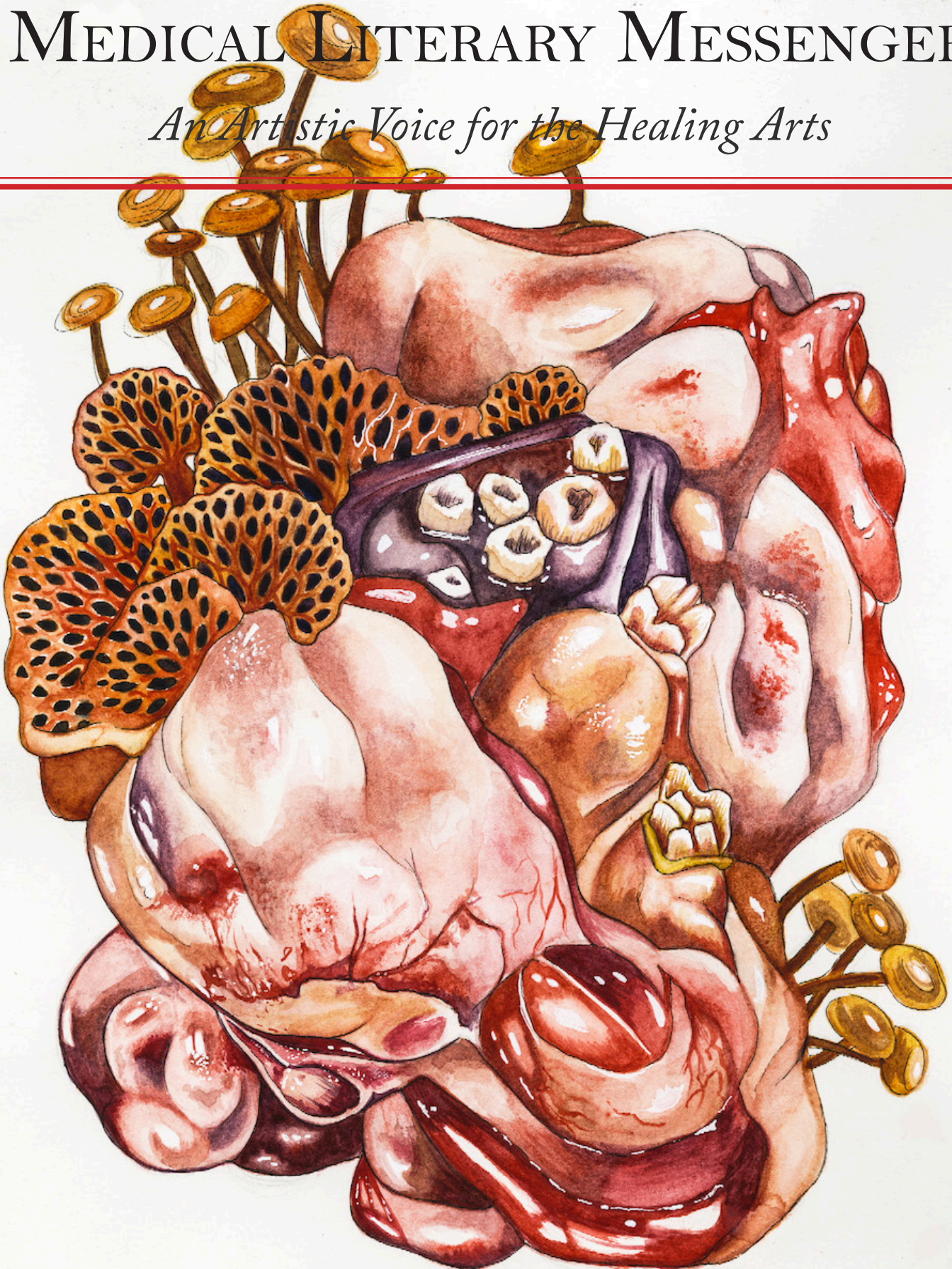


# MEDICAL LITERARY MESSENGER

*An Artistic Voice for the Healing Arts*



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# MEDICAL LITERARY MESSENGER

*An Artistic Voice for the Healing Arts*

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In this edition of the *Medical Literary Messenger*, you will find a beautiful juxtaposition of written word and visual expression. You will find stunning descriptions of pain, diagnosis, and healing paired with organs and disease made alive in visual art. A reader can imagine some of the same conditions and diseases considered and reflected upon in these two separate media by the writers and artists. When you view the artwork, you realize how fascinating and mysterious the human body is. I would encourage readers to spend time with the visual works and recall the images as they read through stories of hurt and healing.

Megan Lemay, MD | Associate Editor

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# Lucky

By Erika Walker

“Check this thing, will you?” My father raises his voice to be heard above *Fox News* blaring from the TV. Even though I’ve cleaned his ears recently, he seems to be having trouble hearing again. He points to his right calf.

Here at assisted living, my father spends most of his time watching TV. The TV, smaller than the one he has at home, sits just a few feet away, next to his oxygen concentrator. The remote, within easy reach, perches precariously on a pile of junk mail next to his recliner. Curtains are closed tight over his one window. He stares straight ahead, eating roasted-not-salted almonds right of the jar, one of the few snacks he is still allowed. Salt has become an enemy in his battle against congestive heart failure.

“Sure.” I drop the T-shirt I’ve been folding back onto the laundry pile.

Bending down, I slip my hands under his pant leg and feel the catheter bag that stretches from his ankle to his knee. Tight and hard, it’s full, almost bursting. *God damn these people*, I say to myself, stomach tightening, heart suddenly pounding. *Where are they? Why am I the one who always notices these things? What are we paying them for anyway?*

“I’ll be right back.”

In the bathroom, I grab the large plastic container and, returning, lift his pant leg, find the valve on the cath bag, jam the container underneath it. As I

*“When I was young, among my favorite books were the Nancy Drew: Girl Detective and Cherry Ames: Student Nurse series. Even then it was clear to me I wasn’t cut out to be a nurse. I wanted Nancy’s blue roadster and adventure, not hand holding.”*

pull off the green protective cap, I fumble, and a wide stream of dark urine shoots onto the carpet.

“Shit,” I say loudly and am instantly ashamed. My father does not tolerate profanity.

“What?” my father says anxiously. Then louder, “What’s wrong?”

*God damn it.* The circle of urine widens on the carpet.

“Nothing, nothing.” I try to reassure him as I struggle to replace the cap. “Just a little spill. I’ll clean it up.”

