
MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts



Illustration by Kathleen A. Néacy, MD, see page 28

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An Artistic Voice for the Healing Arts

It is our pleasure to bring you this edition of the *Medical Literary Messenger*. In reviewing this edition, I am struck by the breadth of ages the authors cover. Some pieces center around childhood (a child's ear mauled by a dog) and others about those nearing the end of life (a nonagenarian who shares her expired chocolates). After reading the edition, I would encourage you to view again the cover artwork of Dr. Neacy. The starkness of the white and black against the background of these stories of beginnings and ends is striking. We hope this pairing of visual and written art brings new light and meaning to them both.

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The Way Back

My daughter was lifted from her wheelchair,
helped into the empty pool and held
while the floor lowered and the water rose
up to her. Then she was instructed
and helped to reach behind her for the bars.
There she stood at last on her own.

It was such a triumph, she called out to me
to take a photo. Ten years later, I've opened
the jpeg on my computer. Now I remember
the plastic shower cap, the neck brace,
the blue wrist band floats, the overdress
for modesty, and her fragile slenderness.

By Joan Michelson*

* Author's note, page 27

The Loon

The autumn his mother lay dying,
the faithful son kept windows open
toward the sea. You could see it glint
through cedar and fir. You could
hear it rasp at flood tide although difficult
to distinguish from the hum

of evergreens. Dementia takes
a long time. First her brain
forgot her legs, then gestures, finally
names. The son reported silence
until 3 a.m. when she would begin
strange vocalizations

not screams or moans, certainly not
words. Maybe voice empty
of words. Visiting nurse, I had no
translations. Left instructions
for feeding, bathing, turning that he
followed with diligence

and tenderness. He kept a radio
tuned to classical music. She had been
a piano teacher. With each encounter
I learned a further sentence
of her life—and his. He had been disabled
by the wrong notch in a falling tree.

A permanent limp and back spasms
enabled him now to vigil at her
bedside lost among gulls' call
and the wakes of passing freighters.
One afternoon as I pressed my stethoscope
to heart and breath, he tapped

my shoulder. There, he cried. Listen.
Over the window's worn sill, from
the invisible shoreline, came a cry less throat
than soul. A loon, he told me, her
wakeful howl in the autumn hours
searching for her mind.

By Joanne M. Clarkson*

* Author's note, page 17

An Offering

By Connie Clark

Christmas lights bloomed through our neighborhood as I drove my car into our cul-de-sac. I was in my first year of psychiatric hospital chaplaincy, and all I wanted to do was get home and stretch out on the couch. My new work wore me out, and Christmas approaching made it even tougher. The patients grew sadder at the holidays and felt their loneliness more acutely. Staff members decorated the halls gaily with nonreligious symbols, and they led Christmas-y crafts and social events, but despite their best efforts, many patients felt their loneliness even more poignantly at Christmas than at any other time.

As I parked the car, I saw light spreading all around from my neighbor's house. Mrs. Wade, a ninety-year-old woman who loved to stay up late, was just getting revved up for her day. She was still working a few days a week as an editor at an eminent scientific journal but never went in before 3 p.m.

I opened the car door and smelled the leaf-mold smell of a mild Virginia winter. I heard a faint voice: "Connie? Is that you?"

Evelyn Wade was peering up at me from her front porch. Both of our houses were set down a steep hill, so I had to look down to see her, but no matter where I was, I had to gaze earthward to look at her because osteoporosis had bent her in half. She lived at a 90-degree angle, canted sharply over from the hips, and turning her head sideways to look at people. She used a cane for

balance.

"Yes, it's me," I answered, half wishing I could just go lie down. But I started walking toward Evelyn. "How are you tonight?"

"Ah, I have some things for you to take to the patients," she said. "I wanted to get them to you before Christmas."

I moved carefully in low light down the slate steps leading to Evelyn's front door. As I got closer, she turned very slowly to go inside. "Can you come in for a moment?"

"Sure," I said. The sofa would have to wait.

Entering her house, I noticed again how extraordinary it was, not just in its architecture but also in décor, with original oil paintings propped up on every surface, an enormous though tattered art poster dominating one wall, volumes of Beethoven stacked on the desk of the Baldwin piano, and piles of newspapers, magazines, and books creating rickety towers on the floor.

Evelyn made her way into the kitchen, offering me tea. I accepted, and we sat down at the one table I'd seen with a partly clear surface. She pulled a cloth tote bag from a nearby chair. A box of candy was sticking out of it.

"Will these do for your patients?" She handed me the bag.

I peered into it. She had gathered several boxes of Fannie May and Russell Stover candy, along with a fancy box of chocolates shaped like bottles and containing various liqueurs. The liqueur chocolates were contraband in the hospital, and some of the staff would look askance at any candy for

"Evelyn made her way into the kitchen, offering me tea. I accepted, and we sat down at the one table I'd seen with a partly clear surface. She pulled a cloth tote bag from a nearby chair. A box of candy was sticking out of it."

its sugar content, but I could probably distribute the nonalcoholic chocolates after Christmas Eve worship without creating a problem.

"Thank you so much!" I said. "This is very kind of you."

"Well, I can't eat these things myself. Now that Eric isn't here, there's no one who can."

Eric was her son who had died of cancer several years before. He had lived with her for most of his adult life. Our first conversation had been about his death. My mother had also lost an adult child to cancer, and I'd said to Evelyn, "Mom told me it was the hardest thing she ever experienced."

Evelyn had simply said "Yes," and we remained silent for a time. Evelyn could bear with silences in conversation.

Now I asked her about her other son, Alton, who visited every week or so.

"He is well," she said, "though very

Continued, next page

busy. I don't think he's playing the piano very much. It was so glorious that time he was playing Beethoven here and you were playing Bach at your house and the windows were open! If only your husband had been singing at the same time!"

Cacophony, I thought, but then I was less tolerant of discord than my neighbor. She could serenely tolerate conflicting ideas, difficult experiences, and, yes, two pianos playing different pieces at the same time. For all my study of contemplative prayer, I realized I had found a true contemplative in Evelyn, who was in no way, shape, or form religious.

"Do you want a receipt for this donation?" I said, indicating the tote bag full of candy.

"Oh no," she answered, her light eyes widening behind her dark-framed glasses. "They were gifts to me, so that would not be right."

Gifts to her, I thought. *I wonder how old they are?* I'd look at the boxes later.

We chatted about the neighbors. She had inside scoops on all of them. I wasn't sure how she knew all these things when I never saw them visiting her, and I knew she didn't venture out much beyond her own front garden unless she was driving to work.

"Honestly, I don't feel much desire to visit with them," she said. "I conserve my time and energy for like-minded people like you and Guy."

"I am honored to be in that category," I said, "but I do have to make myself go home now."

