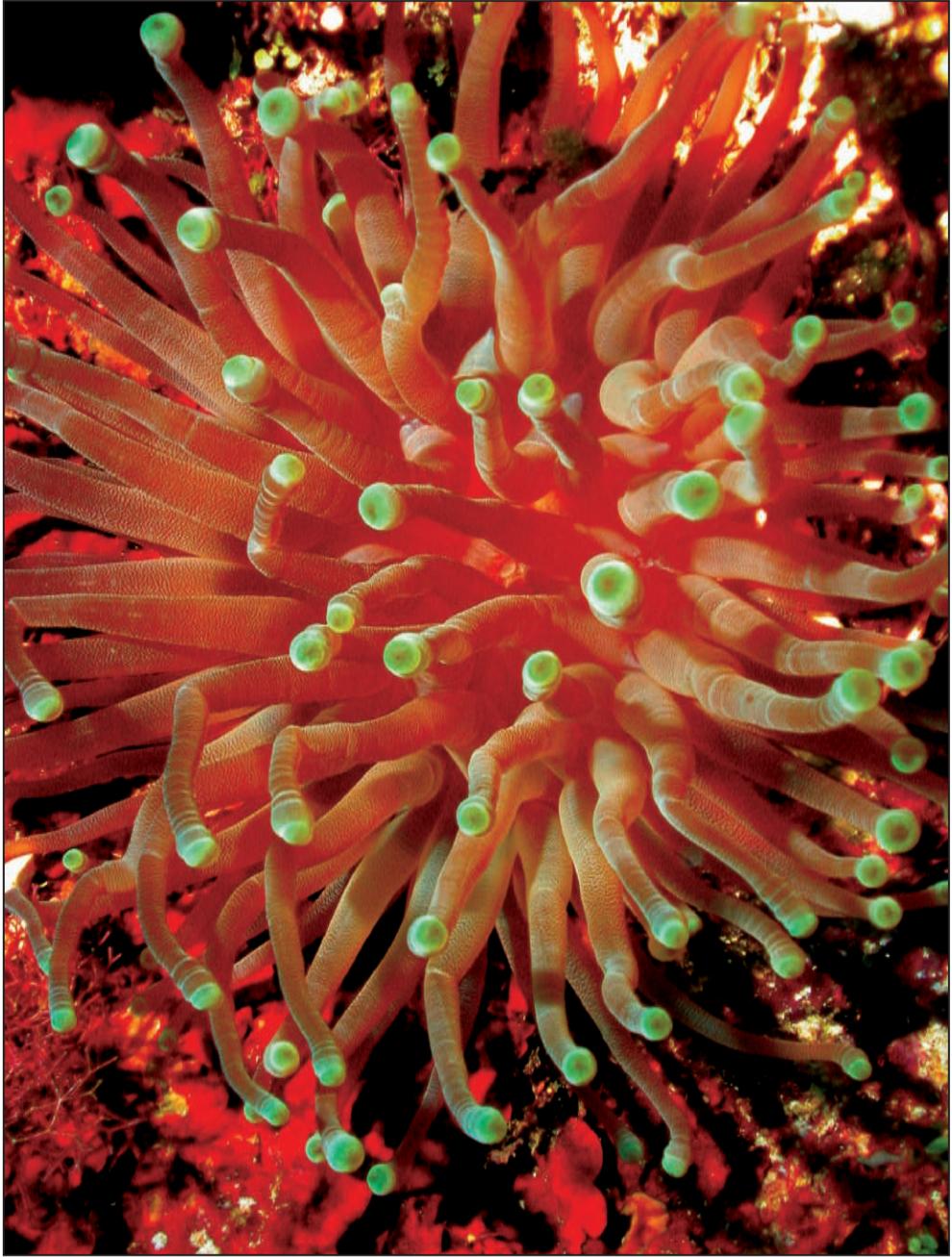
Gorgonian Vista

*Ilias Caralopoulos*



untitled

*Laura Simon*



Polyps

*Gabriele Popp, MD*



Hungry

*Jason Aaron, MD*



Laura Simon

untitled



Wedding Day Festivities

*Sabrina Selim*



Mama Rosa before birth

