Veritas

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Veritas

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Veritas can be found online at: http://www.medicine.virginia.edu/community-service/centers/biomedical-ethics-and-humanities/publications

Matthew Christie, MS1

Cover artwork:
Christopher Aloezos, MS3

Photo right:
Nate Cohen, MS4

Aortic dissection

Anne Maxwell, MS3

jagged gasps of air
"I've lived a full life. Thank you."
beating heart, silenced.

"With you till the end."
lub-dub in my ear? my own.
cold hands palm to palm

Vascular Surgery

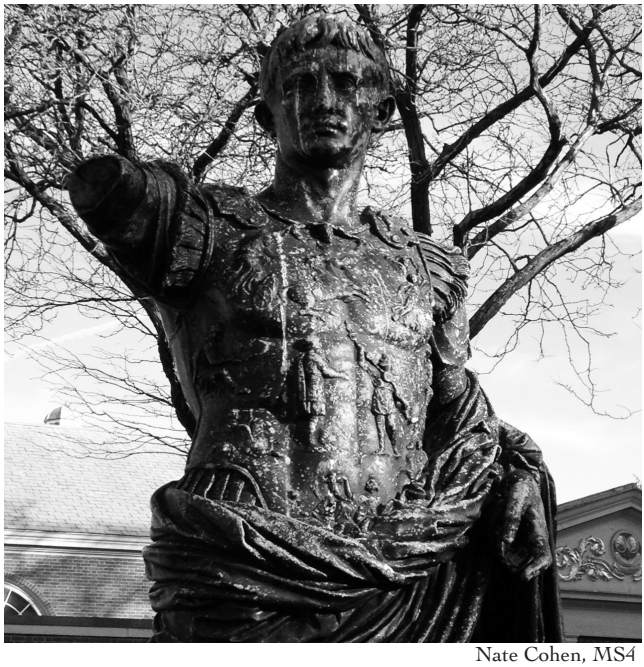
James Armontrout, MS4

There once was an old man who lived in a village. Every morning just as the sun was rising, the frosty dew glistening on the grass, he would wake up, pull on an old pair of pants and a shirt, and start toward a nearby bog. He trudged down the road, through the trees and to the misty edge of the water. From there he rolled up his pants legs and waded in through the muck and grime. He plowed forward, sometimes pulling one leg up with a sucking whoosh and planting it in front of him, other times crawling along feeling with hands and feet through the mud. His hands would slide across sticks, rocks, slimy weeds, and even the occasional snake squirming itself away until finally he found it: a big, slimy frog.

He would pull the frog up with glee, sit back into the muck, and shove it into his mouth. He felt it writhing, crushing, finally sliding down his throat. He suppressed the gags that inevitably arose until finally it had settled down into his stomach. Then slowly he rose back up and started the plod back toward the village to wash off.

One day another villager caught him on the way back to town. "Old man," he asked, "why do you go down to the swamp and eat a frog every morning?"

The old man responded with a grimy grin: "because now I know I have already done the worst thing I will do all day!"



Nate Cohen, MS4

This tale has stuck with me, and there are times that remembering it has been quite useful. I cannot help but wonder, though: would the old man have found the same solace if eating the frog were mandatory?

"SQUEEEE! SQUEEEE! SQUEEEE!" My beeper screamed up at me from my waist. I picked it up and scrolled to the incoming message.

From a fellow medical student: "time to change mr h's bandages. oh man!"

I smirked. This was the first I had smiled all morning. I looked up across the desk to the vascular surgery fellow who was just reading the same message. He let out a small chuckle.

"Okay, let's go."

We got up from the desks where we were seated and started walking to meet the rounding team. The hospital felt cold and dead. Of course there was round the clock activity with nurses checking up on patients, residents responding to calls, and other miscellaneous movement, but at around 5:30 AM we were in the hospital while members of most of the other services were probably just waking to begin their day.

The hospital was eerily quiet, the windows still showing a panorama of nighttime Charlottesville at the end of the hallway. Without the bustle of the daytime, things felt muffled, sterile, impersonal.

Or maybe it was just me.

Around four fifteen this morning I had started awake to the 'bu bu bum, bu bu bum bu bum! bum!" of my iPod's preset marimba alarm. I repeated my daily ritual of looking around for a moment confused (was the time set incorrectly? what's going on here?) before sitting up, casting aside my covers, and getting out of bed. I would silence the alarm and walk out into the kitchen, hitting the button for the coffee pot. I sat down to a joyless breakfast of a bagel and coffee with a quick half-awake browsing of online news, mindlessly clicking from one link to another. Then I set out into the sleeping alien world of the early morning, making my way down to the old hospital door as quickly as I could carry myself, feeling the dampness of sweat starting to bead under my white coat.

My routine was set to squeeze in almost every second of sleep I could manage, which meant prerounding was a time-cramped affair. Luckily on vascular surgery we could preround with a check of overnight vitals and recorded events along with a quick glance at the patient's drains and lines—no morning volley of questions necessary, and thus no need to account for a potential ten or twenty minute derailment of the morning routine for an inquisitive patient.

I powerwalked the rest of the way to the elevator and started upstairs, just about to finish off the last of the coffee in my mug. I was still glassy eyed but a bit more awake as I made my way into the patient hallway, quickly finding a place to throw down my white coat. I had grabbed my small notebook and, searching out the patient binder for vitals, the physician's binder for consults and other results, and a computer to check electronic records for anything not placed in the other two, started collecting data on each of my assigned patients. I had just finished collecting it all together when the page came through for the start of rounds. Now came the tough part.

We gathered together outside of Mr. Holden's room. The other fellow had already arrived, along with several residents, an intern, a sub-I, and another third year medical student. We looked around and, satisfied that everyone was ready, the fellow gave me a nod. Everyone stood at a silent, shifting attention.

"Mr. Holden is a 56 y/o male on hospital day eight status post BKA. No significant overnights. Vitals were stable overnight: Tmax 36.6, pulse 72 to 101, blood pressure 113 to 142 systolic over 65 to 84 diastolic, respiratory rate twenty. Patient is 1.5L in, 2.0L out with vacuum pump output of 100 cc serosanguinous fluid. Plan is for continued daily wound dressing changes with reevaluation for signs of infection or necrosis, consider revision versus closure."

"Good," the fellow said. We all started a shuffle for gloves and masks. I pulled the mask with a plastic visor up to my face, looping the small elastic strings behind each ear. I pulled each clingy rubber glove on, looking through a slightly plastic-warped world.

The fellow noticed a nurse on the way out. "Is he pre-medicated?"

"Yep, we dosed him fifteen minutes ago."

"Good, thanks." We started to walk in. I thought over the case again as we did. Not atypically for this service, this gentleman was a long time diabetic. His diabetes had gone uncontrolled for many years resulting, finally, in a nonhealing ulcer. That ulcer, with its necrosing tissue and almost nonexistent blood supply, had beckoned

to any bacteria in the immediate vicinity to take up residence, and they had obliged. What all of this came down to was a need for a 'below the knee amputation,' or BKA for short. How much needed to go, and how much could be salvaged? This was an important question, and the only way to find an answer was to cut conservatively and leave the wound open. We would pack it and bandage it, and if it appeared to have the potential to heal we could then close it. If it would lead him right back into the same infection and ischemia he had faced before, we would revise the amputation to a higher level, maybe even going AKA ('above knee amputation'). Only time would tell.

We crowded around his bed, and the vascular fellow spoke up.

"Good morning Mr. Holden, how are you this morning?"

"I ain't that good," he said. "Do we have to do this this mornin'? Can't we wait? Can't you guys put me sleep or somethin'?"

Mr. Holden lay in his bed, a bull of a man. He was over six feet tall and probably pushing close to three hundred pounds, appearing surprisingly large for a supine patient nestled under hospital blankets. On his head was a stringy grey ponytail greased over from days spent lying in bed. He had darting black eyes that peered from behind a large nose perched atop a greyed mustache. His head faded into a thick neck which connected down to a heavy torso with a large potbelly. Following further down showed a left leg almost too long for the hospital bed, and a right leg held gingerly outside of the blankets that ended in a stump, suctioned by clear plastic tubing. His wide eyed gaze glanced from one person to another, uncomfortable and squirming, his lips pressed into a firm line.

"I'm sorry Mr. Holden, you know we have to change these bandages now." The fellow said.

"I know you got to do this for me, I know, but can't you put me to sleep or something?" he pleaded again.

"No Mr. Holden, you know we can't put you to sleep every morning to change your bandages. The risks would be too high. We had your nurse give you some extra pain medication, did you get that?"

"Yeah."

"Do you think it's making any difference?"

"Yeah, I guess so."

"Okay, let's go ahead and let the pressure off the vacuum."

With that I hit the 'off' button on the patient's vacuum pump. He stiffened, squinted, arching his back like a cat and throwing his wrapped right stump into the air.

"Uuunh! Oh man!"

And so it had started, the first call of the session. Changing bandages in the morning I had quickly discovered that each patient had a trademarked call of suffering. One patient would jump and declare "mim! Miiiiiuiium! Miim! Wuuuuim!" through the change, another would open his mouth and bug his eyes and let go an "ah ha aaaah!" Mr. Holden's was "oh man," said not like a hippy would or like a fraternity brother would, but more chewed and nasal, an "oh may-uhn!"

"Uhh!"

"Alright Mr. Holden, I'm going to get the vacuum off of you…"

The vascular fellow reached toward his leg, and then:

"AAAAAHHHHHHH!!!"

The sound filled the room, resounded from the walls, bounced around between the walls of my skull before being finally absorbed by my brain. I felt the pit in

my stomach grow just a little.

"Mr. Holden! I haven't even touched you yet!"

"Oh may-uhn, oh may-unh!" He rolled from side to side, on the verge of panic. "It hurts may-unh!"

"Okay Mr. Holden, we're taking the vacuum seal off."