Finally, the plastic cap, now wet and slippery, snaps in place. I run to the bathroom for paper towels, spread them over the dark yellow stain, stand on them, trying to absorb as much as possible. When I can’t get any more urine out of the carpet, I carefully place the container under the cath bag and let it drain. In the bathroom, I record the amount—nearly a quart—on a paper I’ve taped above the toilet.

Helping my father feels more natural now, even though I still don’t feel very good at it. I’ve been cutting his hair for months, trying to massage his shoulders when he’ll let me. Once, when he was just back from

the hospital, he asked me to look at a sore on his penis, and I’d never even seen him wearing shorts before—let alone naked.

When I was young, among my favorite books were the *Nancy Drew: Girl Detective* and *Cherry Ames: Student Nurse* series. Even then it was clear to me I wasn’t cut out to be a nurse. I wanted Nancy’s blue roadster and adventure, not hand holding. The sight of blood turned my stomach; I had to leave the room if anyone even felt nauseated. Plus, in my family we didn’t touch each other and bodily functions didn’t exist. Farting was not allowed, and my father yelled at us if we yawned without covering our mouths.

I take off my father’s wet sock and find him a dry one. I put another layer of paper towel on the floor and stand on it again, trying to absorb more of the urine.

Someone knocks at the door. It’s one of my father’s caregivers, a short woman wearing navy blue scrubs and bright white running shoes. She smiles and asks me if I want her to change his cath bag.

Continued, next page

“No,” I say, trying not to look annoyed. “I’ve already done it.”

“I’ll check things in here,” she says, pulling on latex gloves and turning toward the bathroom.

I walk back to my father’s bed, pull the T-shirt from the pile of laundry, and begin folding it. Tears sting my eyes. I’m so tired, so angry. Angry I spilled the urine, angry my father’s in assisted living, angry that he’s dying. Every day he slips further away and I can’t do a damn thing about it.

The bathroom door opens. She stops, looks over at my father, and smiles.

“You’re lucky,” she says, pulling off her gloves.

Lucky? I want to scream at her. *Lucky? Don’t you get it lady? Are you blind? My father’s dying. He can’t breathe anymore, he can’t sleep. He can’t lie down because when he does he can’t stop coughing. He can’t even pee anymore.*

*What the hell are you talking about?*

But I don’t say anything. I hold the T-shirt to my chest, tears run down my cheeks. I watch her watching my father.

“You are lucky,” she says again, turning toward me, still smiling. “My father died when I was four years old. I never knew him.” ✧

*Erika Walker’s writing has been published in Literary Mama, Pulse: Voices from the Heart of Medicine, and American Baby Magazine. She co-authored Denver Mountain Parks: 100 Years of the Magnificent Dream, which won a 2014 Colorado Book Award. She lives in Denver, Colorado.*

# What I Fear

Earthworms inching across cold pavement  
Hearts pulsating under thin flesh  
My daughter lifting the hem of her college T-shirt  
To admire protruding ribs in her palm

Heart pulsating under thin flesh  
I’m afraid to unhook a rock-bass from the line  
To feel protruding ribs in my palm  
Gasping, gulping, breathless

I’m afraid to unhook a rock-bass from the line  
What have I done to cause this?  
Gasping, gulping, breathless  
I see specks of vomit on bathroom tile

What have I done to cause this?  
Uneaten meals hidden in the trash  
I see specks of vomit on bathroom tile  
My daughter sleeps beneath two heating pads

Uneaten meals buried in the trash  
Under the hem of her college T-shirt  
My daughter sleeps beneath two heating pads  
Earthworm inching across cold pavement

By Kathleen Walsh Spencer

*Kathleen Walsh Spencer has published poetry, essays, and short fiction. Her work appears in Red Rock Review, Red Cedar Review, Rosebud, Rattle, Clackamas Literary Review, The McGuffin, Ekphrasis, American Poetry Review, LungFull, 100 Words, and many other journals. She is a registered nurse and has contributed chapters to The Poetry of Nursing: Poetry by Leading Nurse-Poets and A Call to Nursing. She teaches nursing at Oakland University in Rochester, MI.*

# Swimming Alone

The water without  
meets the water within  
and for these few minutes  
a perfect equilibrium,  
call it a metaphor,  
practical magic:  
this water, this sky, this sun,  
what's clumsy out there,  
graceful in here,  
what's old, young,  
what needs assistance,  
dives off on its own,  
like a salmon  
before the spawn.

**By Charles Grosel**

*An editor, writer, and poet, Charles Grosel lives in Arizona. He has published stories in Western Humanities Review, Red Cedar Review, Water-Stone, and The MacGuffin as well as poems in Slate, The Threepenny Review, Poet Lore, and Harpur Palate, among others.*

# This Is What We Had

Our friends with covered dishes,  
a razor, a Ziploc, cans of Bud, a grill,  
a Slash afro, bandanas,  
mullet wigs, baseball caps.

We had a chair on a deck and a barber's cape.

I had scissors and a door.  
I had to push hard  
to cut through his thick ponytail  
until it fell into my hand, the band  
holding it together, and I walked  
inside the house. I had a tissue  
and a moment alone  
because I thought I should cry.  
I had a tissue in my hand  
so I would look like they expected me to.

Bobby had a razor and shaved Mike's head.  
Bobby said, *That bitch looks good  
even with a shaved head.*  
In solidarity he shaved his head too.  
Mark was already bald,  
so he wore the black afro.

We had drinks and a pipe.  
We laughed through the smoke.

We had a Ziploc for his ponytail  
and Angie, who would take it  
to Locks of Love. Heat from his head  
steamed the inside of the bag.  
We wore wigs and hats. We had a camera.  
We had words that said he wouldn't die.  
We had friends who said *Only you two  
could have a party like this  
and make it fun.*  
We had everything we needed:  
the razor, the Ziploc, the drinks,  
the camera. We had a party.

Marissa  
McNamara  
teaches English  
composition  
and creative  
writing at  
Georgia State  
University and  
in Georgia  
prisons and is  
a contributing  
poetry editor  
for The Chat-  
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has appeared in  
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tions, including  
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On Our Own  
and My Body  
My Words and  
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RATTLE, Assisi,  
Melancholy  
Hyperbole,  
StorySouth,  
Future Cycle,  
The Cortland  
Review, and  
Amsterdam  
Quarterly.  
Marissa lives  
in Atlanta  
with her three  
crazy dogs, one  
very patient  
boyfriend, and  
a flock of  
pink plastic  
flamingos.