Peter Mason, MD



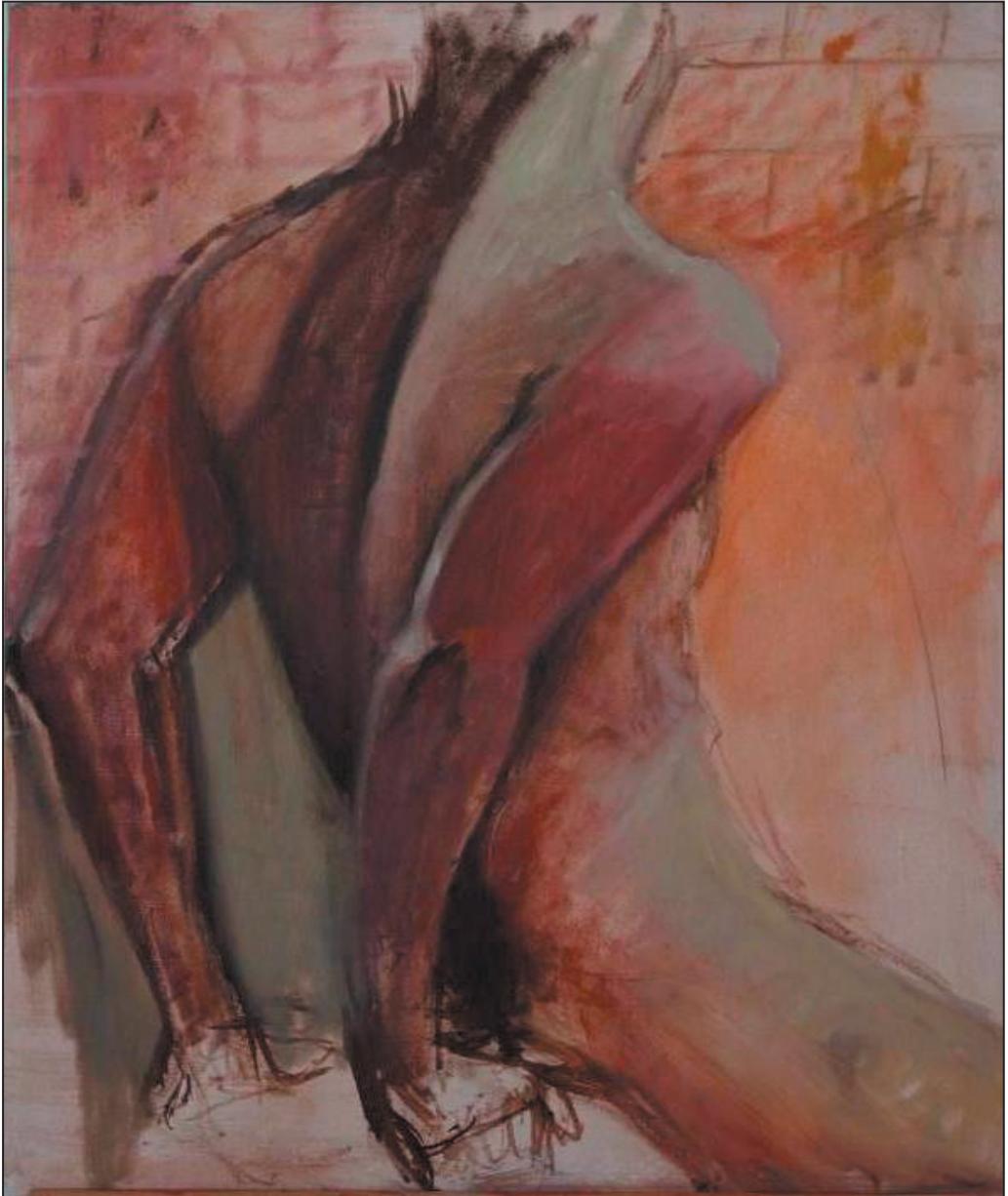
The glow of the lantern

*Caroline Orsini*



Safari Animals

*Shahrzad Ehdavand*



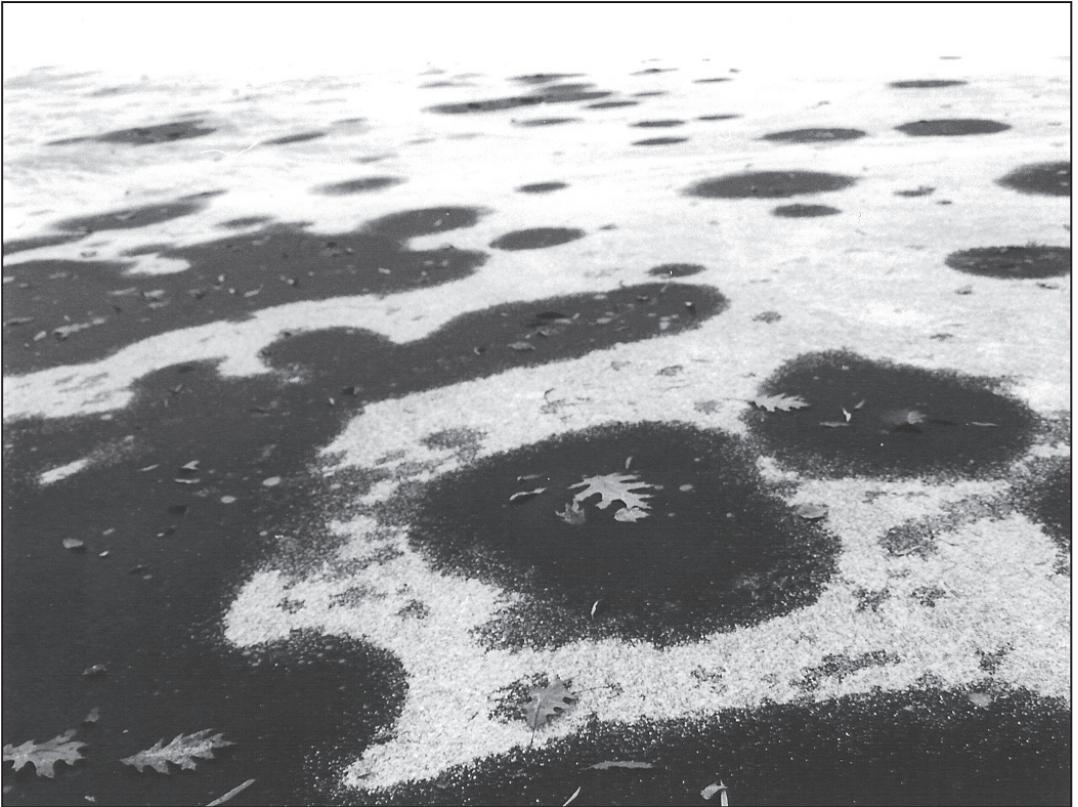
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*Laura Simon*