I got up, taking hold of the tote bag. Painfully, inch by inch, Evelyn rose and

"I couldn't take the 'expired' chocolates to the hospital. I wondered if Evelyn knew they were well beyond their expiration date."

made her way to the front door. She smiled up at me from her bent position. "I'm glad we had a chance to visit."

"It's always good to visit with you, Evelyn," I said. "Thanks again for the candy."

"Be careful on those steps," she said. I dragged the bag of candy and my briefcase as I made my way to my own door. I greeted our dog Lucy, let her out, lit the lamps, and pulled a box of candy out of the tote bag, searching for an expiration date. There it was: 08/94. It was now December 1998. The other boxes had similar ages, except for the liqueur chocolates, which were from Germany and had no expiration date. Regardless, I couldn't use them.

I couldn't take the "expired" chocolates to the hospital. I wondered if Evelyn knew they were well beyond their expiration date. Had she shoved them aside because they reminded her of her son who was no longer here to eat them? In the artistic chaos of her house, where had she stashed them, and what made her remember they were somewhere around? Were they just nuisance items to dispose of? No, she would have thrown them away. She was literally a child of the Great Depression; did she save everything for some eventual use?

Or did these old boxes of candy seem like treasures to her that she'd been saving, holding onto them for the right moment? Had she given them to me out of love and concern, believing that what she was doing was a blessing? I couldn't know.

The patients in the state hospital received lots of cast-offs. There was a whole room for used clothing where they could select something to wear, often something missing buttons or marked with stains. There were old magazines and books in the library. The bagels served by a recreation therapist after our Sunday worship services were donated because they were stale. For the many patients with dental problems, there was no way to eat a hard bagel except to suck on them, which some people did.

What makes us think we've engaged in charity when we give away things we would never keep for ourselves?

I took the tote bag outside to the big trash container in the side yard. I looked at Evelyn's house, making sure she was inside and no longer on the front porch where she might see me. At best, she hadn't known the candy was too old to eat; at worst, she'd saddled me with the task of disposing of it. I grabbed each box, still slippery in its cellophane wrap, and dropped it in the bin, wondering why it felt so wrong to dispose of Evelyn's gifts like this, as if I were careless of what might be love and too skeptical to believe in her generosity. ✧

Connie Clark is an Episcopal priest who served as chaplain in two state psychiatric hospitals for ten years. She is now pastor of a small church near Charlottesville, Virginia, and is working on the second draft of her memoir manuscript about her chaplaincy years. She writes poetry and creative nonfiction, some of which has appeared in other literary journals.

Waypoint

In Vienna, not yet two, she rollicks in
the bathtub. Someone shells
fresh peas for dinner.

Time compresses.
Back home near the Bosphorus
she giggles at the hammer &
sickle tankers churning through
to the Black Sea.
The next year in Zurich her EEG is
lethal.

There is a kind of beauty in loss—
the tactility
& years later the intensity
still there:
Dali's *Persistence of Memory* in
the hospital corridor, the doctor's
eyes in New Haven
after he digs out
a piece of her brain & how,
excavation complete,
he clips
shut the hole even though
her depleted brain can never heal.
Walking home
after the hospital, her Opa,
the Yale professor, is exact &
ruthless: She'll need care.
Find a nursing home
for her. Soon.

Pickwick Ale bottles clink after
a day's framing.

My father, two brothers,
and I pass the jar of peanuts.
She sits in her stroller,
chrome glinting in
the Vermont sun.
Rafters & joists hang true in
the house that will never be hers.

I am writing of my bewilderment then,
no tricks left in the drawer.

By Thomas R. Moore

Thomas R. Moore's fourth book of poems, *Red Stone Fragments*, was published in 2019. His work is represented in more than thirty literary journals and has been broadcast on *Writer's Almanac* and *American Life in Poetry*. His poem "How We Built Our House" won a Pushcart Prize. From 2017 through 2018 he served as poet laureate for Belfast, Maine.

Costume

As camouflage our genes and microbes wear,
We're put on, borne, and taken off at will,
If we can call it will where fevers flare.
Stitched small and fine, our cloth reveals great skill
In sewing, spinning of a rustic mill,
And flux of a chameleon blending in
With background of chameleons, striving still
Long past their unforthcoming origin.
From marrow to the last frontier of skin
Where last nerve-end stands sentinel, alert
For when to change its costume, change has been
Itself the masquerade, a bloody shirt
In motley vellum wrinkles shot with red.
We tie off mends and sutures, snip the thread.

By Dan Champion

A contributor to previous issues of Medical Literary Messenger, Dan Champion is the author of Peter De Vries and Surrealism, coeditor of Walt Whitman: The Measure of His Song, and contributor of poetry to Able Muse, Light, Measure, Midwest Quarterly, The North American Review, Poetry, Rolling Stone, Shenandoah, Think, and many other magazines. A native of Chicago with degrees from the University of Chicago (AB), the University of Illinois at Chicago (MA), and the University of Iowa (PhD), he works as a writer and editor in Iowa City, Iowa.

Being Twelve

For Skyler

A boy, half-past twelve
reclines in a leather chair.
His arm connects to an I.V.
filled with transparent drops.

A boy, half-past twelve
grimaces from the bitter taste
invading his mouth, a combatant
at work to protect fragile life

and get a homerun.

A boy, half-past twelve
pitched baseballs last summer,
but this winter, the balls spin out
into storage, and cool glove
catches

corner the back of the closet.

A boy, half-past twelve
experiences chemo. He sits
center stage in a grown-up chair
with hope to pitch a shutout

in spring training when the I.V.
runs dry.

By Judith Bader Jones

Judith Bader Jones's lifetime experiences find voice in poetry and fiction. She is a former nurse with experiences in psychiatry and obstetrics. Two poetry chapbooks, Moon Flowers on the Fence, and The Language of Small Rooms were published by Finishing Line Press, Kentucky. Delta Pearls, published by Sweetgum Press, Warrensburg, Missouri, received the William Rockhill Nelson Fiction Award, Kansas City, Missouri. A poem, "Sharp Points" appeared in Chest, The Journal of the American College of Chest Physicians, and "In Flickering Light" appeared in San Pedro River Review.

Like New

By Dianne Dugaw

Daddy's in town doctoring like always. Mommy's at the hospital having the next baby. All the rest—me, Krissy, Danny, and baby Terry—are at Mrs. Novak's house on the Winlock road. The lilac flowers smell purple and blue as anything. We've just had our peanut butter sandwiches, and Mrs. Novak is putting Terry and Danny down for naps. I'm on the steps at the back porch watching birds jump on the barn roof. I don't know where Krissy is.