The fellow started peeling the clear plastic cover off of Mr. Holden's legs. It came up only hesitatingly, like pulling a fruit roll-up from its sticky backing. Each pull grated on the skin, the wound edges, the bandages underneath. Along with it came the grey bloodied sponge that helped suction down a seal over the wound.

Another "AAAAHHHHHHH!" at full and ferocious volume until the wrapping was off. When it was done Mr. Holden sat on the verge of tears. "Please y'all, please put me to sleep, please put me sleep, oh god…"

"Okay Mr. Holden, try to stay calm, we need to start removing the bandages."

Underneath the vacuum pump with its clear wrapping and saturated sponge was a mass of packed-in kerlex bandages. They were matted against the flesh with each bandage change, slowly becoming saturated with the draining blood and pus until they firmly adhered to the outside of the wound. They would stick to that surface and then, when pulled out for the next change, they would "debride" or tear portions of the tissue surface off to expose the underlying healthy healing tissue. In this way further debriding surgery could be avoided and hopefully the patient would have the best chance possible to heal up without another surgery.

The bandages sat at the end of his stump, a saturated red-black that looked like a mass of matted bowels. The fellow found a loose end and started to pull.

"AHHHHH! FUUUUCK! GOD-DAMN MAN, FUUCK! AAAAHH!"

The bandage pulled out bit by bit, a single strand slowly unraveling the mass underneath it. As it went he piled the accumulating bandage there beneath his wound. A wall of smell now rose up from the site, a mix of pasty exudate and sweat, as more of the bandage slid out.

"Mr. Holden!" the fellow said sternly. "Stop it! There are other patients here!"

"I know man, I know, but it hurts! I know y'all gotta do it, but it hurts man!"

He peeled his screams and oh mans and fucks and goddamns back to an "inside voice" level, for the moment at least.

I stood with scissors in hand, waiting to cut when needed. My pockets were stuffed with everything I hoped we could want: gauze, kerlex bandages, medical tape, scissors, gloves, sterile gloves, penlight, and any of the other odds and ends that could be needed during a change. I tried to anticipate everything that could be required. When your patient's bandages are being changed, it is almost a different form of pimping. There is no volley of anatomy questions or trivia about obscure diseases. There is simply "scissors," "kerlex," "cut," "tape." You must be ready on demand. If not you must shamefacedly look around to your colleagues to see if they have in stock whatever obscure item you have forgotten. If they do not then you get to experience the joys of saying "just a minute," peeling off your mask and gloves, powerwalking to the storage room, and then rummaging through the hundreds of seemingly randomly distributed bins until you find the item, then rushing back while the patient and the entire team sit sighing and impatiently tapping their toes. If you are really lucky, you will find after several minutes of searching that your storage room is depleted of the item in question, and you will scramble to another hall's storage room. If it's locked, you will

Photo: Nate Cohen, MS4

quickly walk around to beg nurses to stop their work to come let you in, and then you will start the search anew, painfully aware that you are pushing into the five minute range to find just one thing, and knowing that at least in this round of "procedural pimping" you have utterly failed.

Now the fellow had reached the bottom of the pile of bandages. The best part. Here the bandages no longer tug on bandages lying beneath but rather directly pull out the raw flesh they have fused themselves to, with its underlying nerves, vessels and bone. Here lies this procedure's hottest burning circle of Hell.

Mr. Holden had sat whimpering on a quieter level after his last reprimand, but as the bandage came out tug after jerking tug with small chunks of gristly flesh attached he screamed again, this time with great urgency.

"STOP IT! STOP! GODDAMN!"

The fellow stopped.

"All right Mr. Holden, we have to finish now. You know that."

Now the tears flowed in full, the patient sweating, breathing hard and rocking in place.

"I know, please just a minute, oh god, please."

We all sat back for a moment, looking at the now exposed bloody end of the stump with its attached bandage hanging gingerly from it. It was like a nail torn up from its bed, a needle through a hot abscess, a dislocated shoulder wrenched the wrong way. It was white hot agony, even the gentlest stroke would send electricity crackling up from the wound to overwhelm the patient. And there was no going back, as much as I (and likely everyone else) wanted to just put him under and finish the change that simply wasn't an option.

"Alright Mr. Holden, we need to start again."

His crying became a subdued whimper. "Oh man, oh man…"

As the fellow ripped more bandages off, slowly draining saline solution over the bandages to help budge them, my mind drifted forward in time. After this I had one more month of surgery. This was going to be tough. I knew that going in. No big deal. A couple more weeks of this, then a month of trauma. And that month of trauma would just be three weeks, because we got a week at the end for the shelf. At least I thought so. Did we? At any rate, it wasn't that long. And just past that was the promised land. Just after that I would start neurology, and then psychiatry, and then a Christmas break! The worst behind me, I would be entering the best few months of third year. I just have to tough it out, do the best I could, and then this will not be my life anymore.

Why, I wondered, did people do this? I could barely stand what really came to three weeks of it. These vascular folks were bright. Many of them had awesome step scores, rock solid clinical rotation grades. They worked hard to be where they were. And they would wake at four AM day in and day out. And they would come in to this?

"FUUUUUUCCCCKKKKKKKKKK!"

My mind snapped back to the moment. The last of the bandage was being pulled from the stump. And then it snagged. The patient made another noise, odd scream. The fellow made a sharp last pull and managed to dislodge the bandage. The patient sat breathing heavily, reminding me of pregnant women who have just finished delivery. He sat up in his bed in near sobs. We all took a deep breath, looked at the raw stump hanging in our midst.

"Okay guys," the vascular fellow indicated to the team. "Go ahead and move to the next room to change Mrs. G's dressing, we will finish up here."

Most of the room filed out. Now started the laborious repacking process. I fed kerlex over as we pushed and prodded it into the open wound. The same "oh mans, fuck, goddamn," the same echoing screams rising from our patient.

Bess Yeh, MS3

As we packed my mind wandered back to North Carolina. I was in a state park, just after a heavy summer downpour. It was a balmy eighty degrees, and the torrents had turned down to a light drizzle. I walked barefoot with my girlfriend through the hot breath of the rising mists from the asphalt, the rest of the world tucked away in campers or tents. We wandered to the beach hearing the distant rumble of thunder still receding in the distance. We jumped in anyway, floating, looking at the stunning beauty of the green all around, watching wisps of mist rise from the surface of the--"

"Cut." I snipped the kerlex. We took out the sponge, cut it to size, and laid it against the bandaged wounds, wetting and moistening it. Then we took out the clear plastic sheet with its series of arrows. We carefully moved through the steps, freeing the adhesive sheet and setting it onto the cut sponge. We inserted the vacuum hose.

"Okay Mr. Holden, we are turning the pump back on."

"Oh man, oh man, oh man…"

I hit the power button.

"Ahhhrrr!"

Mr. Holden stiffened again on his bed, made one last guttural roar.

"We will have a nurse in shortly with some painkillers, okay?"

"Oh man, I need it, get it in here, oh man…"

With that we walked out.

We threw the various items from the change into garbage cans, peeled the masks from our faces and the gloves from our hands. I kept the mask hung around my right ear. There were other patients with bandages to be changed.

"That guy is way over the top. Other people don't act like that," the fellow confided to me.

"Yeah, I know," I said with a deep breath and the first sense of dropping a great burden. For today, at least, I had eaten my frog.

"Let's go ahead and get started on the next one."

Night Float 2

Tom Albert, MS2

Tooth ache and tongue-tied, thin tendril riveting its way
upwards through mucous membranes and the deep fascia,
towards starlight.

Small petals in my chest, small colors- reds and purples-
collect like snowfall. The left hand side of my chest,
as Charles would say. A present waits there

wrapped with white cotton- fields of it, blanketing the upslopes and
downslopes of southwest Tennessee. Follow it with your eye
towards the black tree line, black grackle on black branch.

Such tenderness, always in the background, brassy maybe,
like a harmonica- a deep Americana. We've both grown from the soil
in different directions, together.

Nate Cohen, MS4

Pulmonology Clinic

Jessica Davis, MS4

Jennifer Sokolowski, MSTP

The only place to start a story is in the middle. Let me explain what I mean. When you tell a story, it's just, it's been a long time since I've seen you. I was in the hospital, did you know that? Yeah, for my arm. I was there for a while. I never saw you when I was in there. I saw one of your partners, one with white hair. No, not Dr. Bailey. It did start with a "B." Definitely not Bailey. How come I didn't see you up there? I guess I did see one of your partners, an older man. Very nice. White hair? Also I saw my cardiologist. A minor heart attack, he said. I guess I didn't really have problems with my lungs while I was there. That's probably why I didn't see you. They did have me on a ventilator for a bit, though. Probably that half of my diaphragm you told me wasn't working. Although, I think I feel it moving now. I think it's gotten better. A real improvement. Did I tell you I have moved into a nursing home? My brother-in-law kicked me out. He's a real asshole. I see that they have changed the lobby a little bit. Palms used to be on the left but now they're over on the far side. Must have needed more room when you come in, I guess.

Well, no, I haven't been wearing my CPAP. Let me explain. Just give me a chance to explain. The only place to start a story is at the beginning. The CPAP, I have it. I wear it sometimes. Most of the time. Well, only some nights I guess. It's very uncomfortable. Very uncomfortable. It makes my nose hurt. I sleep fine anyways.

I understand, I understand. And if tracheostomy is an alternative to CPAP who would you recommend for the surgery? I mean here in Tallahassee. No, I mean, this is what I mean. If *you* were having the surgery, who would you ask to do it? If you were going to have a tracheostomy, who would you trust?

I guess I can keep trying CPAP. I really do wear it most of the time anyways. It's just, it rubs my nose. See? Touch right here. The skin comes right off. You can't feel it? Right on off. I really think that tracheostomy might be for me, even if I would have a hole in my throat. That does sound serious. I'm in a nursing home now. Have I told you about that? I was very mistreated. Very, very mistreated. Did I tell you about that? My brother-in-law, he was emotionally abusive. A real asshole. One night at the dinner table, he stood up. He stood up and he said "I can't take it anymore. Get the fuck out of here!" So now I'm at a nursing home. Can you believe that?