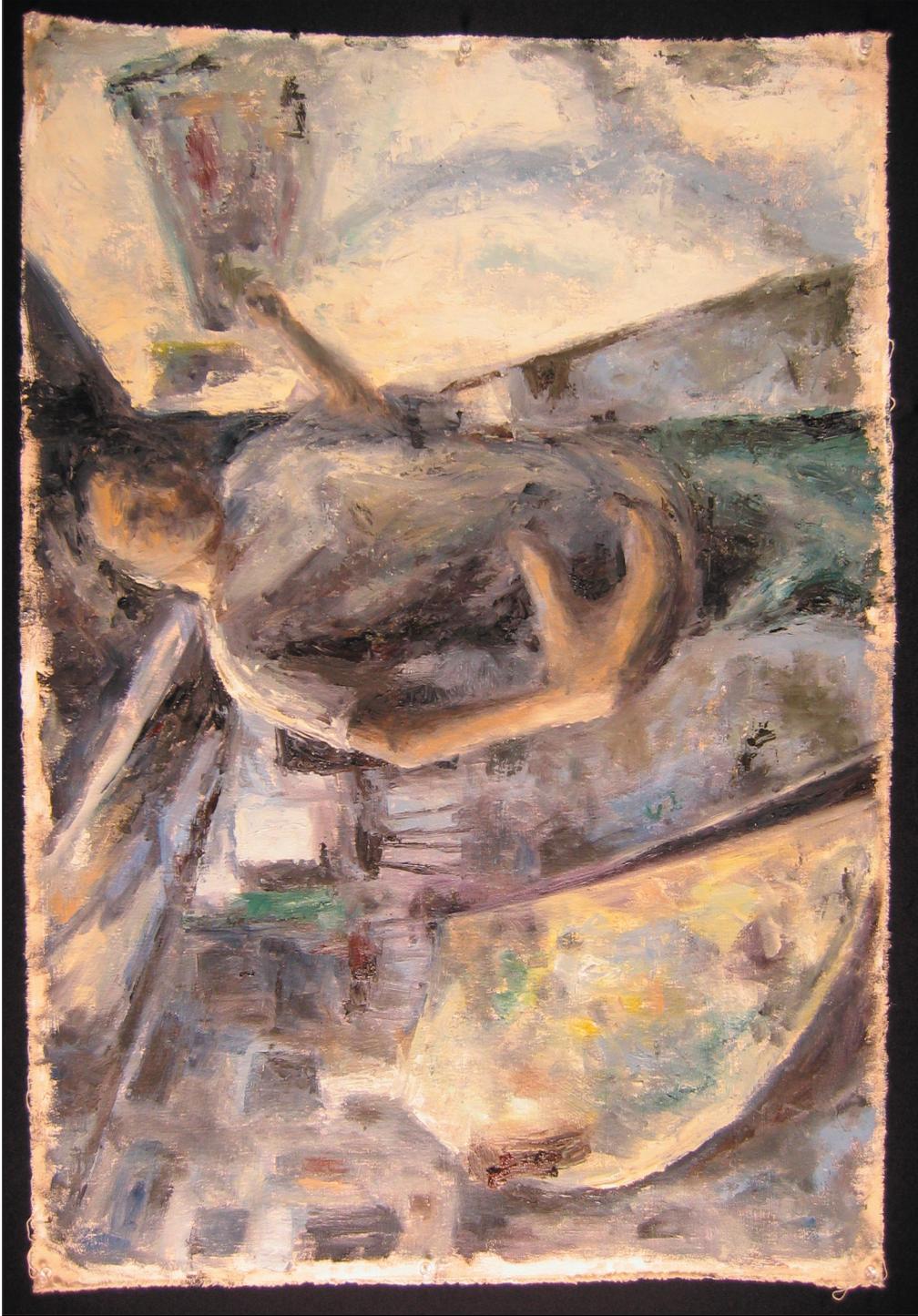
Porch Kids of El Rosario

Caroline Orsini



folio

*Meghan McCoy*



untitled

*Cheryl Shannon*



Girl on way to well

*Sabrina Selim*

*Untitled*

The hands ache mornings like this where  
I am chasing moments behind a sun

still rising. I have noted what has done  
the most damage: cold and damp air.

I protect these knobby, hardened  
knuckles from air filled with sharp needles

but the task is significant. Blood fills  
cavernous tissue to be likened

to a web of heating tubes, sublime  
warmth for creaky, weakened fingers that spend

resource to resist movement, rather than bend.  
Here I am, old before my time.

*Erik Ulland*



## A Thousand Ways

Was there a time I could hear your heartbeat  
and not analyze the silence and the sound  
for the slightest hint of danger?

I learned 9 more ways you could die today—  
I already know a thousand.

I dream of them at night, that's why  
you wake to find my hand on your chest—  
I need to know  
you're breathing.

And there are more ways I must learn—they tell me  
it's normal, the dangers of a little knowledge...  
but this?

Other girls are jealous of the pretty blonde  
who might catch your eye—  
I lie awake,  
thinking of the aneurysm, the infarct,  
the malignant enemy who might steal you away  
in a thousand ways.

I have nightmares about the old man  
who woke up one morning  
and forgot  
that he liked to hold his wife's hand.

Please, tonight, hold my hand—  
because I have another  
thousand ways  
left to learn.

*Cara Haberman*



## Triage

*Deborah Mazzotta Prum*

### ***Thursday Night (Emma)***

Upstairs in bed, Emma hears the front door creak. She stiffens. It's Alex coming in late.

She listens to him open the refrigerator. Something tumbles out and hits the tile floor.

Through a heating vent comes the sound of paper towels ripping, water running. Then, a few minutes of quiet. Maybe he's making a sandwich.

The stairs groan loud and low as he climbs them, probably two at a time. She hears Alex turn the handle on the bedroom door and push it open. Emma lies still, tries to modulate her breathing. In, out. Don't move a muscle.

"Honey, you awake?"

Emma doesn't answer.

Alex walks into the bathroom. He flips on the light, leaving the door ajar, so that it beams onto her pillow, her face.