Then—"Doggie bled me! Doggie bled me!" Running around the corner of the house toward the porch, she screams and cries, blood on her cheeks and even her pigtails. Mrs. Novak stomps out the door and passes me on the steps in a hurry. Her hairy dog bit Krissy right on her ear. The blood spurts everywhere. Mrs. Novak isn't very good at English. Mommy says that she mainly speaks Polish. She really uses her Polish to yell at that dog, running to pick Krissy up. She puts a towel around her head to cover her ear and catch the blood. She comes back up the stairs with Krissy toweled up and in her arms. I follow her into the kitchen. Watch her call my dad on her wall telephone. Now it's English. Then she hangs up. "It's Ho-kay. He come soon."

We're waiting on the porch when Daddy drives up in our brown Ford. He jumps out, saying over and over: "It's all right. It's all right," then takes Krissy from Mrs. Novak, who's saying Hail Marys with Polish mixed in. Putting Krissy into the car, bundled in the towel, he sits me right next to her on

"... Daddy opens the door, reaches to the comic book shelf, and takes one. 'Read to Krissy,' he says, 'the whole thing, every part.' That's my job so he can fix her ear."

the front seat, and we drive to town to fix her chewed-up ear.

"We'll make it just like new," he says.

The waiting room has comic books for sick kids who come to be sewed up or given shots. Sometimes we go there on Sundays with my dad to do bookwork on people's bills. I like to read comic books. Today, carrying Krissy into the office, Daddy opens the door, reaches to the comic book shelf, and takes one. "Read to Krissy," he says, "the whole thing, every part." That's my job so he can fix her ear.

I see it's Bugs Bunny. Ho-kay. I've definitely gone through this one before and know just about every page.

Crumpled up in the blanket, my little sister cries like a kitten. It's kind of sickening to watch the blood mixing with the tears on her face. "It'll be all right," Daddy says, putting her up on the examining table. He tucks the blanket around her and wipes her tears with little cloth bandages from the shelf. He covers her up with a white sheet, all except her face and the place where her chewed-up ear is hanging. Krissy looks scared. Her brown eyes stare out from under the sheet. But she stops crying, looks at Daddy and me, even smiles a little.

"We're almost ready, honey," he says quietly.

That's when he scoots his rolling chair, winds the seat around to make it higher and higher, and sits me on it with Bugs Bunny. My face is almost even with

Krissy's, as she looks out from the sheet. Daddy puts his rolling table on the other side and sets out all the scissors and alcohols and sewing-people-up-stuff. I look straight at Krissy. "Are you ready for Bugs?" I'm a little nervous. I don't quite know how to read yet. But almost.

I open Bugs up and look down—easier than looking at Krissy. There's Elmer Fudd hoeing his carrot patch right in front of the house with his shotgun leaning against the wall. Just behind, Bugs's ears poke up above the back fence. It's not hard to figure out how it goes. I know that what they're saying hangs in the white clouds over their heads.

My dad looks down. "Are you kids ready?" I picture his words in a cloud on the ceiling, right over his head. "Yup," I answer.

"Okay. Let's get to work."

The bright light shines down, and my dad begins to sew Krissy's ear back on. I start in about Bugs Bunny behind the fence at the edge of the carrot patch. Pretty soon Bugs sneaks up behind Elmer Fudd in his overalls. Bugs is eating carrots to beat the band. "Hey, what's up, Doc?" he hollers in the cloud above his head.

Elmer swings around with his hoe. "Holy Ska-a-a-moly," he yells out, in another cloud, and the chase starts. Bugs goes running up and down, up and down all over the countryside. He

Continued, next page

gets away, swiping more carrots than ever—even when Elmer Fudd drops his hoe, grabs his gun, jumps in his purple truck, and starts roaring and yelling in a cloud that floats in the sky above him.

I look up. Daddy's eyes stare down at Krissy through his thick pinkish glasses. He doesn't say a word, just sews and sews. I turn back to the story. There's Bugs running and hopping along with the carrots, and Elmer in his truck, racing down the road and bumping along behind him. Finally, a big, curvy bend, and Bugs splashes into a nice blue lake while Elmer Fudd and his truck—guess what!—crash and smash and splash into the water. There you have it—Bugs, swimming across the lake with the ducks and frogs and all the carrots he can eat.

My dad slowly cuts a big white bandage. Puts it on Krissy's ear over the other bandages. Sets down his scissors, and takes a deep breath. He pulls off his glasses and wipes them with a handkerchief. "How're you two doing?" he asks.

"Pretty good," I say. Krissy smiles, then closes her eyes.

"We're all finished," he says. "We've done a good job." ✧

Dianne Dugaw has published scholarly articles and books in addition to creative stories in magazines including Blueline, Slippery Elm, and Mount Hope. Professor emerita of English and folklore at the University of Oregon, she lectures and performs in the U.S., Canada, and Mexico. Her recording, Dangerous Examples—Fighting & Sailing Women in Song (www.cdbaby.com) presents ballads from her book, Warrior Women and Popular Balladry, 1650–1850 (University of Chicago Press, 1996). Her childhood on a Pacific Northwest ranch with a musical and religious family informs her interest in women heroes and her storytelling. "Like New" is part of her memoir collection, "On Cowlitz Prairie."

Aftermath

After surgery, I look in a mirror—
bold legs, scrub-brush hair.
April rain slides snow into dirt,

eases the crust that gripped the ground
through months of cold. Soon,
the heady fragrance of lilacs,

angles of porches, irises blooming
in cinders, an open door. I put on
lipstick and paint my nails.

Wind slashes clouds apart.
I run into what falls toward me—
mesh of light released by the sky.

By Barbara Daniels

Barbara Daniels's Talk to the Lioness is forthcoming from Casa de Cinco Hermanas Press, which also published her chapbooks Black Sails, Quinn & Marie, and Moon Kitchen. Daniels's poetry has appeared in Prairie Schooler, Mid-American Review, and other journals. She received three fellowships from the New Jersey State Council on the Arts.

At Santa Monica and Western

You've been touched up
and your game's gone south.
Now you're just a battered pitcher
in black relief
against the sun blached corner
at Santa Monica and Western.

A long red light
compels us to watch your wind up.
You pull at your cap,
pound your glove,
check the runners,
shake off signs
and whisper the count
with lips that never stop moving.

You arm wrestle with the wind,
quite delirious with your stuff
and you wait for the medicine to work.
Just like the rest of us.

By Rick Smith

Rick Smith is a clinical psychologist specializing in brain damage and domestic violence, practising in Rancho Cucamonga, California. Recent books include Whispering in a Mad Dog's Ear and Hard Landing (both by Lummo Press). He plays harmonica for The Mescal Sheiks and can be heard on the Oscar winner Days of Heaven soundtrack. His poems appear in Rattle, Arts and Letters, The Santa Fe Review, Blueline, and Trajectory...Essays in Under The Sun. Check out his website, docricksmith.com.