By Marissa S. McNamara



## *Study of Skull*

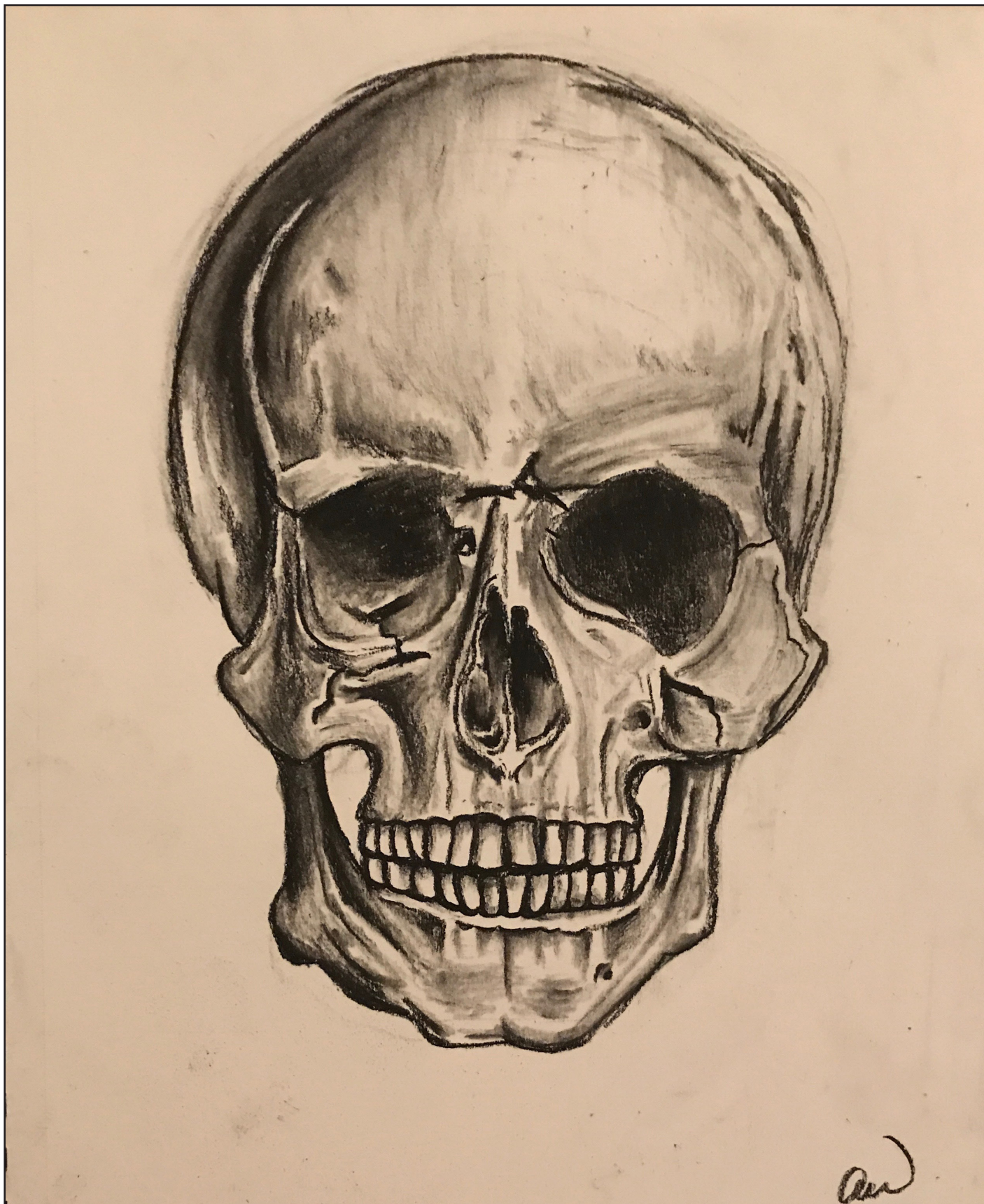


Illustration by Annalyn Welp

*Annalyn (Annie) Welp is a current third-year medical student at VCU School of Medicine from Springfield, VA.*



# Origin of an Epidemic

By John Graham-Pole

Soon after I joined the pediatric hematology-oncology (or hem-onc) faculty at the University of Florida (UF) in July 1981, my department chair urged me to sit for my pediatric subspecialty boards. As registrar, lecturer, and faculty member in London and Glasgow over the past eight years, I had cared almost exclusively for children with cancer, so the *hem* part of hem-onc was an almost closed book to me. I could hardly have told you what distinguished microcytic from macrocytic anemia.

In my new associate professor position, I would flounder on resident and medical student rounds over questions like, “What does this thirteen-year-old’s low hemoglobin mean?” “Can the surgeons operate on this baby with a longish bleeding time?” “Why does my patient with rheumatoid arthritis have a high white count?” Having rarely if ever addressed any of these issues, I was all too aware that the buck stopped with me. When it came to consults from faculty in other subspecialties, I would sneak peeks at the comprehensive reports of my hematology colleagues, thoroughly immersed as they were in all things hematological, while my own scribbles lacked anything you could call a definitive recommendation.

To add to my anxiety, my new colleague, Paulette Mehta, let me know that a member of the examining sub-board—Harvard’s distinguished hematologist David Nathan—had taken issue with the heavy bias toward

*“None of us knew it at the time, but we were looking at the first description of what became widely known as Acquired Immunodeficiency Syndrome (AIDs), manifesting as Kaposi’s sarcoma.”*

oncology in the test questions and had made sure this imbalance was addressed in full. Expect plenty of thorny questions on abstruse hematological issues affecting children, she warned me.

Nothing for it but to bone up on my pitiful knowledge of the subject, so I started joining Paulette in her hemophilia clinic. Paulette had long supervised the care of these boys, while my sole acquaintance with them had been during residency, when they would appear in Emergency at all hours, in dire need of fresh frozen plasma (FFP) infusions for a bleed into a knee or ankle or intractable epistaxis.

If put to the test—as I would be all too soon—I could tell you that hemophilia comes mostly in two forms and is caused by the inherited absence of either Factor VIII or IX. Being sex-linked, it almost always affects boys, but that would be about the sum of my knowledge. I remembered as a teenager making a house call with my Uncle Ken, a GP in Britain between the 1930s and 1950s, to meet a middle-aged man with

severe hemophilia. For most of his adult years he’d been confined to a wheelchair with his limb joints locked in one position from a lifetime of internal bleeding. So the regular infusion of donated FFP in the 1950s to arrest these horrid hemorrhages had been greeted with jubilation by patients and physicians alike; and by the late 1960s the concentrated form—cryoprecipitate (cryo)—had largely replaced FFP for the much commoner Factor VIII deficiency. Three months into my new position at UF, I read an article in the *New York Times* that Sam Gross, our hem-onc division chief, had passed on to us.