"Sorry I'm back so late. Got tied up. Two drunk guys in a pick-up truck collided with a car full of equally drunk sorority girls. Bad trauma."

Emma stays quiet, but she thinks, "Bad trauma at home, buddy. One seven-year-old girl in a class play waiting for her dad to show up."

"Emma, are you awake?" He sounds irritated now.

She doesn't answer.

"I just couldn't leave. The resident didn't know his ass from his elbow. A psych intern. God knows what he's doing in medicine."

She hears him flush the toilet and wash his hands. Then Alex starts brushing his teeth, loudly, vigorously. She wonders if he will have any gums left.

Emma thinks about how she took Mattie to Ben & Jerry's after the play. The child sat with her chair facing the door, still hopeful that her dad might arrive.



She hears the frame creak as Alex climbs into bed. Emma is suddenly cold when he pulls most of the covers off of her. She glares at him.

“Sorry. I didn’t mean to disturb you.”

### ***Friday (Alex)***

In the morning, Alex is lying in bed, groggy, trying to will himself awake. He squints up at Emma, who is fully dressed and on her way out. Her loud voice slams against his eardrums. “Al, remember tonight is Jim’s party at McLoury’s Bar downtown. It’s at nine. Jim is driving all the way in from the city. He says your old frat buddies will be there.”

Alex went to college with Jim. Seems like a million years ago now.

“Don’t be late. I don’t want to be on my own with that crew. They’re so loud and wild. I get a headache within ten minutes.”

Alex nods, then drifts back to sleep for a few minutes.

That evening, the other attending doctor on Alex’s shift goes home with the flu. At least Alex hopes it is the flu. During the past four years, he’s had to cover while she’s had two babies. Alex thinks about her nausea. He wonders if a third baby is on the way. They are trying to recruit another attending. Maybe Emma is right. Maybe he should scream and yell at the administrators, demanding that they hire two more people, not just one. He hates to seem like a whiner, but he is never home anymore.

Without much help from anyone else, Alex goes on to manage two lacerations, one overdose, a case of appendicitis and a heart attack.

Just as he is about to head out at the end of his shift, an ambulance arrives. The medics carry in a thirty-two year old single mom. A small boy tags behind, holding the ambulance driver’s hand.

Alex says to the EMT, “What’s this?”

“The woman reached above her head to get a package of flour. The bag dropped, then burst when it hit the counter. The woman inhaled all the flour dust. Triggered a real bad asthma attack. Couldn’t breathe. The little kid dialed 911.”



“Flour? Does she have a prior history of asthma?” Alex begins checking vital signs after the medics wheel her into an exam room.

“Oh yeah. Between gasps, she told us she’s got a long history of breathing problems.”

The woman’s skin is blue. Even though the medics have been giving her oxygen, she is struggling for breath. The medics show Alex what they know of her medical history. He reads it then listens to her chest again.

Alex steps outside the exam room to speak with the resident, a first year named Barnes. “Her breath sounds are bad. She’s not getting much air. What would you do?”

“Increase the oxygen?”

“That’s right, but that’s not all. She’s not moving air. She needs more help.”

Alex thinks the guy should know this stuff cold. He tries to remember which medical school Barnes attended.

“Steroids?” Barnes looks uncertain.

“Yes, steroids are what she needs over the long haul, but that won’t help her acutely.”

Barnes looks blank.

Alex feels an urge to shake him. “Increase the oxygen and start her on nebulized albuterol. Watch her pulse-ox.”

A nurse walks into the room. “Need help?”

“Yeah, see if you can find a hospital chart on this woman. Also, get someone to track down relatives for the boy.”

After forty-five minutes, the woman is only slightly better and she still struggles for breath. She starts to gasp and sob. “This isn’t working...I still can’t breathe...can’t you help me?”

Just then, one of the nurses comes in. “Your wife is on line three.” Alex looks at his watch: 9:45. He is missing Jim’s birthday party.

“Oh man. Just tell her that I’m in the middle of something. I’ll get back to her. Get a number.”

Alex tries to calm the woman. Away from her hearing, he asks Barnes, “She needs more relief than the albuterol is providing. What



next?”

Barnes is silent.

“Theophylline! Intravenous theophylline! You had better spend some time reading on your days off. I’ve never worked with someone so badly prepared.”

After another thirty minutes, Alex decides that the woman is stable on the new combination of medicines. Finally, she seems to be breathing more easily. He leaves instructions for the resident coming in for the next shift. He has more confidence in this guy.

Then Alex asks the orderly, “Where’s the boy?”

“He’s sitting next to the nurse’s station. The grandparents are driving down from Vermont. They should be here in twenty minutes.”

Alex finds the child, pulls up a chair and sits next to him. Alex thinks the boy must be five or maybe six at the most. “I’m Dr. Alex. I’ve been taking care of your mom. What’s your name?”

“Tony. Is my mom all right?”

“She was very sick. She is much better right now. We have to keep her here overnight so she can get some strong medicine. She is going to be okay.”

The boy begins to cry. Alex lifts him onto his lap and holds him. “You did a very brave thing—calling the ambulance like that. Don’t worry now. Your grandma and grandpa are coming soon.” Alex stays with the child another ten minutes until his grandparents arrive.

Before Alex leaves, he looks for the message from his wife. Nothing in his box. He tries to find the nurse who took the call, but she is long gone.

Alex can’t remember where the party is. He doesn’t try too hard, figuring it must be over by now anyway.

Alex shows up at home at eleven. The lights blaze in every room of the house.

The babysitter greets him. Well, not exactly greets him. He finds her asleep in front of the television in the family room. Alex tries to remember if he is supposed to know where his sixteen-year-old son is. As he pays the girl, he asks if his wife mentioned when she might



return.

“Didn’t say.” The girl finds her purse and keys, then leaves.