Name That Tune

By Ron. Lavalette

She's already lost most of her hair, but refuses to wear one of those scarves, or a wig, or a hat to try to hide the fact. Her only jewelry is the small plastic catheter where a watch or a bracelet ought to be, unused now for months but still available as a concession to her doctors' pleas.

She pushes the wheelchair's controller forward like any gangster on the get-away might mash down the car's accelerator. If the chair had a "Check Engine" light, it would have burned out ages ago, ignored.

The chair bee-lines across the almost empty atrium, forcing a few bipedal staffers and patients to alter their courses as she zeroes in on her intended destination: the upright piano occupying the small visitors' seating area adjacent to Oncology, on the other side of the lobby.

Her arrival is simultaneous with that of the thin, elderly man the hospital has hired to come in three times per week to make the rounds from keyboard to keyboard, half an hour each, to make the waiting easier, to help the people forget or remember, whichever best suits their need.

He looks at her and smiles; knows exactly what he has to play. ♡

*Ron. Lavalette is a very widely published poet living on the Canadian border in Vermont's Northeast Kingdom. His first chapbook, *Fallen Away*, is now available from Finishing Line Press and at all other standard outlets. His poetry and short prose has appeared extensively in journals, reviews, and anthologies ranging alphabetically from *Able Muse* and the *Anthology of New England Poets* through the *World Haiku Review* and *Your One Phone Call*. A reasonable sample of his published work can be viewed at EGGS OVER TOKYO: <http://eggsovertokyo.blogspot.com>.*

Transcription

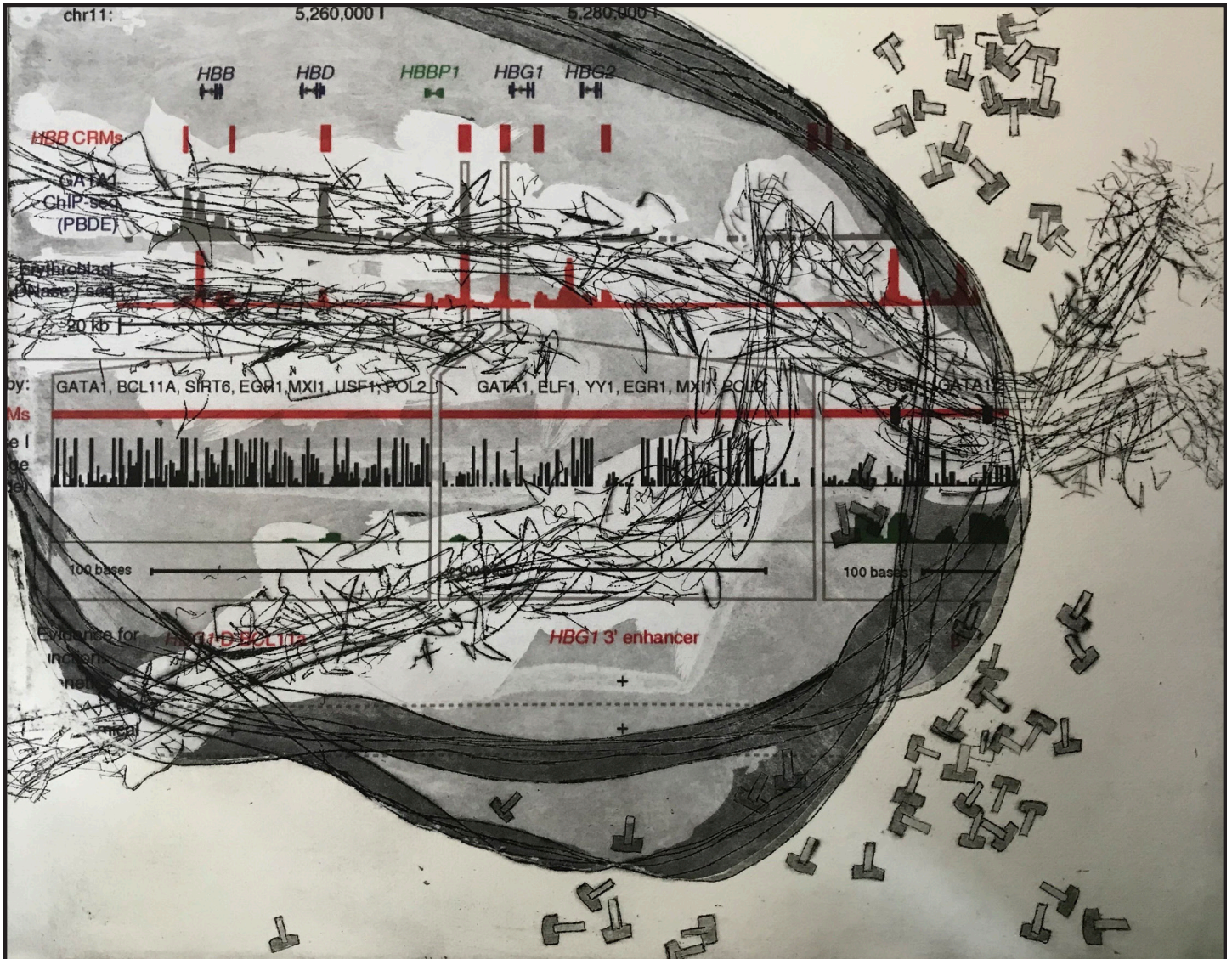


Illustration by Kathleen A. Neacy, MD*

* Author's note, page 28

False Hope

By Paula Mahon, MD

I am a family physician who went into medicine to pursue a career that rewarded creating deep personal bonds with our patients. I was lucky to be mentored by some fine physicians, including the one who treated my family. He learned from the Jesuits who trained him that depriving someone of hope is the greatest sin a person can inflict. In retrospect, I think there may be greater sins.

It was 1988. I was a third-year medical student new to the surgical rotation. I had no interest in becoming a surgeon and planned to just grit my teeth to get through those weeks. However, I was still keen on pleasing the attending physician. We picked up patients from the emergency room on a daily rotational basis. On our surgical team's turn we met Mr. H, a sixty-year-old gentleman complaining of poor appetite and yellow skin. He had come from out of state to enjoy a family vacation in the White Mountains. He was, at this point in my career, the most jaundiced person I had ever seen. Even the whites of his eyes reflected a practically neon yellow glow.