*Rare Cancer Seen in 41 Homosexuals. Lawrence K. Altman, New York Times, July 3, 1981*

*Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made. The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the diagnoses, mostly in New York City and the San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem, in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment.*

None of us knew it at the time, but we were looking at the first description of what became widely known as Acquired Immunodeficiency Syndrome (AIDs), manifesting as Kaposi’s sarcoma.

Continued, next page



"I don't know much about homosexuals in Florida," Sam commented, "but what I do know is that a lot of these guys are regular blood donors at Pheresis Centers, where they get paid—and we've got one downtown. Bad news for our hemophiliacs because the CDC guys think this may be some weird infection from their plasma."

"So you mean all our hemophiliacs run a risk every time we treat them?"

"Sure looks like it."

The next day, I met ten-year-old Gary\* in Paulette's clinic. He had been needing frequent cryo infusions for swollen knees and ankles after trivial injuries and had been admitted the week before for bleeding that had started under his tongue. It became so hard to control that it started to obstruct his breathing. The idea of performing a tracheotomy to keep his airway open was too awful to contemplate, but that threat was ultimately averted with continuous infusions around the clock for twenty-four hours.

I introduced myself to Gary and his mom. "I'm helping out Dr. Mehta today. I don't get to meet many guys like you, and I wanted to know more about how things are with you. Did you get back to school yet, Gary?"

"No, I've been sick. Fevers and stuff."

"I'm really worried about him, doctor," his mother added. "He didn't have a temperature when we checked into clinic, but it's up most evenings, and all his muscles ache, and he can't keep anything down."

I didn't find much amiss when I examined him, but he looked sick, and I suspected his liver was a bit too big.

"Gary, I'm just going to chat to Dr.

***"We soon established that HIV was affecting many hemophiliacs, including our own. We began to reserve cryo for particularly severe bleeds and only drew from Shands Hospital's pool of tried and tested donors."***

Mehta a minute. She knows you much better, so I want her to take a look at you, too. Okay?"

He looked relieved, and I didn't blame him. Paulette had been looking after him since he was first diagnosed as an infant. I could almost hear him thinking, *What does this new guy know about anything?* He wasn't too wide of the mark, though I had recently read about Hepatitis C showing up more often than expected in people getting frequent plasma infusions.

"Mom, Gary, I think we should run a few tests," Paulette told them after her own exam. "We've been seeing a few odd infections in some of our boys. But it may be nothing at all to worry about."

A week later, Gary's results were back: tests for Hep C were strongly positive. But before we could begin treatment, the little guy was overtaken by a far worse fate. He started having trouble breathing, which got rapidly worse. Despite being rushed to ICU, Gary succumbed to overwhelming pneumonia that whited out both his lungs. The parents generously gave permission for autopsy, which identified the cause of his rapid demise: pneumocystis carinii, a fungal infection we knew especially affected people with weakened immunity.

"Some of those gay guys are getting the same thing," Sam said when we gathered to talk about the situation.

"And I've just got a positive Hep C

test back on another of my hemophilic boys," Paulette added. "It has to be linked to the cryo infusions. I'm going to have our infectious disease docs screen all of them, check what shape their immune systems are in."

It turned out that many of them had dangerously low levels of T-lymphocytes—those derived from the thymus—putting them at risk for the same opportunistic infections affecting cancer patients on chemo. It would be another two years before a virus would be isolated in US and French laboratories that was almost certainly the cause of AIDs.

We soon established that HIV was affecting many hemophiliacs, including our own. We began to reserve cryo for particularly severe bleeds and only drew from Shands Hospital's pool of tried and tested donors. Then Paulette got more bad news.

"The education board is keeping two of our boys with Hep C out of school. Just when they're gearing up for the new semester."

"But they aren't a risk to other children, are they?" I queried her.

"Absolutely not. And I don't think many of them will make it through their teens. So why have them just wait for the other shoe to drop?"

"Well, I'm going to take them to court," Sam announced. "Get those boys back in school."

The case was heard at the local

**Continued, next page**

courts, but the judge upheld the education board's case, deciding there wasn't enough evidence that the children posed no risk to others. Sam persuaded his lawyer to appeal, and the case was reheard in Tallahassee, our state capital. The appeals judge overturned the initial verdict, ruling that the education board must let these boys back in school, "effective immediately." Any other children with complications thought to arise from their treatment must also be allowed normal schooling, "if they were considered by their treating physicians to be healthy enough to benefit from schooling, without risk either to themselves or other children."

Sam celebrated by inviting us all to his house that Friday night, where the wine and beer flowed freely. But it was a hollow victory. In short order, several more boys succumbed to severe infections, including three more from pneumocystis pneumonia. Ultimately, none of them lived to graduate from high school.

But by guess and by gosh, I scraped through my pediatric hem-onc boards. ✧

*\*The name has been changed.*

*John Graham-Pole lives in blissful retirement in Clydesdale, NS, after spending forty years mostly as a children's cancer and palliative care doctor. He and his wife are gardeners, plant-based cooks, and writers, with their own publishing house, HARP: The People's Press ([www.harppublishing.ca](http://www.harppublishing.ca)), dedicated to all things 'art and health.' The People's Photo Album is our first publication. Graham-Pole's medical memoir, *Journeys with 1000 Heroes: A Child Oncologist's Journey*, came out this summer from Wising Up Press. Website: [www.johngrahampole.com](http://www.johngrahampole.com); email: [john.gp@live.com](mailto:john.gp@live.com); Facebook: [johngrahampole](https://www.facebook.com/johngrahampole), Twitter, [@GpPole](https://twitter.com/GpPole).*

# Shedding Light

Ten minutes beneath a metal eye  
which has no problem disregarding  
shirt and bra and jeans,  
skin and layers of veined flesh,  
no problem homing in on bone,  
the radioactive glow of skull and spine,  
light rising from within.

It's cold in the nuclear medicine room.  
The techs wear long-sleeved thermals  
underneath their smocks.  
And for the person sliding inch-by-inch  
through the polished orifice,  
a heated blanket, a pillow.

But there is that other cold—  
dread at what the hovering eye will find,  
visions of metastasis,  
of breakage and decay.

Once, somewhere warm,  
my husband and I  
swam in a luminescent sea.  
The night was moonless.  
Our bodies glowed. A living trail of light  
stretched out behind us.  
Unearthly while it lasted. Perfect.

By Sharon Fain\*

\* Author's note, page 29



*Beam of Healing: The Trigeminal Neuralgia Series*



Paintings by Douglas W. Johnson, MD

\* Artist's note, page 25



# First Shower

When I am allowed  
I turn it on  
the highest heat.