He takes a beer out of the refrigerator and sits in front of the TV. Boring news on all the major networks. Alex switches to the Travel Channel. Unfortunately, no babes on Brazilian beaches this time. Instead, it’s something about the top ten bathrooms in the world.

Alex wonders why his wife hasn’t come home. The bars are in a bad section of town. About a month ago, he took care of a woman who had been assaulted down in that neighborhood. A sickening feeling hits the pit of his stomach. Then he thinks, “No, Emma is smart. She’ll have someone walk her to the car.” Alex drifts off, sitting up with a beer bottle in hand.

A loud squeal in the driveway wakes Alex. He jumps, spilling beer on his pants and the sofa. “Got to have the brakes fixed on that car.” He glances at his watch—midnight.

He hears his wife come in, slamming the front door behind her.

“You’re late.” He shouts so as to be heard from the family room at the back of the house.

“*I’m late?*” She walks into the room, throws her coat and purse onto a chair. “I didn’t know I had a curfew.”

He sits up straighter, trying to cover the beer stains on his pants and the cushion. “I just mean, you are coming in late.”

He feels like crawling under the couch as Emma stands and stares, hands on her hips. “Late for what?”

“I was worried. People get jumped down there.” Alex suddenly has a headache, over his left eye. He rubs the spot with the palm of his right hand.

“If you were so worried, why didn’t you show up so you could protect me?”

Alex looks at her with only one eye now. The glare of the light is bothering him. She sits on a stiff chair at the other side of the room.

“I got stuck...you know. Did you have a good time?”

“Just peachy. Everyone asked for you. Jim says he’ll never forgive you for missing his birthday party. I called you.”



“Sorry. I was trying to stabilize a thirty-two year old single mom. Bad asthma attack. She didn’t respond to the meds for a long time.”

“Is she okay?”

“Finally. It took a long time to get her steady.”

“Good. Why didn’t you call later? I kept waiting.”

“Janelle—the nurse who took the message—she went off shift. I couldn’t find the number anywhere. I’m sorry.”

“Right. I’ll bet you’ll have a good excuse for not showing up at your own funeral.”

“How was the band? Did you dance?”

Alex watches Emma stand and walk toward the kitchen. He guesses she isn’t in the mood to engage in light friendly conversation.

“You’ve got to hire more people and take fewer shifts.”

“I’m working on it. I know you’re right. Let’s hope that guy we interviewed will accept the offer. I’m thinking maybe I should ask for even another person.”

“How about another five people? Maybe then you might wind up working a forty hour week for once.”

Alex feels another throb of pain pulse through his forehead. “Where’s Ben? The babysitter was here where I got home.”

“He’s staying at Jeremy’s house tonight.”

“Jeremy?”

She sighs. “Yeah, Jeremy. You know. His best friend.”

### ***Saturday Night (Ben)***

Ben glances at his watch: 11:30. He can make it home by midnight, no problem. His house is only fifteen minutes away. A girl from his French class has been talking to him non-stop for the past twenty minutes. At least twenty kids are wedged into the small basement, shouting at each other over the music.

Ben takes a sip from a beer he’s nursed all night. Here’s his technique: he wants to look like everybody else, so he gets a beer, dumps half of it, then sips the rest for a couple hours. Much as he hates to admit it, his father’s ER stories—the ones about drunk teens who wind



up getting killed—affect him.

He puts his hand on the girl's shoulder. It's the only way to make her stop talking. "Gotta go to another party. See you at school."

Picking his way through beer bottles and dirty paper plates, Ben heads for the door.

Once outside, he sees his buddy Greg on his knees throwing up into holly bushes. Greg looks up at Ben. "Oh man, I'm wasted. Got to get home before curfew or my father will go ballistic."

Greg's father is an ex-military guy, the no-nonsense type. The boy stands unsteadily. "Hey, Ben. Help me find my wheels."

The boy staggers toward Ben, trips and falls. Ben says, "You can't drive like this."

Holding his head with both hands, Greg says, "I can't go home like this either. I'm in deep shit."

"Look. I'll drive you home. You can say your car wouldn't start." Ben helps his friend lie down in the back seat of his car. "If you've got to throw up again, tell me. I'll pull over."

On the way to Greg's, they stop at the Waffle House. Ben goes in alone to buy a large cup of coffee, black. He brings it out to his friend. It's a struggle, but after a few minutes, Greg is seated upright sipping the coffee.

Ben glances at his watch. He thinks about calling. But then, he'd have to explain that there was a party where there was drinking. He decides to take a chance that his mother's asleep and his father is still at the hospital.

### ***Saturday Night (Alex)***

Alex lies in bed, staring at the glowing red numbers on his digital clock. Midnight. Ben's curfew is midnight. State law says that sixteen-year-old drivers have to be off of the road by midnight. Where is he?

He pictures Ben's car, a ten-year-old Taurus, a hundred thousand miles on it, peeling paint and no pick-up to speak of. It's a solid car, not pretty, but crashworthy.

Crashworthy. He thinks about his phone call to that sorority girl's



family the other night. Usually, the nurse makes those calls. But he knows the family, went to medical school with the mother. So, he dialed the number, mouth dry and heart pounding.

“I’m sorry to tell you that your daughter has been in an accident. Her injuries are serious. You should come to the emergency department right now...”

His own daughter is safe in her bed. He tucked her in himself, first time in a month. Seven years old. It is a great age. She still thinks he is a hero.

He listens for the crunch of gravel in the driveway and hears only the low whine of his neighbor’s dog. He looks at the clock again, 12:15. “Where the hell is that boy? I shouldn’t have given him a car.”