55 fiction:

Stories of 55 words in length, no more and no less. This format was conceived by Steve Moss of New Times in 1987 and Veritas can't help but recommend it for those of you are busy in the library and the wards.

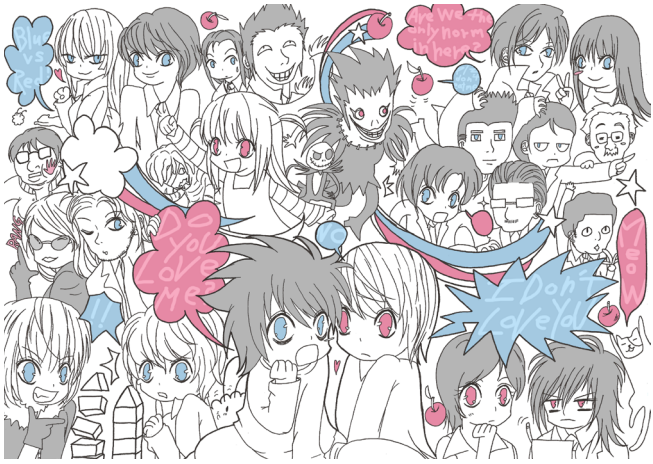
Arabic Name

James Armontrout, MS4

In the VA hospital, a young opiate addict. The judge says "stay a month." We discuss the program.

A sidelong glance at the attending. "I'm sorry Dr. Chye... Chye..." He nearly spits. "I can't pronounce that Arabic name."

"Chagara. It's not Arabic." And without batting an eye, she moves on to the business at hand.



Christine Lu, MS1

Pediatric Heartbreak

Jessica Davis, MS4

"Water, water, water." Dylan's hallmark cry. He was in the middle of his Glenn and his BT shunt or his whose-it and his whats-it patch. His mom made a youtube video; sent me sobbing under the covers. An abbreviated life dominated by abbreviated operations. Water-restricted for heart failure just as he was starting to talk.

Scene Safety

Andy Bunch, MS1

Tones drop for a MVC: small sedan veered off the road into a tree. Upon our arrival, the patient is staggering around outside of his car. We start to load him into the ambulance. He slurs at me: "I'm not going back to jail."

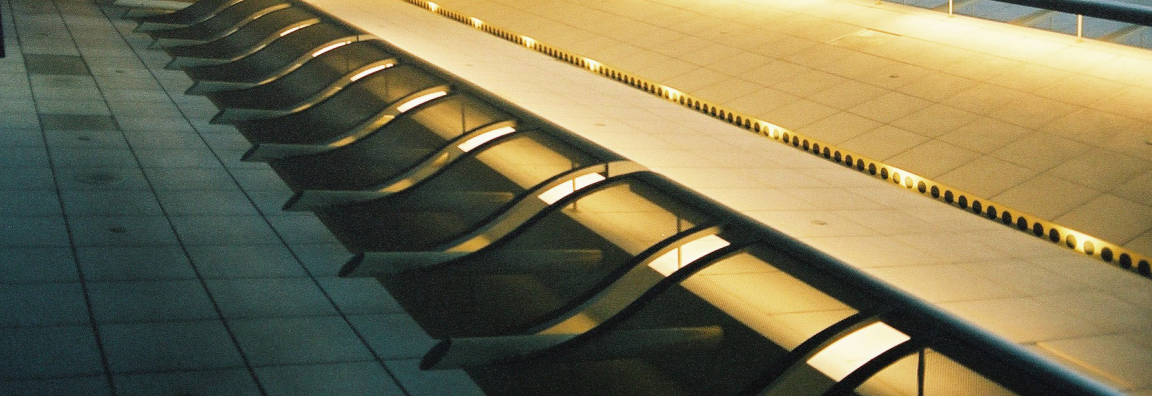
Then I notice the gun in his hand.

Pointed at me.

Present

Arjun Ramesh, MS1

She loves surprises, games, intrigue. What would be the best birthday present? A cake, with trick candles. Perfect, but nearly impossible to find. I scour several stores, and finally find them, gathering dust behind a party store overstock shelf. I light them, watch the smile flicker across her face, and watch my gift flicker away.



Untitled

Andrew R. Crichlow, MS4

Photos above and below:
Bess Yeh, MS3

i lied today
i couldn't look you in the eye today
i don't know what i should say today
break the news that i've learned today
i can't imagine how you'll feel today
i'll hide behind my white coat today
it's easier just to lie today

we lied to our sons today
we told them baby would run someday
we held it in and smiled today
picture shaking in our hands today
we lied today
we cried today
we died today

Go West

Tom Albert, MS2

Sitting in the second floor of City Lights, honing the old
wanderers with their bullhorns and cereal bowls,
gray eyes and white t-shirts, my father and I joke
about how he never taught me to wield a hatchet-

never showed me the form, the correct rotation,
how to let the weight of it settle in the shoulder,
how to sharpen the blade. Gary Snyder taught his son
proper, not only how to throw, but how

to build, how to whittle, soften, and shape the wood.
This was sometime after his days watching for fire in the high country
and drinking, but before his cross country'd, pin-wheeled
explosions, naked beneath the bathrobe and thirsting

for something. San Francisco continues its tricks,
then and now. You are excited we are here.
You are excited to show me, your life as it was
many years ago, the hot days in the valleys,

the foreign syntax in the hills. Up and down
Route 1 through the Spanish towns of your youth:
San Clemente, San Luis Obispo, Santa Cruz.
Costa Mesa, Costa Mesa, Costa Mesa…

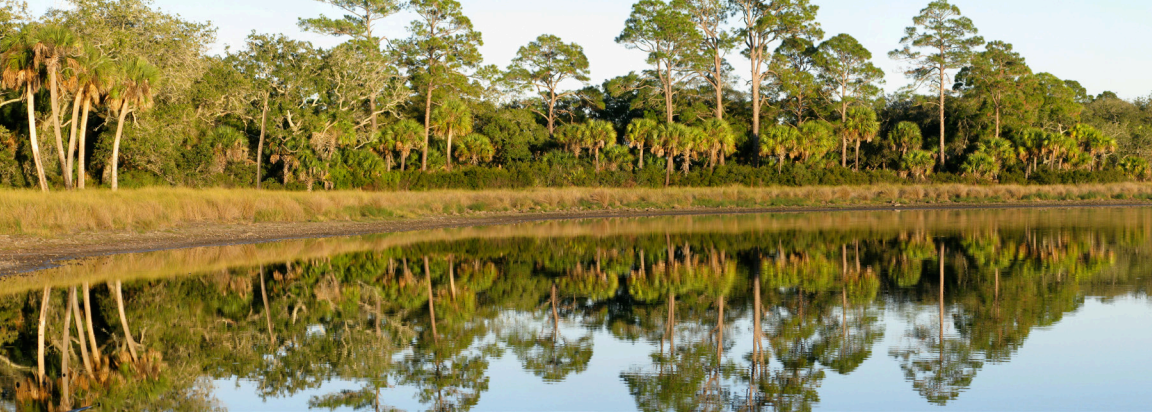
Desire is full of endless distances, as Hass
once said. Maybe he meant, the Pacific. And if he didn't
maybe he should have. Here, long grasses crackle
from lack of rain. Small boys and men

perch on sandy hillsides, pant legs rolled up half-calf,
the short hairs of their forearms standing at a ready
as if the whole coast, bundled and tied like tinder
could quietly burst into flame.

Like the tide, like the promise of water returning
you've taught me to yearn like this.
For Go West! For other lives lived.
And I do

Photo this page:
Sunny Chiao, MS4

Artwork next page:
above: Jess Davis, MS4
below: Christopher Aloezos, MS3



Writer's Block

Christopher Aloezos, MS3

William Carlos Williams
made me fear
writing
poetry.
His cloying judgments,
his precedence,
nothing short of irksome.

William Carlos Williams, in vest,
a divining rod,
a bacillus!
A stake to my heart!
Through medicine, and suburbia,
and utter pathos
he tracked the fame of his work
and himself.
Now he tracks me.

In his kitchen of writer's block
I hang,
by the final thread of a single screw
in a mere splinter
of wood.
An empty cupboard, unhinged!

A soldier, unhorsed!
Left on foot,
to hobble,
in a land where poets and artists ride
high and tall.
In this world
of mental jousters, I ask:
where the h--l is my helmet?

Though what does he,
William Carlos Williams
think of me?
Is he the reason for
my wading through ancestors,
my stepping on ears?
my temperament--
phlegmatic?
'Tis true, I am indeed
cuffed at the wrists to the idea of
creation.

Agh, enough! My lentil soup is
ready!
But, William Carlos Williams,
lastly, I must ask:
What in this world
is more important than these, my
lentils, my words?
Certainly not your shadow.
Onward, my pen writes...

A Voice! A Voice!

DS Brill, MS4

"I always ask leave, in the interests of science, to measure the crania of those going out there,' he said. 'And when they come back, too?' I asked. 'Oh, I never see them,' he remarked; 'and, moreover, the changes take place inside, you know.' He smiled, as if at some quiet joke." - Joseph Conrad, Heart of Darkness

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Armando Huaringa, MS3

Outside of building 80 hung a sign: Fallout Shelter. A fitting welcome into that nuclear holocaust of the med student soul—excommunication to Beckley, West Virginia

I crawled into the V.A. parking lot on a muggy Sunday, cursing the sun who was slinking away in the western sky (wretched coward!) I had been banished from civilization for the duration of my psychiatry clerkship, exiled to that funhouse of creaky doors, leering maintenance men, and inedible food, better known as the Veteran Affairs.