My forehead is on the far side  
of the stall,  
away from the source, and I  
lean and let the  
scalding rivers flow  
down  
my shoulders,  
sore from the bed—  
rushing fiercely, pounding  
the curve of my back  
just above where  
my legs begin.

I imagine it's a thunderstorm,  
the rain torrential,  
infuriated,  
washing away so much  
that was.

That was just a few  
moments ago  
or a few weeks  
or a few lifetimes.  
Oh well.

Down  
my legs, the rivers rage,  
my forehead still cool,  
still pressed  
in to steady myself  
against the storm.  
I don't want to turn around.  
I can't bear to turn around.

But I do.  
The rains pound plains  
where rolling hills  
once were.  
The sting of the heat  
screams at the landscape  
that used to be  
before man's deconstruction  
bulldozed it clean.  
Rivulets don't roll  
their way  
downward through valleys  
the way they used to.  
Uncertain in the new landscape,  
the hot water pounds  
and splashes, settles  
in an open field  
vast, wide—  
still raw from the harvest.

**By Tracy Rothschild Lynch\***

\* Author's note, page 28

# Death Sentence

Its grammar undiagrammable,  
this surgeon's soliloquy,

syntax convoluted  
as a tumorous intestine

that can't be parsed  
into discrete parts,

clauses embedded in clauses,  
fragmented and hedged,

there are some studies  
by academic medics,

parenthetical theoreticals  
that could be tried, might

provide more time,  
time an abstract noun

now concrete as block or clot,  
all this dangling rambling,

though in the end  
his is a simple sentence

that ends the way  
all sentences end, period.

**By Barry Peters**

*Barry Peters is a writer and teacher in Durham, NC. Recent/forthcoming publications include The American Journal of Poetry, Best New Poets 2018, Baltimore Review, Connecticut River Review, The Healing Muse, Miramar, Poetry East, Presence, Rattle, South Florida Poetry Journal, and The Southampton Review.*

# The Diagnosis

By Roger Hart

The diagnosis doesn't surprise you. The warning signs were there. The blood tests—four!—and a biopsy confirmed your fears and the doctors' suspicions. Surgery. You don't know what to expect. The only body part you've had removed was your tonsils when you were five, and you don't remember much about that except for the ice cream. You and your wife skip anger and denial and go for jokes. She begins naming historical figures—George Washington, Ben Franklin, F. Scott Fitzgerald, Wilbur Wright—and says she's going to ask the surgeon how they escaped this diagnosis. The statement makes no sense and yet you think it's funny. You say, "And what about Mick Jagger?" and you both go into a fit of laughter. Later, while she watches the Packers/Vikings game, you practice moaning, saying you want to see how long it takes to be offered comfort, a milkshake, a slice of cherry pie. Despite your explaining this is like a fire drill, a test run before the surgery, she laughs at this, too.

At first, you don't tell anyone. You don't want the attention. You don't want to think about it. Oddly, you feel guilty for needing surgery, for having these bad-actor cells, despite being a nonsmoker, avoiding red meat, watching your weight, and always holding pure thoughts. The idea that having pure thoughts should have protected you is another attempt at a joke. Besides, you often have impure thoughts.

*"A week after you've decided not to tell anyone, you want to tell everyone, not for the sympathy but to hear yourself say it."*

You blame the problem on chemicals in the environment and in your food, but because you have no proof, you keep your suspicions to yourself.

A week after you've decided not to tell anyone, you want to tell everyone, not for the sympathy but to hear yourself say it. Say it often enough and maybe it will lose its power. You compromise. You tell a few friends and those who need to know.

Friends offer prayers, warm thoughts, and encouragement. Two send you books. You're still afraid but you also feel braver. Yes, you can do this. Soon, however, others begin to offer questionable advice: "Are you in pain? If you're not in pain, don't have surgery."

You dismiss the suggestion but a nagging thought follows you for a couple days. Should you be in pain? Is this a mistake? Do you need a third opinion? Before you can shake that question you get more advice. "What day is the surgery? Monday? Monday is the worst time! Your doctor may have been drinking all weekend."

You try to dismiss this, but you once heard that cars made on Monday have more defects than those made later in the week. Should you postpone surgery? No, that would give those bad-acting cells more time to multiply. Besides, you like and trust your surgeon. Another acquaintance warns you about blood

clots. "They happen after surgery," she says. "And they can kill ya."

You become obsessed with blood clots. If the surgery doesn't kill you, a blood clot might.

You are warned about hospital infections and reminded that a famous Hollywood actor died during routine surgery. A couple days before surgery, a hospital representative calls, asks you dozens of health questions. The last is, "Do you have a living will?"

You stammer. Yes, you have a living will, but does the hospital think it's going to be necessary? Are they thinking of blood clots, infections, that the surgery is scheduled for a Monday? Another acquaintance, perhaps trying to reassure you, says your diagnosis isn't as bad as it could be. You want to say few things are as bad as they could be, but all considered you aren't thrilled with what you have. You know many have it much worse. So, maybe you are lucky. On the other hand, he doesn't know what degree the bad actors have taken over your body. He doesn't appreciate the possible complications of surgery, and he's the guy who moaned for a week about going to the dentist. You want to tell him nearly thirty thousand die of this disease every year, but you smile and nod.

Continued, next page



Others question your choice of surgeon and hospital. "Wouldn't you be better off going to . . ." They mention a cousin or neighbor who had a different problem and went to a different hospital in a different city. One person, in an attempt to connect with your diagnosis, tells you about an uncle who had the same disease. "How did it go for him?" you ask.

"He died," she says.

You are warned about painkillers, how they can become addictive in three days. Two. One. You worry about pain. A friend drops by to tell you he's angry with you for not telling him about . . . you know. You tell him to get in line.

The questions and suggestions are exhausting, compounding your worries, sowing doubts when you are trying to be positive. In preparation for surgery you have chest X-rays, blood tests, a cardiogram, and a physical. The insurance company calls, checks on you, maybe hoping you die before they fork out any money.

You report to the hospital at five that morning as requested. No one is at the registration desk. You wait. The entire waiting room / registration area is dark and looks dead. You're sorry for your choice of words. Looks abandoned. Eventually, after you pace back and forth in a dark waiting room for twenty minutes, the receptionist shows up, and then, after complaining that her computer is running slow, she demands your social security number, slaps a stuffed lamb on the counter, and sends you off in the wrong direction. You leave the stuffed lamb and seek better directions, but the end of the hallway

looks . . . abandoned. You remember a classmate in college jumping out of an open window and running across campus in the middle of a final exam. Right now you feel like you could be that student. You look for an open window.