He thinks about how tired he is and how much he needs to sleep. He tries to remember where his wife said Ben had gone. He looks at Emma. She’s asleep. Dead out. He is amazed. Usually, she is the one fretting and fussing. Maybe her therapist has her on sleeping pills again.

12:30. He should call someone. Alex can’t think of Jeremy’s last name. He doesn’t even know if Ben is with Jeremy tonight. What’s the point of waking Jeremy’s parents?

Alex goes to the living room and stares out the window. He is angry now. “No car for a week. No, a month.”

Ben usually gets in on time. If he’s going to be late, his son usually phones. Alex considers calling the police or maybe the emergency department to see if there have been any accidents. Then Alex realizes he is overreacting. The kid is only a half-hour late.

Ten minutes later, the Taurus pulls up. Alex decides he will stay calm and not attack Ben the minute he walks in. Maybe he has a good excuse.

Despite himself, Alex springs from the couch and stands in the foyer, waiting.

He hears Ben slip in the key, slowly turn the handle, and inch open the door. Alex knows Ben is trying to avoid that nasty squeak.

Ben gasps and jumps back when he comes across his father looming in the foyer.



Alex sees the boy clench his jaw and pull back his shoulders. Ben takes a deep breath, smiles, then says, “You’re home! Slow night at the hospital?”

“Don’t be a smart-ass.” Alex feels anger rising up in him.

“Well, it’s just that I don’t expect you to be around...” Ben tries to slip around his father and head up the stairs. Alex blocks him.

“Where have you been? Midnight is the curfew.” Alex’s voice is loud now.

Ben hesitates for a moment. “Jeff’s party in Wethersfield. A girl needed a ride home to Windsor. I got lost.”

“You drove all the way out to Windsor?”

“She needed a ride. You taught me to be a gentleman.”

“You’ve just gotten your license. You don’t have permission to drive that far.”

“Look, I’m going to bed.”

“We’ll talk about this in the morning.”

Ben smirked. “Yeah, right. Like you’ll be around in the morning.”

### ***Same Night (Mattie)***

From her room at the top of the stairs, Mattie hears voices. She sits up in bed. First she hears her father yell, then her brother. Someone runs up the stairs. Probably Ben. A door slams. Oh boy, she thinks, Mom hates it when Ben slams his door.

Then, there’s a slow creak up the stairs. Mattie lies still, waiting for the next sound.

Mattie gets out of bed and walks down the short hall to her parents’ room. The light is on in their bathroom. Daddy must be there. She crawls under the blanket and snuggles next to her mother.

The little girl feels safe when her mother turns and draws Mattie close to her. Mattie says, “Mommy?” When her mother doesn’t respond, Mattie realizes that she is still asleep.

After a few minutes, Mattie sees the bathroom light go out. Her father lifts the covers, then jumps a little when his elbow touches her.



He says, “Mattie! Honey, what’s wrong?”

“I had a bad dream. People were fighting.”

Mattie slides next to her father. He kisses her forehead and says, “It wasn’t a dream. I was scared when Ben didn’t come home on time. I was afraid he might be hurt. So, when he did come in, I got angry.”

“Angry because he came home?”

“No, angry because he came home late. I didn’t know if he was okay. I always want to make sure that you and Ben and Mommy are okay.”

“Like your patients at the hospital?”

Her father was silent for a moment. “No, more than that. Much more than that.” Alex reaches over Mattie and rests his hand on Emma’s shoulder, encircling both of them in his embrace.

He says to Mattie, “You can stay for a little while, but then you need to go back to your room, all right?”

Mattie nods and within a few minutes, they both fall asleep.

### ***Same Night, Emma***

In her dream, Emma hears men shouting in another room. What are they arguing about? She tries to walk toward the shouting, but it is as if she is trying to move in water that’s above her shoulders. She stops.

The dream shifts. She’s lying in tall grass under warm sun on a mountainside. She senses someone talking next to her. Emma half wakes and murmurs to Mattie. She draws the child closer.

Then Emma hears Alex’s voice and feels the weight of his hand on her shoulder. Now, she is more awake than not. The warm touch of his hand brings her back to another time, just after they got married and just before medical school.

A memory floats back to her. She recalls a hike across Haystack and Liberty in the White Mountains. As Emma falls back to sleep, her memory is interwoven into a new dream which encompasses all that happened that day long ago. On their way back down the mountain, they climb down off the trail because Emma wants to get a closer look at a patch of wild flowers.



As they scramble up a short steep cliff to return to the trail, Emma stumbles and falls backward. Alex tries to break her fall, but winds up losing his balance, too.

Although the tumble is short, maybe six feet, they land on rocks. Alex hugs his bruised and bleeding knee. Emma tries to stand but can't because her right ankle is too sore and weak.

For a minute, they sit and laugh at their own clumsiness. Alex creates a make-shift splint out of their two bandanas. He secures it around Emma's ankle, cinches it, then leans over and kisses her.

Emma finds the first-aid kit in her pack. She uses an alcohol pad to wipe off Alex's bloody knee. Gently, she cleans the wound, removing bits of grass and stone. The cut is large. A single band aid cannot cover it. So, she uses several small ones.

They sit for a moment, shoulder pressed against shoulder, quietly enjoying the warmth of the sun on their backs, the mingled fragrance of wild flowers, sweet grass and their own sweat. Then they stand, bracing themselves for the long limp down the mountain.



## Orbital

for Melanie

\*

From the edges,  
a white plain, glist-  
ening as  
crusted snow  
in morning sun,  
vast arc  
at the peri-  
meter of the globe,  
curving softly at the horizon  
of winter's pure flesh, nearly  
an absolute absence  
excepting the edge  
where pearl  
adjuncts  
the purest sea

\*

and where  
alabaster  
fields have the  
smallest crimson  
streams—nearly  
invisible; they appear

\*

as a string of disheveled yarn  
from an un-



raveled red mitten,  
pressed against  
the white crust,  
a random trajectory of corners,  
bends and straight-aways,  
as well as  
the occasional inter-  
section  
with other loose  
ends.