The 1934 compound was a sprawling set of brick buildings, set against the backdrop of the Blue Ridge Mountains. The roads leading to the place were dotted with potholes and lined with derelict houses and service stations, suggesting that this was indeed one of the dark places of the world. In these modern times, a towering building, complete with an ER and surgical wing, had been constructed for the modern hospital departments; however, the rambling brick structures still housed the V.A. Police, the medical students and the psychiatric ward.

Jonathan Chahin, MS1

According to one of the older psychiatrists, the entire brick-complex used to serve as a state mental institution. With an admirable doctor-patient ratio of 20:2000, the facility operated before the days of psychiatric drugs. Each morning, the doors between the buildings and tunnels were thrown open and the inmates were told to be back by six. When evening rolled around, the doctors—who no doubt had been busy performing lobotomies all day—would make the head count and tally the missing, hoping that those adrift would at some time, simply turn up.

Now, of course, they make a head count of the medical students at the end of the day. We turn up, regardless.

Surgery students like to delude themselves that they want to be shipped off to

Photo: Nate Cohen, MS4

"Camp Beckley" where battlefield promotions are more likely; psychiatry and medicine students rail against the inhumanity of exile to Beckley. I'll admit I had thought little about this place prior to arrival, beyond imagining a month of isolation.

The imagining was over—I was faced with the mocking smile of one of the maintenance workers, who showed me the way through the basement tunnels of Building 80, in order to circumvent the door to which I did not have a key. This development in no manner reassured me—if I could use these shadowy back doors, who else in this god-forsaken place might also wander through?

Almost immediately the terrible stench of that room ambushed me, my nostrils filling with the delightful scent of vomit. I struggled with the window—ancient and all-but-rusted shut, it refused to open for me. Worse, the glass had been obscured with an opaque plastic sticker, allowing for sunlight but not for a clear view of the world outside. Desperately, I tugged and fought with the creaky beast until she yielded and the turgid Beckley air spilled in.

My room was larger than I expected-- a stark space—a dismal, pitiless place to call home for a month.

Night fell eventually and I tried to keep myself occupied with the business of being a medical student in a foreign world. Other unfortunates arrived; we commiserated on the surroundings and ran up and down the corridors hunting for internet signals, weak but present at the other end of the hall while in my deep, dank corner of the ward there was naught but internet silence. And alas, the hour grew later and later and soon it was time to face sleep, alone.

Silence reigned, at least at first. Then, in darkness, the voices and footsteps started, echoing through the stairwell. I thought I imagined the heavy, supposedly-locked door to the hall creaking open. Were they coming for me? Wild fantasies of murderers and thieves sent my heart racing as I tried to still my breathing. Perhaps they didn't know anyone occupied this room. I lay in silence until the voices outside eventually subsided.

When I'd finally conquered the uneasiness that had forestalled all but the shallowest of breaths, (and thoughts) I turned to the impossible business of falling asleep.

Screeeeee. Screeeee. Screeee.

"Oh God!" I whispered to myself. New devilry to torment a new-broken inmate. I forced myself up to the open-window and peered down.

In the paved lot below the pysch-ward-turned-dorm, someone floated in the eerie glow of the path lights. Almost 2am and the specter remained oblivious to the somnolent inmates above him as he dragged something across the pavement. Screeeeeee, Screee. The man dragged a shovel against the pavement.

Another specter came into view. He offered his friend a light from his cigarette and they continued to scrape the shovel over the unyielding ground. Despite the still-acrid odor of vomit swirling in my room, I pushed the window shut.

After a sleepless night, I ventured into the tunnels, following the deserted paths with a faith that I would eventually end up somewhere resembling civilization. As I wandered the halls, "the horror, the horror," kept playing over and over in my mind—I expected to run into Kurtz and his savages, their jungle drums pounding in through the halls. (Never mind that only similarity Beckley, West Virginia shares with the Congo is a soul-crushing humidity—and I suppose, a soul-crushing desolation.) But here I am, skipping ahead in my strange tale.

"But the wilderness had found him out early, and had taken on him a terrible vengeance for the fantastic invasion. I think it whispered to him things about himself which he did not know, things of which he had no conception till he took counsel with this great solitude—and the whisper had proved irresistibly fascinating."

Here's this, then: four medical student-cum-voyagers set off on that steamer, naive to the poisoned arrows and severed heads awaiting them in the darkness of West Virginia. My comrades-in-arms included the venerable Reason, an astute, steadying force amidst the tides of absurdity; beautiful Sunshine, both petulant and fragile in these unholy wastes; incisive Publications for whom the shades of gray that painted this place could never register in his black and white mind. Sunshine and Publications were more than disinterested classmates, further complicating the voyage.

However, dear voyager, there is nothing complicated about a V.A. breakfast. The least noxious of all meals in that place, breakfast in the cafeteria provided at least a humble gathering place to share woes. No, the complications—gastrointestinal and psychological—were best left for another meal, that of dinner at "The Trough." What little information I had gathered about this lonely outpost pertained to that bastion of equine culinary delights, where all of the left-over food from the complex was offered up to unfortunates. Please sir, may I have some more? I think not.

That first morning, complaining seemed to be de rigueur and heaven knows a night spent in a room with eau-d'emesis was enough to make me join the chorus. Sunshine, having endured this place during a 4-week sentence prior to this current term, explained the origin of that particular smell to her horrified listeners.

"It's from the last group of students. We all got food poisoning from the Trough." She paused for the group to digest that statement and then continued, "God, I hate this place so much. It's so awful!" Even though her complaint was valid, her voice rang high and whiny; I was unused to such blatant lamenting from a fellow student. What about stiff upper lip; our forefathers survived it; keep calm, carry on? I wanted to disagree with her, despite that I too hated the place already. Reason, however was nodding.

"Just wait until dinner," Publications said, grinning at Sunshine, who had no doubt imparted her wisdom to him.

"You can't eat at the Trough," she replied. "You have to eat out, every night. You're going to spend so much money."

Later—much later-- I would discover that Sunshine had inhabited my room in those last four weeks and it was her lovely emesis I lived with for that timeless month.

"Oh yes—he did it. Did it very well, too, no doubt, and without thinking much about it either, except afterwards to brag of what he had gone through in his time, perhaps. . . He has to live in the midst of the incomprehensible, which is also detestable. And it has a fascination, too, that goes to work upon him. The fascination of the abomination—you know, imagine the growing regrets, the longing to escape, the powerless disgust, the surrender, the hate."

Our attending—hereafter, Dr. Marlow—motioned for us to enter his lair, a strange and cluttered world of patient files, neglected plants and empty coffee mugs. An Indiana Jones poster hung behind the good doctor's tonsured head, warning wary med students of the dangers of Kate Capshaw and her Temple of Doom. Sunshine's

Photo: Bess Yeh, MS3

Michelle Beller, MS3

perfect bow lips and arched brows were set in disdain; Reason approached the man with her customary skepticism; Publications could not hide his incredulousness at the site of this strange captain.

Casually dressed in a short-sleeved, plaid button-up, Dr. Marlow possessed unruly hair which floated around his globe-shaped head, contributing to the impression that he inhabited an ethereal plane of existence. Our fearless leader launched into a rambling introduction, his mind and mouth meandering from subject to subject in an unparalleled demonstration of tangentiality. Meanwhile, atop his eyes perched two eyebrow-caterpillars who knitted and furrowed and passed judgment, independent of the conversation.

"Do you know what people with antisocial personality disorder used to be called?" Dr. Marlow asked us, his caterpillars knitting again. Such industrious creatures!

"Uhh, psychopaths," Publications replied, physically incapable of resisting a pimping session. (*I hate it when they don't pimp, he had told us earlier, then you don't have a chance to show how smart you are*. Sunshine had smiled fondly at her darling.) Reason's transparent face had gone beyond skepticism to frank disgust. I flatter myself that I managed a tolerable imitation of indigestion.

"That's right," he replied. "And do you know what people are in charge of most companies and hospital systems?"

Not even Publications would take that bait.

". . .psychopaths. Psychopaths are in charge of most of the world. It is a real problem in medicine."

Perhaps I would revise my "content of thought" exam to include delusions. This was a strange new world where the pathologies spilled over onto the pathologists.

When I reached my room that night, I peeled the opaque sticker from the glass of my window, determined to see the outside world clearly, even if it meant that the loitering employees could see into my sanctuary when the sun slunk away and artificial light was required. The mountains, however impressive, were desolate, but there was the sky at least, bright in that uncompromising blue of autumn. And, the humidity had lifted somewhat during the day, improving the horrible scent of the place. Nineteen more clinical days to survive until freedom.

"'Ah! My boy, trust to this—I say, trust to this.' I saw him extend his short flipper of an arm for a gesture that took in the forest, the creek, the mud, the river—seemed to beckon with a dishonoring flourish before the sunlit face of the land a treacherous appeal to the lurking death, to

the hidden evil, to the profound darkness of its heart. It was so startling that I leaped to my feet and looked back at the edge of the forest as though I had expected an answer of some sort to that black display of confidence."

"We got a new one overnight. 51 year-old transfer from Richmond. But I don't think he's alcoholic even though he was drinking before he came in; I think he's just depressed." The on-call resident was brimming with exhaustion-turned-feverish delirium over the midnight interview she'd conducted with the new patient, RC. "Just wait until you meet him—he's got a great story. He was in Special Forces, he says. His wife and daughter were killed in an accident. I'm kind of sad I'm going off service now, before we can figure out what's wrong with him."

"Do you want to go see him before rounds?" My resident smiled, offering me the prize.

Damn, it was my turn to pick up a patient. After I had unwittingly picked up Mr. S, whose primary positive symptom of his schizophrenia was masturbation in public (we didn't visit his room on rounds), I had no desire to add to my patient list. But I'd also had mild Mr. T, an older schizophrenic, who was nearing discharge, despite powers to fortell the future, and who had suggested something otherworldly in the patient exchange.

"Are you hearing any voices that maybe other people don't hear?" I'd tried out the phrase, pleased with the banality of the delivery.