But then you're in pre-op, and the nurses are kind and reassuring. They anticipate your questions. You relax a little although the hospital gown leaves you feeling exposed and vulnerable. Your blood pressure is taken and you answer questions: name, birthdate, allergies, medicines, and on and on. A sticker smelling of oranges and mint is attached to your gown. You feel like you've stepped into an orchard.

Ceiling lights flash by as you are wheeled to surgery. Left, right, left, left, elevator, bump. You are cautioned the O.R. will be cool. It is. As you are positioned on a gel pad, you are cautioned that it will be cool, maybe cold. It is. There are a half dozen masked people in the room, maybe more. You detect a smile in the eyes of the one talking to you. And then . . .

You are wheeled into a room, which suggests surgery must be over. You are connected to wires and tubes and are told you're doing well although you aren't doing anything. Still, doing well is a bit of a relief. A nurse asks if you've ever wanted to go to sleep and not wake up. You don't understand the question. The answer is no. The pain you expected isn't there. No nausea either. IV bags

are swapped. Different faces appear and then are gone. Names on the whiteboard change. You raise the head of the bed. That hurts. You lower it. That hurts. You turn on a reading light and don't read. You turn the light off. You turn on the television and then turn it off. That evening two orderlies come to take you for a short walk halfway down the hall.

Walking hurts like hell but you don't complain. You shuffle the walker far enough for a first down if this were football, and they say, "Good, good."

Throughout the evening and night you're asked to rate your pain on a scale of 1 to 10. You give it a 4.1. The .1 is your attempt to be funny. It fails.

Your wife is in your room, talking to you, leaning over the bed, giving you a sip of water, saying you are doing great. You love the thought even if you're not convinced. You feel guilty for putting her through this. Too bad they couldn't remove the guilt when they removed the other stuff. You want to thank her for being there, tell her how much it means. Instead, you fall asleep.

Time passes. A Nigerian priest stops to say hello. You're not of his faith but he is kind and you welcome the visit. A lab tech draws blood. Your empty IV bag sets off an alarm and snaps you out of a dream in which you are late for surgery. You think you're hungry and then you're not. Breakfast, lunch, dinner. You try to eat but nothing has taste except

*"Throughout the evening and night you're asked to rate your pain on a scale of 1 to 10. You give it a 4.1. The .1 is your attempt to be funny. It fails."*

Continued, next page

the vanilla pudding and coffee cake. When the day comes to be discharged you are given prescriptions, instructions, and follow-up appointments. You have a bag of gauze, bandages, alcohol wipes, and a spare bag for the catheter.

For several days you can't bend over far enough to put on your shoes or socks. Your wife, who is usually squeamish around blood and needles, checks your incisions, checks your temperature, and helps you to the bathroom. The six incisions across your stomach make getting out of a chair or bed painful, sometimes impossible without a little help. Recovery takes longer than you anticipate. Coughing and sneezing hurt like hell. You get bills, denied insurance claims, and more bills. The surgeon calls with the pathology report. You don't feel like doing anything and at the same time you get bored with doing nothing. You are tired. You may not be ready for visitors but visitors come anyway, ask how you're doing. Some want to hug you, which is out of the question. One prematurely calls you a cancer survivor, and this annoys you. Aren't we all survivors of something?

You get cards, magazines, email messages, phone calls and, best of all, a delicious batch of brownies. You and your wife sit side by side on the sofa, stare out the window, and eat the brownies. They are delicious and sweet. ✧

*Roger Hart's stories and essays have been published in Natural Bridge, The Tampa Review, Passages North, Runner's World, and other magazines and journals. His short story collection, Erratics, won the George Garrett Contest and was published by the Texas Review Press. He now lives in Iowa with his wife and nearly three hundred pounds of big and hairy Newfoundlands. He is recovering quite well.*

# Drive By

I'm on 95, southbound—  
bulk of the hospital  
looming on my right,  
so close.

*It's illegal, I tell  
myself, to use this car  
for a personal visit.*

But, I don't really want  
to stop. A traveler, after  
a long journey, seeing  
this fellow traveler, close  
to the end of her road—  
it would be  
too much.

I grip the wheel harder,  
tap the accelerator,  
set the cruise control  
a bit higher.

By Tony Reevey

*Tony Reevey's previous publications include the nonfiction books Ghost Train!, O. Winston Link: Life Along the Line, and The Railroad Photography of Jack Delano; the poetry chapbooks Green Cove Stop, Magdalena, Lightning in Wartime, and In Mountain Lion Country; and the full books of poetry, Old North, Passage, and Socorro. He resides in Durham, NC, with his wife, Caroline Weaver, and children Lindley and Ian.*