\*

The visible nucleus  
of this spherical sur-  
face is a water-  
fall like a circular harp with ultramarine strings,  
tributaries falling  
light and dark  
cobalt to a black  
center, shimmering as  
a raven's back in night rain.

\*

Icicles  
hang  
from the edge,  
pointing to  
this secluded well like a black hole  
bending light, entrap-  
ping photons  
in the heaviest mass.



\*

The central fovea  
a vortex, catching  
images  
lost in a swirl, dragging them further  
inside to be given  
new existence:  
an inter-  
pretation, a memory.  
Even in their lightest observation,  
their glossiness  
marred by reflection.

\*

*Erik Ulland*



## **Come Closer**

Hello. Hello. Come closer, dear.  
Don't be afraid to  
Hold my hand,  
Come closer—come here.

My hand shakes for a hold  
My body aches for a hug  
To sense human warmth  
Would banish this unbearable cold.

I wasn't always shriveled and gray  
I once was adored—  
Cuddled and held  
In that very special way.

Life used to be a busy day  
Sweet hugs—taken for granted.  
Loving touches shrugged—  
Now I sit—craving away.

Come closer, come to me,  
Hold me—please.  
A loving hug—a touch—  
Is my wishful plea.

*Philomena J. Funari*



## Obsessing

Mother, I know you worry about my cholesterol  
but I don't even try to talk to you about smoking.  
And I know I shouldn't be so sensitive that I'm obese  
but the last thing I need is any more stress,  
can't you see that? We both have hypertension  
and face it, we'll both end up diabetics.

You mother and her sisters were all diabetic.  
They all weighed over two hundred pounds, stress?  
Yes, but nobody called them obese.  
They talked about their nerves, kept on smoking,  
eating fat out of the butcher's buckets. Cholesterol?  
Never heard of it. What killed them? Tension.

That's what I've got. Every time I'm home. Tension  
headache number Thirteen. You couldn't stress  
how fat I've gotten any clearer if you tattooed "obese"  
on my forehead or wrote it in neon smoking  
on the chimney. Drives me right out, you bet it  
sends me to the diner, piling on cholesterol

like it'd melt in my mouth. Animal fat. Cholesterol.  
It does. Melt. And for a moment I'm less stressed.  
Think of how you feel while smoking. How tension  
drains away. So your lungs get dirty. I get more obese.  
It's all the same. We'll take our medicine. Diabetic?  
Blood tests, needles. You'll get O2 but keep on smoking.



You plan your whole day around it, smoking—  
which restaurants to go to, you're so distressed  
when another diner goes "smoke free." The tension's  
building. Nowhere you can go soon. Low-cholesterol  
meals, low fat, low calorie, diabetic  
menus—something for everyone—Yes, obese

people can still go out to eat. Even if we obese  
people have trouble fitting in diner booths, but smoking?  
That's disgusting. Everyone eats. Even diabetics.  
But smoking. People glare. Smoking causes hypertension—  
in other people—people trying to control their cholesterol,  
you know, be healthy, and you're making them obsess

over how you affect their health, pre-diabetic, hypertensive  
a fine pair, we, obese me telling you to quit smoking,  
both too stressed out to go in to check our cholesterol.

*Kelley White, MD*



## No Mail

Gray November Sunday:  
A slight, stooped figure  
At a roadside mailbox.

Wisps of wind-swirled white  
Frame a drawn, leathery face;  
As gnarled-knuckled hands  
Pry open the rusting lid.

And with a battered, worn expectancy  
He leans in a stiff-backed bow

To peer

Into the waiting emptiness  
Through the fraying fabric of this world;

Nearly free,  
But bound yet  
By the seams of lifelong habit.

*Christopher Wiley, MD*







# *Bios*

**Drs. Jason & Denise Aaron** (my wife, Denise, is in the photo):

I was born in San Antonio, TX and raised in a small town near there. I attended medical school at the University of Texas-Houston, where I met my wife on the first day of orientation. She is from Wilkes-Barre, Pennsylvania originally.

We traveled to Beijing, China for a month-long elective during our 4th year of medical school. We saw many women, just like the woman in the photo, who are homeless and hungry. We felt appalled as we watched her beg for money while we were eating lunch. No one even seemed to acknowledge her despite her evident desperation. On our way out of the restaurant, we handed her the equivalent of \$5 and she burst into sobbing tears as if we had saved her life! It was very moving to realize how much \$5 can mean. She could not speak English, but we understood. As she sobbed on my wife's shoulder, I could not resist capturing such an enlightening experience on film. She gave us far more than we gave her, I wish I could have communicated that to her.

**Sade Ajayi** is a second year medical student at Dartmouth. This poem was written last year as an anatomy assignment.

**Ilias Caralopoulos** is a first year DMS student. He has been a scuba diver for six years and an amateur underwater photographer for five. Most of his diving has been in Washington State but he has kicked his fins through many different bodies of water, from the Swiss lakes to the warm waters of Belize to the Mediterranean. While he has a soft spot for the chilly emerald waters of the Pacific Northwest, his favorite dive location is the Egyptian Red Sea, where both photographs printed in this issue were taken.

**C.W. Dingman, MD:** As I approached retirement after fifteen years in basic biomedical research at NIH followed by more than twenty years in clinical and administrative psychiatry, I became interested in trying my hand at creative writing. Over the last few years I've attempted adult

and children's short stories, science articles for children, essays and even a little poetry and been gratified by having a few things published. I'm currently working on a young adult novel and learning much in the process thanks to the efforts of generous colleagues in my critique groups.