We ordered a CT scan to detect the cause of the jaundice. In retrospect, I know what a CT scan would show without the graphics. There was a mass on the bile duct. The tumor extended into his pancreas and had all the appearance of an ugly cancer, an ominous scenario. Visibly untreated jaundice is ultimately lethal. The surgery performed to remove the pancreas, the bile duct, part of

“I remember this surgeon saying to me and my fellow medical student in an aside that although the likelihood of long-term success was slim, it was imperative to try the procedure. ‘Who knows?’ I remember him saying. ‘We could be the first to succeed. We could make history.’”

the intestines, and, of course, the tumor is called the Whipple Procedure. Even to new third-year medical students on the beginning weeks of their surgical rotation, the Whipple Procedure had a dismal reputation. Aside from the sheer length of the surgery, clocking in at well over six hours (an enormous length of time to spend standing gowned, gloved, and sterile), the mortality rate for the surgery at that time was nearly 10 percent. Even today's statistics show a post-operative five-year survival rate hovering around 25 percent for patients who have undergone the procedure for a pancreatic cancer.

So I was surprised to watch the attending surgeon hasten our tourist patient and his family through the admissions process to our hospital. He explained the need for surgery and the likelihood of success. I remember this surgeon saying to me and my fellow medical student in an aside that although the likelihood of long-term success was slim, it was imperative to try the procedure. “Who knows?” I remember him saying. “We could be the first to succeed. We could make history.”

In the two days leading up to the Whipple, I developed a relationship with the patient. It's what third-year students do best, unencumbered by the

tasks that a fully licensed physician must perform in the hospital. Medical students in 1988 spent a lot of time gathering data on the patients, reading the charts, drawing labs, and inserting intravenous catheters—what was called in hospital slang “scut work.” These “scut” procedures foster an intimacy in the relationships with patients, and I engaged in a lot of small talk while I applied EKG leads to Mr. H, drew blood or did any number of other scut jobs in his hospital room. He and I shared an interest in stamp collecting, and to this day I have an envelope containing one of his stamp dealership catalogues inside. Mr. H was courteous and polished in that “Greatest Generation” sort of way. Much as I loathed my surgical rotation, I truly enjoyed the time I spent with him.

I am not sure what his family did for housing while visiting daily as they waited for the surgical team to provide what was promised to be a procedure that would eliminate the nausea and abdominal distress that goes along with a biliary blockage and jaundice. I am sure their vacation rental must have lapsed, and I assume they traded the cottage for a hotel near the hospital.

The surgery, complicated and taxing, lasted ten hours. Mr. H survived it.

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The pathology on the surgical specimen revealed the tumor to be a bile duct cancer, a tumor with an gravely high mortality rate. Published Whipple Procedure success rates today omit biliary cancer patients from the research and only publish data on those with pancreatic cancer. I am not sure Mr. H or his family realized his condition was a terminal one, even if the Whipple proved successful. Those cancer cells had a straight-shot line up to the liver and from there it is like a multilane interstate highway for cancer cells to travel via the hepatic vein to the vena cava to be spread by the heart's pumping action to the lungs and brain. Even before we had the pathology report back on the surgical specimen, the CT scan film alone was enough to show that the prognosis was bad.

Today I question the H family decision. I consider a 10 percent chance of surgical mortality too big a risk to endure so far from home. But as a third-year medical student, I did not have the guts to speak to that issue with the H family.

Mr. H's recovery was slower than the surgical team anticipated. He didn't feel well. Days passed before he could eat solid food. He remained very weak even after his transfer out of the intensive care unit. Ten days post-op, as the hospital staff tried to ready him for transfer to a skilled rehabilitation hospital in his home state, and while I was performing my daily rounds and examination on him, Mr. H fell backward in a lifeless flop on the bed. It was the first "code blue" I ever called in my career. I was more nervous about pulling the alarm cord and having the entire staff

of the hospital floor come running into the room than I was witnessing what appeared to be the beginning of the end of a life. To this day I remember thinking, *I hope I'm interpreting this situation correctly. I hope this isn't some misinformed reaction to what is not really a "code" situation, because the attending surgeon and the nursing staff would kill me if I screwed up.* That's what med school was like and that's what I was like back then. There was a proverb I heard once that summed up our status: "Show me the third-year student who merely triples my work, and I will kiss their feet."

Mr. H wasn't dead, although his blood pressure was very low. The attending surgeon brought him back to the operating room emergently, as I contacted his family to say Mr. H was not going to be discharged. Because I was Mr. H's medical student, my job was to be in that operating room with him. When we opened him up, Mr. H's abdomen was full of blood. The pancreas remnant, disconnected from its ducts to the intestines by the Whipple, had been busy secreting potent digestive enzymes into the abdominal cavity. Those enzymes eroded a hole through Mr. H's hepatic artery—eating away the artery wall like lye eats away deposits on the inner surface of plumbing pipes.

We stitched up Mr. H as best we could manage, but there wasn't much tissue to work with. Mr. H never woke up again. He spent his last days of life on a mechanical ventilator with central lines cutting into his chest. IV fluids and medications poured in as those same fluids were leaking out of the compromised blood vessel spaces. He died within a couple of days without seeing his home, without saying good-

"Today I question the H family decision. I consider a 10 percent chance of surgical mortality too big a risk to endure so far from home. But as a third-year medical student, I did not have the guts to speak to that issue with the H family."

bye or hugging his family. I still think of how difficult this whole affair was for his wife, to spend so many days in a hotel, far from her supports. I think of his grown children who had to leave their jobs and families more than 160 miles to the south of our hospital while their dad underwent what was an onerous and ultimately useless procedure.

No one could argue against the fact that Mr. H needed a surgery. But I think reasonable people could argue that the surgery didn't have to happen right that minute. There was no reason Mr. H couldn't leave the emergency room in our hospital with a plan to go home and follow up with his own physician. At least his family could have the supports they needed from their own home while they tended to his last days. Mr. H could have had a last look at his home, his yard, his business, and his beloved stamp collection.

I think back to some wise words I learned in residency, "Don't just do something, stand there," and its corollary,

Continued, next page

“the first pulse you take in a code is your own.” A surgery may be necessary, but it doesn’t necessarily need to be done STAT. Even the simplest surgeries are risky ventures. Unexpected events occur, turning the most routine procedures into a resuscitation effort.

But I think the most upsetting aspect of Mr. H’s case is that our surgical team prevented Mr. H and his family from living out the last days of his life in a manner the H’s could be comfortable with by using our knowledge of anatomy and physiology and sharing it selectively. As a medical student, I had no right to disagree with the attending surgeon’s decision over his (not my) patient management.

Mr. H and his family depended entirely on the medical team and the surgeon’s opinion to determine the trajectory of the last days of his life. The surgeon held out a false hope for a survival and did not have the tough discussion with Mr. H and his family about what the last days of life were going to be like. Many physicians overestimate the survival of their patients with terminal illnesses. Even today many of the new pharmaceutical cancer therapies confer additional lifetime that is measured only in weeks, not years.

This is not to say that we should not try to invent new therapies or investigate new drugs. I recognize this is how progress is made in science. I also recognize that in order to discern the valid from the useless in research, we need ill people to participate in the research. But what happened on that surgical floor in 1988 was not a research project.