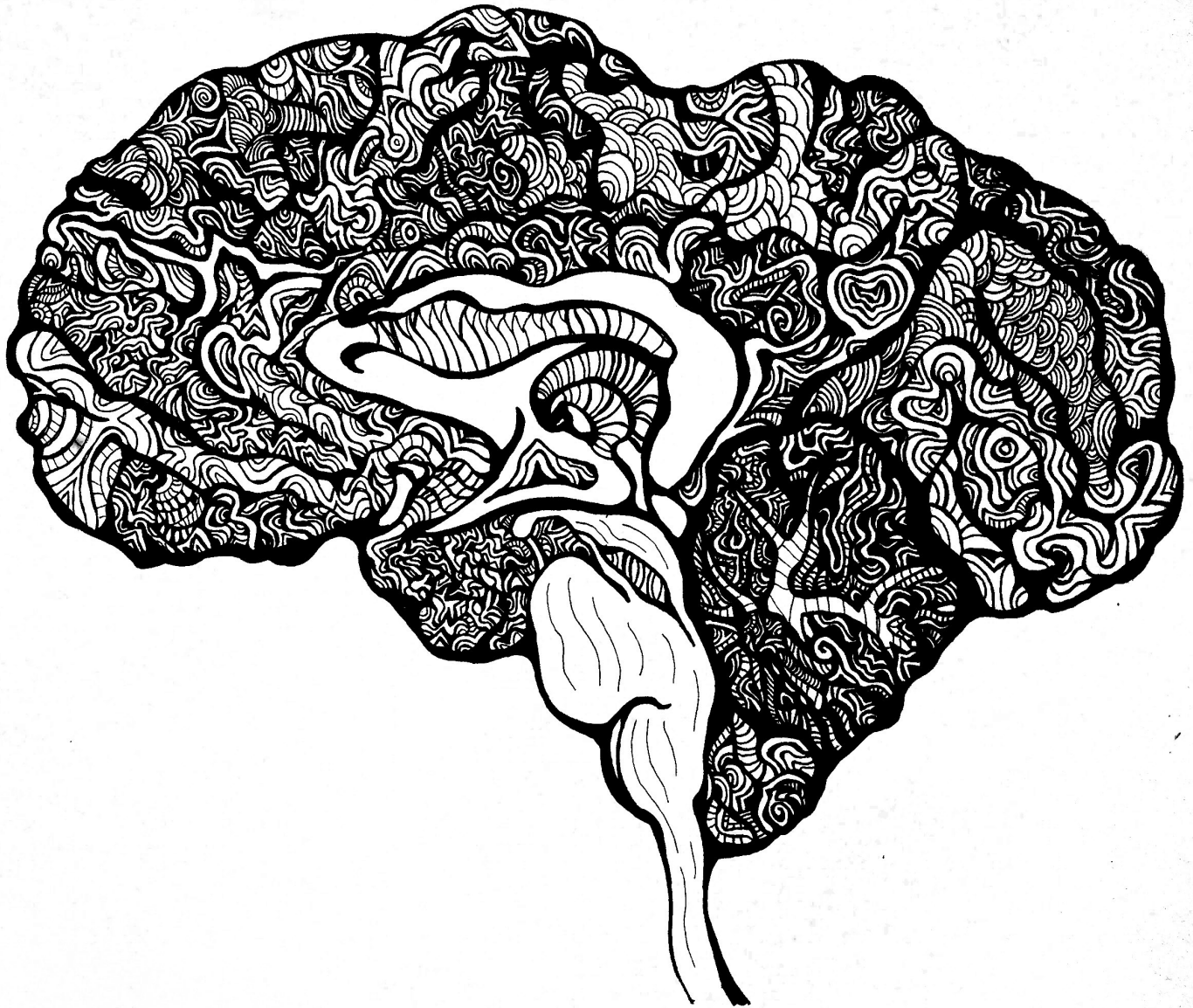


Illustration by Laurie Wacks\*

\* Artist's note, next page



*Brain (Ink), 2015*



**Illustration by Laurie Wacks**

Laurie Wacks majored in Graphic Design and enjoys doodling in her spare time.

# With Death Looking On

This morning the sun rises over the foothills  
as I open the window curtain  
above the kitchen table. I look at  
the hummingbird feeder I installed for you.  
How rare it is to find a hummingbird dead  
and lying on the lawn beneath the feeder,  
but on the morning of the anniversary  
of your death, it lays there.  
The poor bird has one eye facing  
the light orange clouds and the pale blue sky.

It has been dead long enough for the ants  
to find it and crawl over its feathers.  
Some of them gather moisture from the rim  
of the bird's eye. Death is kind enough  
to let the bird be blind to the horde  
feeding on it, and I think of my grief group.  
They tell me after two years I should  
move on from mourning you. Still,  
you loved hummingbirds, and if you  
were here, you would cry and insist I bury it.

I lay it to rest in my cell phone box.  
Using a clothespin, I make a cross and mount it  
on top of the bird's grave, which is  
under the blue spruce you planted in the yard.  
Some might say the bird dying  
on your death day is an awful coincidence.  
Others might say that it's a sign, and  
it should have a special meaning.  
I believe the bird's death is not part of  
an intelligent design, nor is it a mystical sign.

Continued, next page

**Continued from page 19**

I believe that there is nothing sadder than death,  
and with death looking on, I stand near  
the bird's grave and wonder if it's possible  
to forget the pain that the dark angel gives  
to the living. Seconds pass. Minutes pass  
as I watch the tree's shadow moving south.  
It covers the center of the cross  
while the dandelions bow their buds  
as if they're looking for signs  
like a search party, tracking the lost.

**By Joseph D. Milosch**

*Joseph Milosch graduated with an MFA from San Diego State. He has had multiple nominations for the Pushcart Prize. He has two books of poetry: The Lost Pilgrimage Poems and Landscape of a Woman and a Hummingbird.*



# A Benign Misdiagnosis

By Donald Secreast

When Ken Burns's Vietnam War documentary first came out, I avoided

watching it because, as a young man in the late sixties, I experienced both guilt and relief when I watched the news, talked to vets who had returned from the fighting, or listened to my radical friends who claimed the war was immoral and a product of the military/industrial complex. I always tried to keep a low profile during such conversations because I felt completely outside the tide of events churning across most college campuses. My draft card announced that I was 4-F: unfit for military service. Because I wasn't forced to make a moral choice, I saw myself as unqualified to take part in the debate. Nevertheless, the blow to my manhood over being unfit for military service couldn't diminish my conviction that I had been delivered from certain death or mutilation. Of the six friends I had who actually saw combat in Vietnam, two had died, four had survived with all their appendages, but all four had also come home with malaria. Two would develop health problems connected to their exposure to Agent Orange.

I earned my 4-F classification long before I turned eighteen. In the summer of 1962 I was thirteen. Several friends and I were playing in the woods, trying to dam up a small creek completely enough to create a place where we could swim. The glare on the water didn't bother me at first, but then I realized that one especially bright glint

*"As I struggled not to panic, I could feel my fingers begin to tingle. The sensation moved up into my hands. Soon, the same tingling climbed into my tongue."*

refused to fade away from the center of my vision. In fact, even though I turned away from the water and found a patch of shade to stand in, the glint continued to grow across my sight. I had a slim halo of peripheral vision, but the glint pulsed, forcing me to keep changing my focus to different sections of my shrinking peripheral vision.

As I struggled not to panic, I could feel my fingers begin to tingle. The sensation moved up into my hands. Soon, the same tingling climbed into my tongue. I knew if I tried to say something to my friends I wouldn't be able to form the words I needed to let them know I was in trouble. Besides, if I did speak, I'd sound like I'd just come back from the dentist with a mouth full of Novocain. I felt trapped inside my head, as if I were receding from all of my organs of perception. Although I could hear my friends' voices, they seemed to be coming through cotton. I might have given in to my growing fear, but very slowly, the glare and the numbness began to shrink, leaving behind a dull headache that didn't hurt unless I moved my head too quickly. It felt as if my skull were a bell and the pain was a felt clapper. This pain would persist for three days.

I had almost convinced myself that I'd just had a touch of sunstroke when a week later, as I was watching television, the same bright blindness

and numbness threatened once again to disconnect me from the rest of the world. After this episode, I described to my mother what had happened. She was concerned, but at the time, she knew I was worried about entering the eighth grade, probably because one of our neighbors, a girl a year ahead of me, had suffered emotional and academic trauma throughout her eighth grade experience. Consequently, my mother advised me to stop worrying about the eighth grade. If our neighbor's daughter could get through it, so could I. She also advised me to stay out of the sun.