"Not now, no." His pale blue gaze-- dull with Loxapine and unblinking—had held my own. Good eye contact, I could report to the team, even if the affect was undeniably flat.

"That's great."

"I do have dreams. They're premonitions; they sort-of tell what's going to happen. Like that girl they found down in the woods on the edge of my brother's property. I knew about that before it happened."

I wanted to believe him. And I didn't want to know the details about the discovered girl. The out-going medical student had detailed some of Mr. T's positive symptoms in her notes, reporting his prophetic statements, which included strange visions of pentagons and the Star of David. His new anti-psychotic regimen had quieted the apparitions along with his aggression, leaving a kind old man who enjoyed morning conversations with the team. But he was due to leave this week and I would be left with the uninhibited Mr. S.

RC it would be, then. Down the hall, past the locked doors and into the room shared with the frightening SB, a 300-lb schizophrenic who was constantly responding to internal stimuli, I went, not knowing what I might find.

"Is it ok if I come in?" I asked, hanging back in the doorway. SB was thankfully nowhere to be found.

The man in the room could have been my dad. Wearing thick, square glasses to disguise his eyes, he sat on his immaculately-made bed, contrite and self-contained. Clean-shaven and perfectly groomed amongst patients who sometimes had to be coaxed to shower even once a week, RC appeared all-too-similar to a man you might find on the outside of these locked doors. A Tom Clancy novel lay on his bedside table—the book the only item in the room not chained to the floor. Patients could throw the furniture if they wanted, my resident had explained, so it needed to be chained down. I hoped I was correct in the inference that Mr. C was not the type to

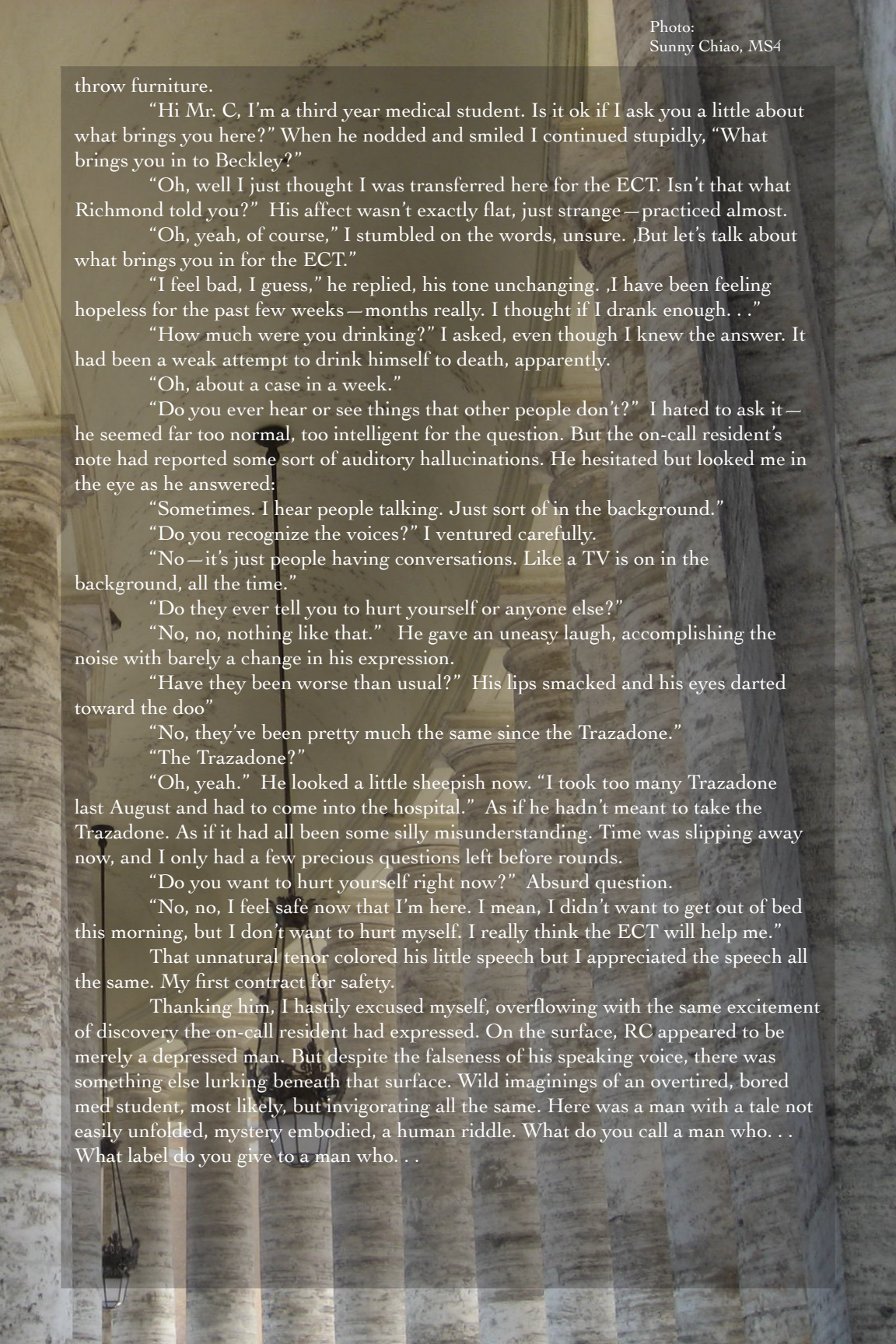


Photo:
Sunny Chiao, MS4

throw furniture.

"Hi Mr. C, I'm a third year medical student. Is it ok if I ask you a little about what brings you here?" When he nodded and smiled I continued stupidly, "What brings you in to Beckley?"

"Oh, well I just thought I was transferred here for the ECT. Isn't that what Richmond told you?" His affect wasn't exactly flat, just strange—practiced almost.

"Oh, yeah, of course," I stumbled on the words, unsure. ,But let's talk about what brings you in for the ECT."

"I feel bad, I guess," he replied, his tone unchanging. ,I have been feeling hopeless for the past few weeks—months really. I thought if I drank enough. . ."

"How much were you drinking?" I asked, even though I knew the answer. It had been a weak attempt to drink himself to death, apparently.

"Oh, about a case in a week."

"Do you ever hear or see things that other people don't?" I hated to ask it—he seemed far too normal, too intelligent for the question. But the on-call resident's note had reported some sort of auditory hallucinations. He hesitated but looked me in the eye as he answered:

"Sometimes. I hear people talking. Just sort of in the background."

"Do you recognize the voices?" I ventured carefully.

"No—it's just people having conversations. Like a TV is on in the background, all the time."

"Do they ever tell you to hurt yourself or anyone else?"

"No, no, nothing like that." He gave an uneasy laugh, accomplishing the noise with barely a change in his expression.

"Have they been worse than usual?" His lips smacked and his eyes darted toward the doo"

"No, they've been pretty much the same since the Trazadone."

"The Trazadone?"

"Oh, yeah." He looked a little sheepish now. "I took too many Trazadone last August and had to come into the hospital." As if he hadn't meant to take the Trazadone. As if it had all been some silly misunderstanding. Time was slipping away now, and I only had a few precious questions left before rounds.

"Do you want to hurt yourself right now?" Absurd question.

"No, no, I feel safe now that I'm here. I mean, I didn't want to get out of bed this morning, but I don't want to hurt myself. I really think the ECT will help me."

That unnatural tenor colored his little speech but I appreciated the speech all the same. My first contract for safety.

Thanking him, I hastily excused myself, overflowing with the same excitement of discovery the on-call resident had expressed. On the surface, RC appeared to be merely a depressed man. But despite the falseness of his speaking voice, there was something else lurking beneath that surface. Wild imaginings of an overtired, bored med student, most likely, but invigorating all the same. Here was a man with a tale not easily unfolded, mystery embodied, a human riddle. What do you call a man who. . . What label do you give to a man who. . .

The on-call resident had been busy with more than just RC overnight and indeed, the other pressing admission had been a much younger man, J, also apparently on the brink of suicide. His alcoholic binge had been entirely more convincing than RC's; he'd been in a drunken stupor for the past six weeks and rail-road tracks traversed his veins, a tribute to his personal-industrial revolution and new hobbies. Spitting vitriol and venom at anyone who stepped into his path, he'd managed to alienate the entire nursing staff and terrorize my resident during the 12 short hours he'd been resident of the Beckley V.A. We put off RC's intake interview in order to obtain official commitment for J, who was making empty threats about leaving Beckley because he couldn't go outside to smoke. After the highly-charged temporary detention order hearing, we gathered in the tiny conference room to try to coax from him his sullen version of the story.

J had been assigned as Dr. Circumspect's patient. Earthly and practical to Dr. Marlow's immateriality, Dr. Circumspect led the team with studied calm and I was quite thankful I'd ended up on her team. I sat in the back of the conference room, trying to avoid making incendiary eye contact with the raging bull, while the nurse sitting next to me taunted the bull with a red cape. A hard-boiled ward nurse, she'd expressed disdain for his cruel treatment of the staff, barking and biting when J did. But as the interview progressed and J's answers changed from monosyllabic expletives to grudging sentences, a curious and palpable change overcame the nurse. Her hostility melted away at his descriptions of his unfaithful wife, his struggle to build a tattoo-business, and ultimately his displacement from the urban North to the wastes of Roanoke, Virginia.

"What I hate most are all of the fucking drivers in Roanoke. No one fucking knows how to fucking drive around here!" It was this eloquent speech that ultimately enslaved the nurse. She nodded and smiled now as he finished his story.

"A remarkable man," Dr. Circumspect said after J had spilled his secrets and been excused back to the ward. We all nodded enthusiastically. Beneath the caustic

façade, J had revealed himself to be a charming young man, however broken by his wife's infidelity and abandonment.

"We all need to recognize the counter-transference that is happening here," she said, looking pointedly at the enamored nurse. "J is very good at inspiring the Rescue Fantasy in all of us. It is very common in borderline patients. We would do well to remember this."