Sometimes physicians are uncom-

fortable dealing with situations where longevity is not an outcome. The rare patient who is savvy enough to ask the question “exactly how much quality of life am I going to gain with this therapy?” may receive overly optimistic news in a misguided effort to provide that hope we do not wish to destroy. These difficult conversations are made worse by the productivity orientation of medicine these days. Where the humane discourse would allow for adequate time to comfort, and provide information, it seems that as physicians we are pressured to outsource these precious moments to the new-found specialty of Palliative Medicine to take over the primary care relationships that we have worked so long to construct.

We do not always have the luxury of time to get our affairs in order and say our goodbyes when we learn that we are going to die. That is the gift of cancer. Being there for others is what we do as physicians, it’s the humane and social thing to do. Answering the tough questions and dealing with the difficult emotions is what doctors do. It is not as easy as promising false hope and avoiding time consuming discussions about the end of life. Because of the relationships we should be building with our patients, we owe it to them who trust us with their lives to guide them through the uncharted waters of their own mortality. ✧

Paula Mahon is a family physician in Manchester, New Hampshire, at Health-care for Homeless and a civil surgeon for USCIS who has an interest in cross-cultural medicine developed after a stint in Peace Corps Kenya prior to medical school. Her writing has been published in Pulse, the Boston Globe, Parody, Light, Westward Quarterly, Aethlon, and Naugatuck River Review, where she was a finalist for their poetry prize. She still collects stamps.

The Beauty

Her hair was silver, not steel
or nimbus. A polished heirloom.
Patina of leaves after rain.
She admitted her life-long vanity.
My patient, she lived her last days
by the ocean. I do not remember
the names they gave
the failure of her body. Only
her shining, its softness consoling
the aging of her face. And I recall
on that last morning
I combed at her request,
stroke after stroke of river
in rare sunlight. After long winter,
luster where it entered the sea.

By Joanne M. Clarkson

Joanne M. Clarkson's poetry collection, The Fates, won Bright Hill Press's annual contest and was published in 2017. Her poems have been published in such journals as Nimrod, Western Humanities Review, Beloit Poetry Journal, Poetry Northwest, Alaska Quarterly Review, and others. She received an Artist Trust Grant and an NEH grant to teach poetry in rural libraries. Clarkson has master's degrees in English and library science, has taught, and worked as a professional librarian. After caring for her mother through a long illness, she re-careered as a registered nurse specializing in home health and hospice care. See more at www.JoanneClarkson.com.

Penance

It is not the
Our Fathers, Hail Marys,
Acts of Contrition you whisper
from aching knees
over and over
in a beaded sequence,
belated promises
that rise with dust motes,
echo
between vaulted rafters.

It is not
the silent scalpel
cut through flesh, muscle,
the ungodly crack
as your ribs shudder apart,
the excision of tissue
run amok, the scar's
angry intensity.

It is not,
the infusion, napalm-like
chemicals stripping you clean.

It is not
feeling trampled,
overrun by fire ants,
not nausea,
deflated muscles
or hairless, hue-less skin
save the blue and purple
bruising under your eyes.
After medicine eradicates all evidence
of your sin,

it is
the lingering catch
in your chest, the feeling of being
forever breathless.

Leslie Parker has received recognition for her work as a finalist in the Bucks County (PA) Poet Laureate Competition in 1993, again, as a runner-up in 1995, and has won awards from The Poetry Council of North Carolina and The North Carolina Poetry Society. Her poetry has appeared in several literary journals, including Bay Leaves, Black Buzzard Review, The Cape Rock, Cold Mountain Review, Half Tones to Jubilee, Hawaii Review, The Panhandler, and others. She lives in McLeansville, North Carolina, with her husband, Bob.

By Leslie Parker

Summer, 1949

If the heat hadn't steamed off Brooklyn streets,
if my mother didn't need to leave the city,
then I could have walked across the hotel room,
but the polio virus, free-styling in a Catskill pool,
leeches onto me, so I dragged myself to Mom
and didn't walk for six months.
1949 was peak year for the disease.
What was she thinking?

My throat hurts like my brother's choking me,
like rakes are scraping me raw, and tears,
that escape down my throat, ignite new fires.
My right calf feels beset by a beast's claws,
his weight on my thigh renders me immobile.

It's my fault Ken doesn't play with summer friends,
my fault Mom misses mah-jongg games, my fault
we spend the torpid summer in the city.
It seems I've always known *fault*.
Even my earliest memory—in crib with leg cramps,
swallowing back tears, mustn't upset Mom.

A tin of buttons, a box of pencils, pens—my toys.
The floor is cool on these sizzling summer days,
but my leg aches, I want to run outside, I cry.
Soothing me is not Mom's strong suit,
so she lets me play with the 144 ivory tiles
of her precious mah-jongg set. She comforts
with food, cajoles with promise
of Good Humor ice cream after dinner,
lulls me to sleep with Oreos and milk.
My weight will cripple more than polio.

By Joan Gerstein

Originally from New York, Gerstein, a retired educator and psychotherapist, has resided in California since 1969 and brings her experiences from both coasts to her writing. For the past five years she has taught creative writing workshops to incarcerated veterans. Her poetry has appeared in numerous San Diego County publications, as well as Into the Void, Gyroscope Review, Voices Israel, and Outrider Press's Moon Anthology.

Continuing Care

Bravery.
I see it every day.
A man pushes his wife
in a wheelchair,
ignoring his own pain—
the ache of bone on bone,
heartache.

Outside:
unfinished hulks
of buildings.
In here:
burned-out hulks
of bodies.
Some:
empty shells
of themselves,
half cracked.

This is the last stop.
And most of them know it.

Look. Don't turn away.
Help as much as
you can, knowing
you yourself may be
where they are:
wrecked, beached,
soon.

By Marjorie Stamm Rosenfeld

Marjorie Stamm Rosenfeld is a former Southern Methodist University Press editor, SMU English instructor, and U.S. Navy analyst who has done poetry therapy with forensic patients and made three websites to commemorate perished Jewish communities in Eastern Europe. Her work has appeared in journals and anthologies such as Psychological Perspectives, The Awakenings Review, Earth's Daughters, Ekphrasis, Southwest Review, Nimrod, Rosebud, Margie, Anthology of Magazine Verse & Yearbook of American Poetry, Travois: An Anthology of Texas Poetry, and The Listening Eye, and online at sites such as SWIMM Every Day, Persimmon Tree, qarrtsiluni, Centaur, and MidEastWeb. Her chapbook, Fringing the Garments, was published in 2013 by Pecan Grove Press, St. Mary's University.