**Shahrzad Ehdaivand:** Raised in Gaithersburg, Maryland outside of Washington, DC, I am a dynamic person with a diverse set of interests including reading, dancing, and collaborating with people. As a junior in undergrad, I conducted environmental chemistry research in an area of Tanzania that was permeated by toxic expired pesticides. I was devastated to see first hand that people unknowingly lived, worked, and played in the vicinity of toxic chemicals with no health care provision. I knew immediately that I wanted to be a part of the efforts to improve health care for people around the world.

After graduating from Hood College I attended Dartmouth Medical School's Center for the Evaluative Clinical Sciences (CECS) and earned a Master of Public Health degree.

I returned to Dar Es Salaam to conduct environmental health research to follow-up on my initial work, and this picture is from that trip. I think of these beautiful national park scenes as hope for a cleaner, healthier Tanzania.

**Philomena J. Funari:** I am an R.N. I have worked on the inpatient units of Psychiatry at DHMC for 17 years. I have written a couple of short stories and several poems. My new favorite past time, however, is my eight-month-old grandson, Ashton.

**Cara Haberman** likes to write. In her spare time, she edits things. She is also a second year medical student.

**Ed Lynskey's** short fiction has appeared in *Mississippi Review Online*, *Blood and Thunder*, *Dudley Review*, *Sou'wester*, and *Pleiades*. His poetry has appeared in *The Atlantic Monthly*. He lives and works near Washington, DC.

**Peter Mason, MD** is a family physician practicing at the Robert Mesropian Community Care Center at Alice Peck Day Memorial Hospital in Lebanon. He makes regular trips with multidisciplinary teams to the village of El Rosario, Honduras, to work in a clinic which was established by the Upper Valley group ACTS (Americans Caring Teaching Sharing). These digital photographs were taken there.

**Meghan McCoy** is currently in her 3<sup>rd</sup> year at Dartmouth Medical School. She enjoys playing ice hockey and hiking in her free time and plans to become a pediatrician.

**Caroline Orsini** is a fourth year medical student at Dartmouth. She has developed a love for development medicine and has felt very fortunate to have been able to go on medical trips to Central America and Africa while studying at Dartmouth. Her pictures are from her recent trip to the small rural community of El Rosario in Honduras—where she traveled with Dr. Peter Mason and Dr. David Bisbee, two wonderful family medicine doctors.

**Gabriele Popp, MD:** I am a physician. I am a scuba diver and underwater photographer. But most importantly I am a cancer survivor. This photo of a sea anemone always reminds me of how fragile life is, even under the best of circumstances. I dedicate it to you, all patients, who, in times of great need, might feel scared, worried, alone and unsure of your future. Your personal stories, your tragedies and your victories all have meaning. I feel humbled by your serenity and wisdom and I know that whatever path life is taking, there is hope.

**Deborah Mazzotta Prum's** short fiction has been published in several literary journals. "Triage" was awarded first place in a short story contest at the Virginia Festival of the Book. Her articles, essays and book reviews have appeared in many publications including the *Virginia Quarterly Review*, *Ladies' Home Journal*, *The Writer*, *Southern Living*, *The Writers Handbook*, *The Journal of Graduate Studies* and *Albemarle Magazine*. She is the author of *Rats, Bulls, and Flying Machines: A History of the*

*Renaissance and Reformation.* She received an MALS from Dartmouth College. “Triage” is reprinted here with permission from the author.

**Sabrina Selim:** The attraction of contributing to those less fortunate while immersing herself in a foreign land led Sabrina to joining the Peace Corps in Niger, West Africa. There, she spent 2 years working with midwives and local health workers to improve sanitation, nutrition and birthing practices. Through living in a small bush village and taking pictures of the people she discovered the beauties of color and friendships amongst the harshness of the arid land and beating sun.

**Cheryl Shannon** is a third year medical student at Brown 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.

**Hadas Shiran** is a fourth year medical student at Dartmouth Medical School. She is planning to pursue a career in cardiology. In her spare time, she enjoys writing, cooking, food, movies, and playing racket sports.

**Laura Simon** is a second year student at Dartmouth Medical School. This spring she is also teaching an art class for DMS students.

**Erik Ulland:** I am a soon to be third year psychiatry resident at Dartmouth but I started writing late in high school. I appreciate aesthetics and form, which explains the over-emphasized visual description in much of my writing. I am grateful for publications like *Lifelines*—they offer a platform for professionals to express creative ideas.

A New Hampshire native, **Kelley White** studied at Dartmouth College and Harvard Medical School and has been a pediatrician in inner-city Philadelphia for more than twenty years. Her poems have been widely published over the past five years, including several book collections and chapbooks, and have appeared in numerous journals including *Exquisite*

*Corpse, Nimrod, Poet Lore, Rattle* and the *Journal of the American Medical Association*.

**Christopher Wiley, MD** is an Associate Professor of Anesthesiology at Dartmouth-Hitchcock Medical Center and lives in Hanover, NH with his wife, Margaret, who teaches in the Humanities Department at Colby-Sawyer College. He was raised in the Lakes Region of New Hampshire, graduated from Dartmouth in 1974, and received his medical education and training at Stanford before ultimately returning to New Hampshire. In addition to poetry, his avocations include photography, drawing, painting, and conga drumming. He enjoys writing about those occasional moments that open to reveal some deeper meaning.

# *Acknowledgments*

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Finally, to our friends within the DMS community who provided a year's worth of emotional support and encouragement—thank you!

# *Call for Submissions*

*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 500 words. Prose pieces must not exceed 3500 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 or visit us at: dms.dartmouth.edu/lifelines

# 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.

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  
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