Rescue fantasy—meaning, J was as manipulative as Lucifer himself.

Oh, there was the fascination, of course. But the idea of solving this puzzle of a man, of curing him and sending him on his way, healed and whole had gripped the nurse intensely. J did not stay at the V.A. long, but we were all smiling fondly on the morning of his discharge.

The only visible manifestation of RC's psychiatric illness could be found in his mouth; he periodically licked his lips--or rather, his tongue darted out and then back again, and his lips folded in on themselves. Dr. Circumspect had pointed it out to me and my resident before she had left for the afternoon. We would interview him tomorrow, she said. We need a patient for our med student interviews with Dr. Marlow this afternoon, I explained as Dr. Circumspect prepared for escape. Would it be ok to ask Mr. C? Of course of course. Go to town with him.

When I entered RC's room to retrieve him, he was quietly reading his Tom Clancy and looked up expectantly.

"I'm sorry that it's taken us so long to get the whole team together to talk to you," I began. "We'll talk to you on rounds tomorrow, but would you mind telling your story to me and my classmates? It's for our rotation."

"Oh sure," he answered. "I wouldn't mind that." Success!

Dr. Marlow presided over the session, but RC made eye contact with me occasionally and I tried to facilitate as I'd been taught, with vigorous nodding. Initially bored and angry at having to stay late into the afternoon on a psychiatry rotation, my classmates sat up straighter—ahah! here was an interesting patient.

"Tell us about your time in the military."

"Oh, there's not much to tell." His tongue darted in and out, in and out.

"It says here," Dr. Marlow began. "It says here that you were in the Special Forces."

"I can't really say much about that." He chuckled nervously. "I was in the first Desert Storm. And then I was over in Afghanistan." He stopped. I didn't think he would continue to put up with our questions.

"What sort of things did you do?" Dr. Marlow asked, oblivious to the patient's

Nate Cohen, MS4

discomfort with the subject.

"Well, like I said, I can't really say that much." He laughed uncomfortably again. Dr. Marlow and his caterpillars employed the age-old facilitator of silence to draw his secrets out of him.

"I mean, I was on a couple of classified missions." More silence, though this time it was more from the team's rabid interest than the judgment of the caterpillars. Even Reason was sitting on the edge of her seat. "I had a few assassination missions. But I can't really say much."

"Do you ever have disturbing dreams about your military service?"

"Sometimes."

"I understand your wife and daughter were involved in an accident."

"Yeah, that was a long time ago. They were killed by a drunk driver. That was my first wife." He talked sensibly about his first marriage and the ensuing depression after its violent dissolution. He even talked about sexual abuse from a state trooper when he'd been 12 years old. His parents had not been particularly sympathetic when confronted with this. He admitted to drinking a great deal when first in the army, prior to his special forces training. He said mildly that sometimes he drank more than he should, but that it was usually only when he felt hopeless.

"Tell us about a time when you felt like hurting yourself."

"There was the amitriptyline in 2008. After my girlfriend kicked me out of my own apartment," he said, anger entering his voice. "I was in a coma in the ICU for three weeks after that."

"Have you ever been in trouble with the law?" The resident and I knew the answer to that question—Mr. C had a parole officer involved in his care and there were a few old V.A. notes from psychiatric admissions in North Carolina and Richmond mentioning mild legal issues. I'd painstakingly tracked down the clinic notes from his current outpatient psychiatrist in Richmond, which spoke of similar issues. As much as I hated the resident-room phone, I was becoming a slave to it, sending out feelers to the far reaches of the V.A. system, haranguing secretaries and clinic nurses for more information at the behest of my resident.

"Oh yeah, well it was that time with my apartment," he said, laughing darkly. "They thought I was breaking in, but it was only because she had locked me out. I spent some time in jail because she knew the sheriff."

"But it was your apartment?"

"Yeah. Nobody would listen though."

"And you took the amitriptyline after that?"

"Right."

The interview drew to a close and the others escaped—even Dr. Marlow—leaving my resident and me to escort Mr. C back to the locked side of the ward.

"Is there anything you need before we leave for the day?" My resident asked, genuine in his concern for RC.

"Well, I didn't have time to bring many books, so if there are any more that I could read, I would appreciate that," he replied. Poor man, adrift in this place.

"Well he certainly knows his story," my resident said as we wandered back.

That was it! Mr. C's conversation was strange because he narrated, rather than conversed. Even in the artificial world of the psychiatry unit, RC's measured words had the ring of a practiced narrator.

When we returned to the resident room, Dr. Marlow was holding court with

Photo: Sunny Chiao, MS4

his own team, including Reason and Publications who appeared as if they wanted to escape out the window, regardless of the two-story drop. Sunshine had cleverly eloped earlier, when her attending had stolen away. Dr. Marlow smiled at us now, one caterpillar espousing beneficence, the other non-maleficence.

"That was a wonderful example of clinical depression. Make sure we do a mini-mental status exam before he goes for ECT. It's the cat's... the cat's... the cat's..."

Dr. Marlow waited for us to answer.

"Paw?" Publications offered.

"The cat's. . . the cat's. . .?" We stared at him. "The cat's meow. ECT is the cat's meow."

Altogether, Dr. Marlow's presentation remained more consistent with madness than Mr. C's, I concluded as I re-entered the locked ward.

RC relished the mini-mental status exam, quickly defeating the tasks I set before him. I described his mental superiority to my resident who agreed with the assessment that Mr. C was not so depressed that it had clouded his mind. Except for the voices, I reminded him.

"Clock him."

"I'm sorry, what?"

"Clock him." Dr. Marlow said again in his maddening, dreamy voice. "Don't you know how to clock someone?"

I stared, dumb and wide-eyed as the proverbially deer-in-the-headlights.

"You ask him to draw a clock," Publications said helpfully.

"It is a superior test of executive function," Dr. Marlow explained, drawing out the words in his own version of condescension. "We can compare it to the mini-mental."

Back through the locked doors and past SB who was staring at the wall now, I went for a third time and stepped into RC's room where he had resumed his book. Explaining the reason for my intrusion, I handed him the paper and pencil. RC successfully clocked himself as I watched, again apologizing for the patronizing intrusion. "He knows how to draw a clock," Reason said dryly when I returned, waving the paper. Dr. Marlow had mercifully floated home in the interim, leaving room for med

student elopement.

"There's nothing wrong with his executive function. We need collateral!" My resident declared when he saw the clock. ,But now it's time to sign out and go home." And by go home little med student, he meant trudge through the tunnels and retire to darkness of my own prison, for another night of shovels-on-the-pavement and deafening internet silence.

The electro-convulsive therapy began half-way through his second week in Casa Beckley, Mr. C having been medically cleared for seizure. Every morning, after I had successfully navigated around SB, I would sit and chat with RC before rounds and he would declare his excitement—however muted and seemingly-insincere—about his ECT. He still heard those background conversations but they didn't bother him—they'd been there for months, after all. ECT would give him some relief, he guessed. Despite the friendly, seemingly-normal conversations, RC's history consisted of puzzle pieces that didn't fit together. He'd given us just enough information to be believable, but the details remained sketchy and often, he declined to answer deeper probes regarding his past.

RC being my patient, I had rights to the captain's share of accompanying him down to the surgical recovery room where he would receive the shock. Reason wanted to sign on as first mate, mainly to pacify Dr. Marlow who kept declaring that all medical students should experience ECT while at Beckley. It was unspoken that Publications and Sunshine would co-pilot together, Beckley having surgically joined them at the hip. Yes, the place was exacting her revenge on us.

Together, Reason and I wove our way through the tunnels until we emerged in the modern hospital complex. Mr. C had been wheeled down to the PACU while

James Armontrout, MS4

we'd been huddled together at breakfast, still slinging complaints about the place to one another. Now, we watched as he lay on the gurney, grinning while they affixed wires to his skull.

"Do you think he's lying? All that stuff about Special Forces—it's kind of unbelievable," I whispered to Reason as we watched Mr. C fall under the spell of anesthetics.

"It's a cool story," she said.

"Dr. Circumspect thinks he's confabulating. She thinks he drinks a lot more than he is telling us. But think of the mini-mental! He's too smart to have Wernicke-Korsakoffs!"

"Maybe."

The procedure was beginning. We watched the EEG run wild with electrical discharge. His body was still except for his right leg, where a tourniquet had been placed on his thigh, to block the paralytics. That way we could have visual proof of the seizure, beyond the apparently unreliable EEG.

"It needs to last at least 60 seconds to be effective," explained Dr. Frankenstein, the ECT specialist. Mr. C, of course, managed 102 seconds of seizure.

Despite his mild manner and evident intelligence, cracks in his persona began to appear as the ECT treatments progressed. His strange, story-tone of voice did not change, though his avowed moods had gone from 'not good' to 'ok' to 'fine.' RC resisted being allowed to move from the locked side of the ward to the open side; he did not want to take part in the various group activities offered in exchange for freedom. He at first had refused—politely and with many excuses—to allow us to contact the family he had lived with in Richmond. I had eventually managed to wrangle that consent-form signature; it had taken almost a week for my resident and me to coax him into allowing us to contact his second ex-wife.

Even though phone calls to other patient's relatives had yielded important information, every time I picked up the phone to call some unsuspecting person, I felt a twinge of guilt. But I possessed a talent for culling information from the telephone; my resident had declared that I had the makings of a forensic psychiatrist (Lord, please save me.) So it was my job to call Mr. C's wife and parole officer and landlady. The parole officer could not be reached and his landlady had little say on the subject of RC.

His second ex-wife refused to answer her phone.

His was not a case of heart-breaking humanity but we wanted to know. It was no longer a matter of fixing Mr. C. The knowing had captured the team, even Dr. Circumspect, who asked me daily if I'd reached the wife. No, sorry, no one ever answers the phone.