Two-Inch Foot Drop

By Susan Demarest

I was born cool; that's just the way I am. It's very unusual for anything to shock me. Yet when my mother died, I was shocked by two things. First, I cried. Maybe, all told, for two or three seconds, but that was completely unexpected for me. And second, *Like that!* I immediately forgave her. And again the sensation was, "How did that happen?"

So, maybe if I think about it, I wasn't born cool, but I became cool when I had to get through this life. "*Oh-blah di . . . life goes on.*" I don't think about it much. But it was bad—yes it was—and I wanted her to die, but now I'm fine, and she's fine, and look: "I'm still here."

But my *father's* death? God. That is all I can say. Twenty years now, and I still feel his pain (and I know he feels mine.) He was a prince—"The heavens themselves blaze forth the death of princes" (*Julius Caesar*, Shakespeare)—but God, what a struggle to be born in this life.

All of the actors are now dead, so I can't say for sure, but his sister Jean—who actually raised him—told me that when he was born, he was either pulled out too fast or they dropped him down a flight of stairs, so that he was, from his birth, actually paralyzed on one side. He had a "hemiparesis" (half paralysis), which resulted in the left side of his body not catching up, muscle-wise, bone-wise, to the right side of his body. He did reach six feet of height, but his left side was always two inches shorter than his right, resulting in what's called a "two-inch foot drop." He couldn't walk without limping; he had no left

calf, and *every step* he took was a pain. Terrible, slicing pain. Every step. Every minute. Every day of his life.

And it seems crazy (this is when I think, "You know. I really *am* crazy."), but it never occurred to me that he had a limp. But he did, of course; I mean, how could he not? One leg was two inches shorter than the other. He wore this torturous, orthopedic device on his foot that cost hundreds (now thousands) of dollars to make. And he could never walk—ever—in a pair of bedroom slippers. So, what a shock when I was twenty-three, and I met this girl Rosa in my apartment complex (that is a stretch . . .) who had come from West Islip—where he was a school principal—who had actually attended his school (Paumanok). "Oh, Mr. Demarest was your father? I remember him, with that terrible limp, always coming down the hall." Was I shocked? Completely! I wanted to smack her in the face. Because, first, give me some credit. That was a fucked up thing to say—even "innocently"—and second, that was the way that he walked. And third, I walked the same way, too.

Once, at my thirtieth high school reunion, while I was walking with my good friend Hutch (we had grown up together), he said, "I see that you're not limping now." And I thought, *What is that supposed to mean?* And, instinctively, reading my confusion, he said, "I remember that you were always limping in school. Now you're fine. What happened then?" And you know what happened? I was unconsciously walking the same as my dad, favoring the right

"He did reach six feet of height, but his left side was always two inches shorter than his right, resulting in what's called a 'two-inch foot drop.'"

leg, wincing off the left. I loved my dad. It was sympathy.

His mother had died when he was twenty-two months old. She had Bright's disease, which was the name they called an acute kidney disease; it was actually more common on the other side of the family, but that's what she died of and my grandfather was neither willing nor able to raise a small child. So that's why his thirteen-year-old sister raised him.

Nothing against my grandfather. I really never knew him, and when I did, he had dementia, so there's really nothing I can say, but my father told me a story once of how, when he was seven or eight years old, he didn't feel like going to school. He'd leave the house each day and play in the fields, eat his lunch, play some more, and then come home when he saw the other kids begin walking home. For six weeks! The teachers never reported him missing, and his father *never asked him* what he did in school that day. He could not have been less interested.

Well, of course, that was a different time. Can you *imagine* the lawsuits of

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today? But can you also imagine, what if you were gone for six weeks, and no one missed you?

So, there are just two things I want to say. First, my father never *ever* made fun of me, and my mother really did. Horribly. Incessantly. It was terrible abuse. Honestly, “the less said, the better. . .” But it was—even though I have forgiven her—a terrible thing to have done to a child. And, of course, it started when I was an infant, so what kind of context was there to make sense? And, truthfully, my dad, though he had suffered so much, was complicit—and he knew it—but he *was also incredibly kind*. Not just to me but to everyone. He was, I think, an enlightened soul. Whenever my mother would send him upstairs to spank me, he would take the hairbrush and hit the side of the bed. Really, the danger was that I would really get spanked because I was, obviously, faking it so loudly “*Ye-Oww!Owwww.*” that my sadistic older sister would come in to watch. Here is the gift I remember the most: At his memorial service, quite unexpectedly, two former students from West Islip, now middle-aged men, came so they could share memories of him. They had both grown up in “broken homes,” with lethal potions of drunkenness, abandonment, and sadistic foster parents. And yet they always knew they could come into my father’s office to talk to him, let him get them some breakfast, and know that he would be comforting to them. He was kind and the memory of this kindness saved them. Not just me, you see, but anyone.

And the other thing? He loved music. Or, more specifically, the flood-stage of music notes that coursed

through his veins. Because it is a fact—or at the least, I do believe—that if everyone could lose their minds for *hot jazz* music the way my father—always—lost his mind for “Caldonia” by Woody Herman and his Thundering Herd, then the world would be a much happier place. (“Tuck! No . . . wait! Listen to those horns!!”)

I could be wrong, but you get my point.

And he loved to sing, although his voice wasn’t much. But he could sight read and sing the right notes from a chart. (Not quite perfect pitch but relative pitch, although I *am* a musician and can’t tell you the difference.) When he and my mother moved to Florida, he joined a big, local amateur chorus. I honestly have no recollection of the name. And he loved it. It was something that gave him real meaning in life. But after a few years, his dementia kicked in. Maybe it was Alzheimer’s; maybe it was just the hard-core intractable Demarest dementia that has taken out more than a few family members. Once, when I was visiting my parents (father) in Florida, I was sitting on the beach when some young guy came up to his girlfriend beside me. “Whoa!” he said, “Sorry. I got held up by this crazy old guy. Crazy.”

“Where?” she asked. And he turned around and pointed to my dad. He was standing by the phone pole and smiling at me. And, of course, because of the difficulty of walking on the sand, it was an ordeal for him to come down to the beach. I can’t remember to this day if I ran up to get him.

On the next trip to Florida, I asked, “How is the chorus?” And he was silent, as if maybe he hadn’t heard me, and for some reason I knew to hold my tongue. So we rode on, in silence, until he began:

“Well, I was making mistakes, you know, singing the wrong notes, coming in at the wrong places . . .”

“Yeah? And . . .”

“The director . . . he said, ‘Why don’t you just stand there and not open your mouth?’”

I held my head inside my hands. *What . . . if you were gone for six weeks and no one missed you?* This man had been damaged for all of his life, and now his brain was damaged too? No. No. It wasn’t fair.