The night before my release from Beckley, I dreamed about Mr. C. Specifically, I dreamed about trolling the internet in order to discover collateral on his situation. Even in sleep, the search for answers remained unrelenting.

In real life, I'd plugged his name into a search engine several times, hoping to learn some key information on his curious case. Alas, it had all been in vain—it would likely have been more instructive to read the Tom Clancy novel I was certain he was plagiarizing for details of his life as an assassin.

Although the details of the dream were disappointingly vague, I awoke with unease in the pit of my stomach, no doubt exacerbated by the grade-D beef I'd consumed from The Trough the night before.

However, the information I had sought appeared to me in my dream. The

Photo: Michelle Beller, MS3

omnipotent dream-Google revealed that RC was on a list of wanted killers. His square glasses and pointed nose stared out at me from inside the computer screen, a benign image of evil. It took a long time to tease dream from reality when I woke that last morning. Nothing in the prior discharge notes had suggested a violent past.

By the man's own styling, he was a trained assassin. At this point, none of us really believed the man had been in the Special Forces. Was he lying or confabulating? My resident's current theory was that he had somehow unhinged his frontal lobe with the most recent Trazadone overdose.

I had thought at length on the topic of Mr. C having been a spy—his claims the plot of action movies, to be sure. He was so crafty, reptilian in both his intelligence and tardive dyskinesia. Doubt would creep in when I imagined what might happen to an emotionally disturbed ex-spy. Whatever branch of service such a man had been under could hardly confirm his existence. A mental institution would indeed be just the place for a person with such sensitive secrets. Everyone at the Beckley V.A. had a strange and terrible history that would fill the pages of a novel. Perhaps, perhaps, maybe perhaps. . .

No, it was madness to believe his story. The tunnels and opaque windows and horrible smells were closing in at last. I hadn't slept through the night since I'd come to this place. Fortunately for sanity, my temporary detention order was almost up.

With dual guilt and fascination, I picked up the phone to try that dairy farm in Rhode Island where the mythical second ex-wife lived one last time. This morning, she answered.

My long and drawn out introduction did nothing to endear me to the women in dairy-land and almost from the outset of the conversation I could tell she didn't like me.

"Mr. C has authorized us to speak to you regarding his medical care. We are trying to learn more about his situation in order to coordinate his care."

"You've seen RC?"

"Yes ma'am, he's a patient here in Beckley. Is there anything about his past medical history that you could share with us?"

"You want to know about RC?" Bitterness trickled through the phone, oblivious to the many latitudes it needed to traverse.

"Yes ma'am, if you wouldn't mind telling us." It was a deliberate 'ma'am,' despite the northerner conversant.

"Well there's a warrant out for his arrest in Rhode Island."

I held my breath, my list of questions completely forgotten. She didn't go on, so I collected myself enough to ask: "Would you mind sharing the nature of his legal issues?"

"Well he owes me two grand, for one thing, the son of a bitch."

"Oh, I'm sorry," I replied, not knowing what to say.

"There's also that firearms charge."

"I see."

"Where did you say you were calling from?"

The conversation had entered a downward spiral. Her distrust overwhelmed her anger at RC and she abruptly hung up, leaving me open-mouthed. Firearms? Wanted in Connecticut?

I described the conversation to my resident. We were still no closer to discovering the truth about RC, but it was unsettling to have reality match dream so closely.

After the dream and the conversation with the bitter ex-wife, I didn't want to face him on that last morning.

"Hi Mr. C," I said with false brightness. SB lurked in the hall and so I reluctantly stepped into the room. "Looking forward to being done with the ECT?"

"Did you talk to my wife?" He'd been holding his breath. I nodded. "What did you tell her?"

"We're not allowed, by law, to tell her anything about your medical issues," I said. His suspicions were still high but he resisted asking what she had said. I couldn't bring myself to start on the topic of the firearms. So instead I retreated to the mundane:

"How are you feeling today? Any voices?"

"Oh, sometimes. Not all the time," he answered, tongue slipping out then back.

"Ok, well that's good. We'll be back soon for rounds." But I'll be gone after that.

"'I did not see the man in the name any more than you do. Do you see him? Do you see the story? Do you see anything? It seems to me I am trying to tell you a dream—making a vain attempt, because no relation of a dream can convey the dream-sensation, that commingling of absurdity, surprise and bewilderment in a tremor of struggling revolt, that notion of being captured by the incredible which is of the very essence of dreams...'"

What kind of ending is there for a man like RC? One goes off service; signs out the patient to the next group of voyagers, leaves a beautifully constructed summary of a patient's curious case for posterity. RC was due to be transferred back to Richmond after the seizures were complete; he was only averaging 55 seconds now, anyway.

As I drove out of Beckley, I noticed that my mom had been trying to reach me on my muted cell. I cheered into the phone. Free at last! Finally leaving, that's right. Wait, you sound sad, what's the matter?

"Oh nothing," she said, sighing. "I talked to Uncle Charlie last night. They had to take Alexa into a psych hospital last week. They think she's having a psychotic episode and at only 19. Screaming and hallucinating and apparently refusing to see anyone. What kind of drugs would you have to take for that to happen?"

Oh yes, dear voyager, more fallout from that abominable place, trickling beyond the confines of the brick walls.

Nate Cohen, MS4

James Armontrout, MS4

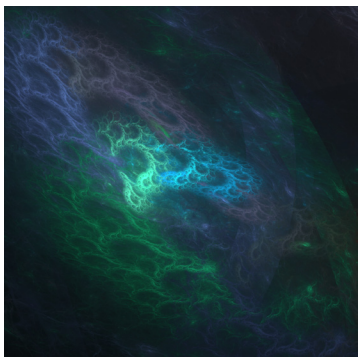
Collision of Cultures

Jon Abelson, MS4

She was significantly outnumbered. The six men in the room all looked straight at her. She had entered the room unaccompanied, unusual for many reasons. She stood by the exam table, knowing what was coming. After a few questions asking her name, age, hometown, occupation, all of which she succinctly answered, the young woman untied the multicolored sash around her waist. She let it fall to the floor while she held her skirt together with her hands. Not wasting any time, she eased herself onto the exam table, then swiveled her legs, and finally lay face down on the pillow. She slid her skirt and underwear down slightly to reveal a 2cm x 2cm diamond-shaped wound. Four weeks earlier, she had had a pilonidal cyst surgically removed on this very same table.

I glanced around the clinic room to see if anyone else thought this a particularly sensitive scene. One of the Guatemalan surgeons, dressed in jeans and a button-down shirt, without any typical signs of belonging to the medical profession, was using one gloved hand to probe the depth and margins of the wound. The lone sixth-year Guatemalan medical student, dressed in blue scrubs, was standing just next to him assessing the wound. The three fourth-year Guatemalan medical students, dressed in white scrubs, surrounded their seniors on the same side of the exam table, focusing on the patient. The other Guatemalan surgeon, who wore a more traditional long white doctor's coat, a button-down shirt and slacks, sat at a desk by the door reading a book. None directed their eyes to the other side of the exam table where I stood alone, assessing the confrontation of cultures: ancient Mayan culture and modern surgery.

As soon as she had walked into the room, I could tell from her clothing that she was indigenous. We were in Totonicapán, a small department in southwestern Guatemala, so I assumed that she spoke K'iche', one of the 21 formally recognized Mayan languages in Guatemala, as her first language and Spanish as her second. To a foreigner, her clothing resembled any other indigenous garb, with its beautifully intricate, hand-woven designs and bright color scheme. To a local, however, her dress could specify her home village and status there. She wore three layers of clothing, at once attesting to the cool climate in her mountain home and the conservative



Arjun Ramesh, MS1

nature of her community.

She did not appear nervous, uncomfortable or concerned to be in such a vulnerable position surrounded by men. In Guatemala, most female patients came into medical exam rooms accompanied—chaperoned—by family. Given that she was female, indigenous, and just 16 years old, I knew her coming here alone was peculiar. The surgeon who had assessed the wound told one of the medical students to scrub the site with antiseptic solution, then left the room. The medical student pulled a pair of his own supply of disposable gloves from his backpack and began to clean the area. After he finished, he put on a fresh bandage and told the patient she could get dressed. We all stood there while she readjusted her clothing and retied her sash. Another student handed her a prescription for the antiseptic solution. She asked when she needed to come back. The remaining surgeon put down his book and said that since it had been four weeks since the procedure, she did not need to return, unless, of course, she thought the area was becoming infected. She thanked all of us and left the room.

Sam Zhao, MS4

After she left, I wondered why she had come alone. She must of known what would be demanded of her. I soon realized that she likely knew exactly what she was doing. She knew she needed medical treatment, and that, to get it, she had to submit to our culture of medicine. According to her culture, authority figures, including physicians, should be respected, submitted to, and not challenged with questions. But her culture also strongly prohibited her from undressing in front of six male strangers. She had deftly weighed the competing cultural norms, and made her choice. Even without a chaperone, she came to see the doctors. No matter how uncomfortable it made her, she bowed to the medical culture.

Responsibility rests with the physician to recognize the power struggles and personal challenges of conflicting cultural norms, and to try to accommodate the patient's needs while putting her at ease as much as possible. To do this, the physician must have an open appreciation of each patient's cultural context. Some doctors choose to gain this by reading books, others do this by visiting and working in other countries. I choose to do both and believe that my patients, no matter where they are from, will benefit from what I've learned.

Bess Yeh, MS3

Of Mimosas and Memories

Alyssa Jenkins, MS3

Our days on earth are like grass; like wildflowers, we bloom and die…
But the love of the Lord remains forever.
Psalm 103:15, 17

Beneath Orion's twinkling lights we'd come,
my sisters, dad, and I to gaze upon
the mimosa's fronds and blooms like bubblegum.
Sharing dreams and prayers we built our bond.

But then one summer when we all returned
to walk again under the laden boughs
and tell of life and lessons we had learned,
just broken twigs remained upon the ground.