He was eventually moved into assisted living, where he forgot all the names of my mother, my sisters, and pretty much everyone else except: “Tuck!” he’d yell out every time I called him. “How is Jin Jin? How is she?” He just adored my tiny Chinese daughter, who’d been left by the roadside by her mother. He had one more child to be kind to. And he was, my one true Buddha dad.

And you’ve probably deduced that I treasured him, of course—but really, what I want to say is that he was kind. My dad was kind. ✧

Susan Demarest teaches English at a community college in Boston. Her features on antiques and objets d’art have appeared in Antiques and Collectibles, and her poems and prose pieces have appeared in Tar River Poetry, Hawaii Review, Ibbettson Street Press, Tell Magazine, and others. Her humanities blog is at trouveres.net.

Hurt

I'm thinking about my mother falling
out of bed while I roll off the edge
of my mattress that space no longer
shared with my man Jim who was
rolled down the wide corridor
nights ago by a team of gods
who wanted to unroll his guts
find what was compromised cut
out those parts staple him back together
something all the king's
horses all the king's
men could not do
for another good
egg so I'm left
thinking about my mother whose egg
made me how the night she coded
my youngest sister called saying
the attendants would intubate
no I answered at 3 in the morning
Jim jerking awake beside me let her go
no life on tubes as she wished something
I did not say for him no he shocked
the surgeon the answer in red flowing
from his core out of his mouth he had to
stop this show himself the trauma
doctor close to my face shaping the word
torture I had said it myself to the friend
accompanying me back to the hospital just before
midnight now I'm awake having had a late tea
stepping out of the same bed Jim at 3
in the morning left April Fool's Day
having called his own ambulance
I was on the other side of the country
while his heart was cracking
in two better not die alone
die in the marriage nest

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my husband who loved
me unconditionally unlike
my mother who knew no
boundaries who once fell
in her sleep out of her bed
without getting hurt

By Karren LaLonde Alenier

Karren LaLonde Alenier is the author of seven poetry collections, including Looking for Divine Transportation (The Bunny and the Crocodile Press), winner of the 2002 Towson University Prize for Literature and The Anima of Paul Bowles (MadHat), and 2016 top staff pick at Grolier Bookshop (Boston). Her poetry and fiction have been published in Mississippi Review, Jewish Currents, and Poet Lore. Her opera Gertrude Stein Invents a Jump Early On with William Banfield premiered in New York in June 2005. She is coeditor-in-chief of The Word Works and producer of long running literary programs—Café Muse and the Joaquin Miller Poetry Series.

Saffron

Saffron from saffron crocus, *crocus sativus*.

From Arabic word, *za furan*, yellow.

Rich yellow dye used in medicine, cooking.

The world's most expensive spice.

Purple flower, September-October.

Saffron produced by drying 3 red-gold stigmas/chives.

Remedy from Mr. Nicholas Culpeper's *Complete Herball and English Physician*, 1653:

How to cure the Yellow Jaundice without Medicine or giving anything to the Patient whatsoever

Take the patient's morning urine, and
put the same into a bottle; and take a
small piece of saffron, and tie it up
in a fine piece of muslin, and put
the same in the bottle amongst the
said urine; and only desire the
patient wholly to abstain from
drinking either milk or malt
liquor for one month. Proved
a great number of times.
This prescription alone is
worth more money than the
price of this book.

The Benefits of Saffron Added to Wine, According to Rev. Harrison, Rector of Radwinter, 1577

Saffron, in wine,
not onlie keepeth a man
from drunkenesse, but
incorageth also unto
Procreation of issue.

The Benefits of Saffron According to John Gerard, Apothecary to King James I

Moderate use of saffron is said to be
good for the head, maketh
the senses more quicke, and
maketh a man merry.

But too much causeth headache
and is hurtful to the brain.
Some have fallen into
an immoderate convulsive laughter
which endeth in death.

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turmeric

often called *Indian saffron*:
a fraction of the price of true saffron,
but you lose what you don't pay for.
Same colour as saffron, but lacks
its rich aroma, flavor
and restorative properties:
the quack medicine of a fraud.

John Player's Cure-all, 1846

John Player (1786-1846)

Saffron, 1 dram.
Snakeroot, 1
Rhubarb (sliced or pounded), ½ oz.
Raisins (stoned), 2 oz.
Hollands gin, 1 pint.

Shake together these ingredients, & after
letting stand for 24 hours, drain
the liquor off; then add
another pint of Hollands to
the mixture and let it remain
until wanted.

Dose: one tablespoonful to
be taken in the morning
and every disease will pack its black bag
and leave your house.

By Brian Daldorph

Brian Daldorph teaches at the University of Kansas and the Douglas County Jail. He edits Coal City Review. His most recent books of poetry are Ice Age (Irrupciones Press, 2017), and Blue Notes (Dionysia Press, 2019). His hometown in England is Bishop's Stortford, close to SAFFRON Walden.

Cafe Regular Table 2

Logan and his wife come first thing on Sunday.
This Sunday he offers me his hand.

We shake firmly. 'Cold,' he says, smiling.
'Permafrost,' I tease and smile back.

But he looks blank. For this outing, a routine,
now become special, he's had a hair cut

and been shaved, combed and neatly dressed.
On his head he wears his worsted flat cap

with his badge attached. 'I have Alzheimer's.'
He's stopped reading and stopped holding

his home-delivered 'New Yorker' magazine.
Instead he looks around. He was a cameraman

with an eye that captured detail and showed us
how to see. Wondering what he's taking in,

I look around. Across from him, the shiny face
of the espresso auto-steam machine.

He's reflected with his wife who's reading.
Across from me, behind them at no. 3,

the stainless steel showpiece open kitchen.
The chef is boiling, frying, cutting, chopping

and glancing at his honking phone.

By Joan Michelson

Joan Michelson grew up in America and has spent her adult years in England. She's taught in university and adult education, in schools, and worked in the community as an arts initiator and workshop leader. She served as poet laureate for Crouch End, North London, from 2011–2014. Recent poetry collections include: The Family Kitchen (2018, The Finishing Line Press, KY, USA), Landing Stage, (2017, a competition prize publication from SPM Sentinel Books, London), and Bloomvale Home (2016, from Original Plus Chapbooks, Wales).

ABOUT THE COVER PHOTO

Safety Net



Illustration by Kathleen A. Neacy, MD

Kathleen Neacy is a printmaker and physician from Illinois. Her printmaking utilizes relief, intaglio, and monoprint techniques. Vulnerability, shadow, movement, and marginalization are dominant themes in her work. She also works extensively examining how artistic practice survives and flourishes in spaces and margins of decreased access and resources. She developed a street art program for children and currently runs a Community Printmaking Collaborative Program developing several community-specific portraits. "Safety Net" is a woodblock print of the patient and ambulance entrance at Loyola University Medical Center, Maywood, IL, a level 1 trauma center where Dr. Neacy practices emergency medicine.