How could our treasured tree be hewn apart?
Did they not know of this mimosa's worth?
With steadfast faith, Dad stooped to save one part,
and in our yard this remnant was rebirthed.

So like our seedling blossoming anew,
I trust the Lord will heal and grow me too.

Photo: Andrew Crichlow, MS4

The Healer's Art

Mali Royer, MS4

On the first day of Medical School, I shaved a dead man's scrotum. No one else in my anatomy group would do it. It's not something normal people do. They were trying to tell us that we were no longer normal people. I didn't believe them. I kept sneaking looks at my cadaver's face, wondering if he liked chocolate or had grandkids or had ever studied philosophy.

In the second half of the first year, some of us took an extra class; The Healer's Art. We sat in a circle on the rug or lounged sideways in armchairs. We wore jeans and chewed gum. I still brought my laundry home on holidays. I was going to join Doctors Without Borders as soon as I got through residency.

In the middle of the circle, a physician in a bolo tie read us a poem. An anatomy professor guided us in meditation, sounding a small chime. Meditation and poetry were my bread and butter, but this seemed so hokey. We giggled and squirmed on the carpet.

They asked us what we liked about life before medical school, about who we were before medical school. I thought they were crazy. I was twenty-two years old; surely I was a fully formed person; surely they could not make me something less.

Two years later, I participated in the torture of an old woman.

Mrs. Beedle had been in the hospital for 287 days. Initially admitted for pancreatitis. Fifty-three procedures later, she had a colostomy bag and an open abdominal wound stretching from her belly button to her sternum. It was covered with synthetic mesh and black foam and a vacuum apparatus designed to remove pus and digestive juices. We were waiting for tissue to grow over the mesh, like shrubbery over the wire armature for a topiary.

Mrs. Beedle had grown delirious, and her wrists had to be tied down because she kept pulling out her IVs. That morning, I came with the team of surgical residents to change her wound vac. We swooped in, pulling on yellow isolation gowns over our white coats.

Her eyes found my face. "Help me. Let me die," she mouthed around the suction tube in her throat. She was NPO again. Nil Per Os. Starving.

Her hair was short and wispy around her face. She looked like a bird. Her skin was so dry and thin it seemed made of millions of microscopic feathers. Her daughter had signed a consent form, we were to continue treating her.

I wanted to unhook her from all these tubes, rub lotion into her dry hands, stroke her wispy hair. I wanted to wrap her in a quilt and read to her. But I could not.

Mrs. Beedle was going to die, and badly. I could not go with her. I had to stay here and learn to change wound vacs and check electrolytes. I had to finish this procedure and then scrub in for an appendectomy and then try to sneak downstairs to the cafeteria to eat a banana. I had to get a good grade on this rotation. Most of all I had to stop feeling her hole ripping through my own stomach.

I was there in that hospital room that smelled of latex and bile, and that was the last place I was. I felt my eyes glaze over and a dullness come into my limbs.

I looked away from Mrs. Beedle's face. I cut the new piece of black foam to the right size. I set out the saline solution. The resident peeled back the old bandage from her belly, and when Mrs. Beedle screamed and thrashed, I helped hold her down.

I thought about the meditation chime. How was that pallid sound supposed to help this?

When I was a child, a man once came to our door, asking to mow the lawn. He needed money, he said, to buy formula for his new baby. Mom said no, that Dad would mow our lawn. I ran after him with all forty-three dollars of my saved allowance. When I gave it to him, he picked me up and hugged me.

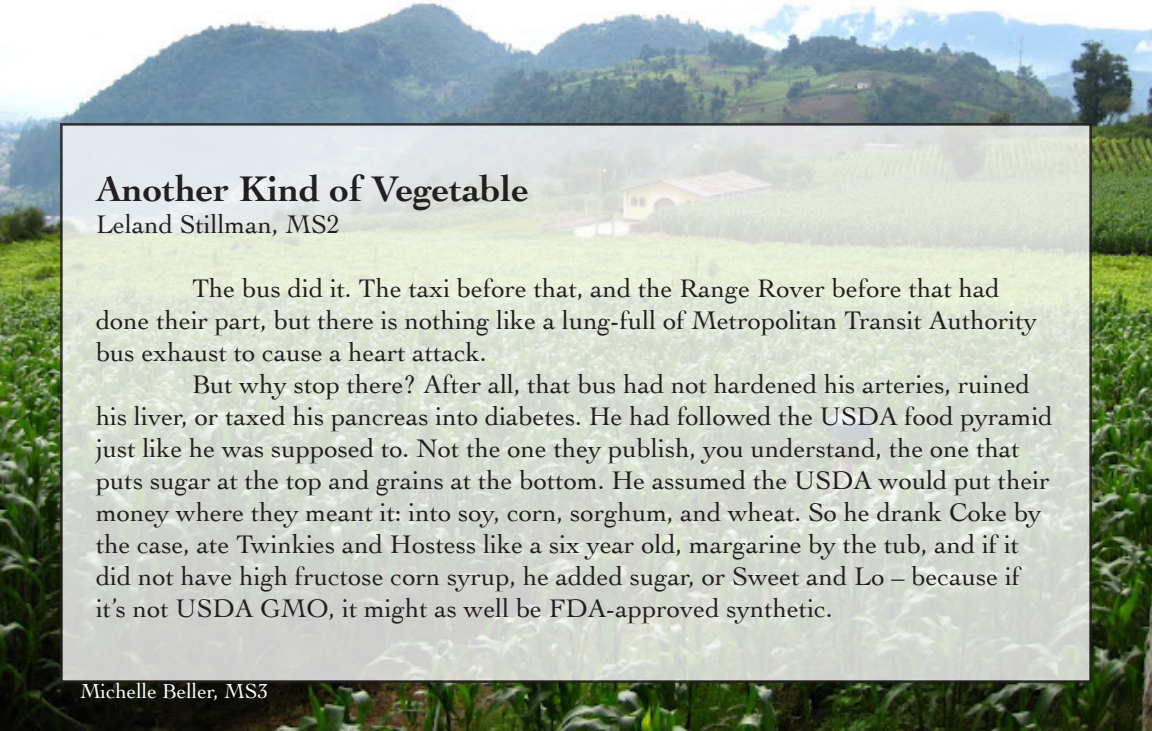
Now I think people like that will probably just buy booze.

I'm not the same person I was before, because now I've got this hard, cynical exoskeleton. It keeps those holes from wheedling into me, the cancer from seeping into my bones. My patients look different to me, they aren't like me. Women with chronic low back pain who just want drugs. Men with diabetes raging out of control who won't take insulin. Children born with AIDS because their mothers were too irresponsible to take their medicine. I reinforce my exoskeleton with ways it is their own fault, of reasons bad things can't happen to me: I obey dress codes, speed limits, open container laws. I make good food choices and keep my BMI in the healthy range.

Then there is rage. I feel it in the back of my throat and in my fingertips and behind my eyes. I am angry at them for suffering. How dare they bring me their grief, their pain, their sadness? What answer do they think I have for them? I'm just some kid who has attended two and a half years of grad school. Yet they cling to me, their needs suffocating and insistent.

It's an effort to come back to the surface, to quiet the rage, to strip down the chitin from my hard shell. I study patience. I practice making eye contact with strangers and thinking un-cynical thoughts. I adopt an aggressive form of mindfulness, digging my fingernails into my skin when I feel the first prickles of dissociation. I meditate on vulnerability, on filing down my exoskeleton, on really listening.

It will never come as naturally as it did before. I am not the same person. But here I am, in my white coat, and patients keep coming, thrusting their cares into my hands and expecting me to help, not roll my eyes. And so I keep trying.



Another Kind of Vegetable

Leland Stillman, MS2

The bus did it. The taxi before that, and the Range Rover before that had done their part, but there is nothing like a lung-full of Metropolitan Transit Authority bus exhaust to cause a heart attack.

But why stop there? After all, that bus had not hardened his arteries, ruined his liver, or taxed his pancreas into diabetes. He had followed the USDA food pyramid just like he was supposed to. Not the one they publish, you understand, the one that puts sugar at the top and grains at the bottom. He assumed the USDA would put their money where they meant it: into soy, corn, sorghum, and wheat. So he drank Coke by the case, ate Twinkies and Hostess like a six year old, margarine by the tub, and if it did not have high fructose corn syrup, he added sugar, or Sweet and Lo – because if it's not USDA GMO, it might as well be FDA-approved synthetic.

Michelle Beller, MS3

Solomon Dawson, MS2

Corn is a grass. Soy is a legume. Wheat is a grain. A botanist could tell the difference. A nutritionist wouldn't think it mattered. A lawyer would tell you they're all vegetables. A doctor doesn't have time to educate you on the finer points of eating healthy – insurance doesn't pay for that, and he has to eat too. When your mother said, "eat your vegetables," she didn't mean Monsanto corn or Archer-Daniels-Midland soy.

The clot in his heart caused a clot in his brain. He staggered a few steps, then fell onto the sidewalk. The ambulance arrived, through hellish mid-town traffic, and ferried him to the hospital. His heart is still beating, a little the worse for wear, the clot in there resolved! Too bad for his brain, it's not as resilient.

His children, his caregivers, his nurses, and his doctors, will treat him with respect as the victim of cruel circumstance. They will treat him with state and federal funds generously made available to the public. Except in their worst moments, when his is just another bed pan to be emptied, another urinary catheter to be inserted, another dosing regimen to keep track of, and in those moments they will call him what might have made the difference, had the USDA subsidized the kind that did not make Monsantos and Archer Daniels Midland rich, another variety of which he has become himself, in a way.

They will call him a vegetable.

Bess Yeh. MS3

Sam Zhao, MS4

Jess Davis, MS4

Letter to a Cadaver

Arjun Ramesh. MS1

We found you whole, but left you in pieces. Through our journey, we gained experience and knowledge to help others. I am sorry I never knew you. You may have been nice or mean, had a warm heart or not. We found you cold. But you were what we needed, our best teacher. Thank you.