Over the next month, I experienced three more blind spells—the third while taking a Sunday drive to visit relatives. During this episode, my tongue became so numb that when I tried to tell my parents what was happening, all I could get out were slurred vowel sounds. When they realized I wasn't faking my speech difficulties, my father turned the car around and might have taken me to the hospital, but by the time we got back to town, my vision and my speech had cleared. And except for the dull headache, I seemed normal once again. We decided that I would take myself the next day to the doctor whose office was just five blocks from where we lived.

Continued, next page

Dr. Stockman wasn't exactly our family doctor. But he was within walking distance of our house, which we had moved into a year before. A gruff man who often smoked a cigarette during examinations, Dr. Stockman might have lacked polish and decorum, but he inspired confidence in his willingness to listen—even to a thirteen-year-old boy who went into dramatic and redundant details about his five bouts of temporary blindness. He checked my eyes, my ears, my tongue. Then he tested my reflexes; bent my ankles and wrists; squeezed my neck, my shoulders, my arms. After that inspection, he had me stand up and perform a few basic maneuvers, like shutting my eyes and touching my nose, standing on one foot then the other, and walking in a straight line heel to toe. After my exam, he stubbed out his cigarette and said, "I want you to bring your parents back here when they get off from work this evening."

Once Dr. Stockman got me settled on the exam table and my parents seated in the two wooden chairs that completed the furnishings of the tiny room, he explained to us that he was fairly certain that I was suffering from petit mal epilepsy. Seeing the alarm in my parents' faces, he hurried on to explain that petit mal was nothing like grand mal epilepsy. My episodes were almost not seizures at all—not compared to a grand mal seizure where consciousness was lost and dangerous muscular contractions occurred. Of course, I had an idea of what epilepsy was. I'd watched enough Dr. Ben Casey episodes on television to have seen the effects of brain

disorders. Those sorts of seizures were certainly terrifying, but Dr. Stockman assured my parents and me that I wasn't likely to ever experience that sort of seizure. He went on to say that petit mal seizures weren't uncommon among young people my age, what with all the hormones being dumped into our blood streams each day. More often than not, most petit mal cases grew out of the disorder once they finished going through puberty.

On the short drive home, after we picked up my prescription, a fat brown bottle of white capsules with a black band around their middle, a blend of Dilantin and phenobarbital, my parents assured me that I didn't need to worry about my condition. The pills would take care of my blind spells, and growing up would take care of the disease. They didn't seem to notice that I really didn't need a pep talk. When measured against my wilder cousins from the farming county next to the small town where I was growing up, I couldn't help but see myself as meek and cautious, even timid. On the other hand, both my parents were furniture factory workers who went to their jobs when they were sick or injured or depressed. All of my friends had parents who behaved the same way. I was surrounded by daily reminders that simply having a disease didn't give you permission to feel sorry for yourself. If respon-

sibilities didn't cure you, they at least required you to keep going.

What really enabled me to accept

***"Oddly, I found a new source of self-confidence in my disorder because the epilepsy gave me a standard by which I could measure all other sickness that came my way."***

Dr. Stockman's diagnosis with surprising fortitude and guilty joy was my juvenile need to feel special. Although I knew well enough not to tell my parents, being told I had petit mal epilepsy made me

feel special. If I couldn't be the strongest or the smartest or the best looking of my friends, then I could be the most epileptic. To my own narcissistic way of thinking, the label made me a celebrity. Of course, my parents were relieved by my stalwart lack of self-pity. Oddly, I found a new source of self-confidence in my disorder because the epilepsy gave me a standard by which I could measure all other sickness that came my way. Every small success I achieved in my life was amplified by the fact that I performed that feat despite having epilepsy. Conversely, I could also better absorb my failures by blaming my disorder.

Despite having the seizures under control, when the time came to register for the draft, five years later, Dr. Stockman sent in a form that earned me a 4-F. The full implication of this classification didn't dawn on me until that evening on December 1, 1969, when I stood in my college's student center, along with a few hundred other students, and watched *CBS News* host

Continued, next page

the Vietnam draft lottery. My number came up as 122. Even with my absolute deferment, I felt a cold wave of dread wash over me. Theoretically, if your number was in the lowest third of 366, you were sure to be drafted. If you were in the middle third, you had a chance of being drafted. Only the numbers in the upper part of 366 could rest easy.

The older I got, the less I relied on my medication, but I was always careful to keep my prescription handy just in case I faced some serious stress. Then, in 1991, in the last year of my PhD studies, I was preparing for a final exam when I experienced the most prolonged seizure in my entire life. The blindness and the numbness lasted almost three and a half hours. What alarmed me as much as the duration of the seizure was the realization that if it had struck while I was actually taking the exam, I would have been unable to answer any of the questions.

Early the next morning, I went to the student health clinic to get my prescription renewed—only to be told by the university doctor that she couldn't renew a prescription for Dilantin and phenobarbital without my first seeing a neurologist. A day or two later, I found myself sitting on an examination table, explaining my entire epileptic history to a doctor who listened carefully but sometimes with a questioning look on his face. After my narrative, he checked my eyes, ears, and throat, then had me stand up and perform the same sort of balancing acts that a highway patrol-

man requires of a driver who's been stopped for DWI. Shaking his head, he told me that as far as he could tell, I wasn't suffering from a seizure disorder. From my description of my symptoms, he felt about 99.9 percent sure that I had been experiencing migraine headaches rather than epileptic seizures. He wanted to schedule an EEG just to verify what he already knew. That test verified the doctor's conviction that I didn't have a seizure disorder.

Over the years, whenever I am confronted with a movie or a documentary or a conversation about the Vietnam War, I reconsider the nature of my misdiagnosis. Given my innate clumsiness, my slower than average reaction time, and my fuzzy awareness of my surroundings, I'm certain I would have become either a casualty or a fatality had I gone to Vietnam. In those years between 1962 and 1968, Dr. Stockman got to know me better than anyone, and I still think of him as a fine doctor. However, I wonder if in knowing so many of my physical and mental limitations, he might have deliberately avoided reevaluating his initial diagnosis. Whether he was being careless, subversive, or prescient in getting me classified as 4-F, I'm convinced that his misdiagnosis saved my life and relieved me of a moral dilemma so many of my friends had to face. ♦

*Donald Secreast was born in Lenoir, NC. He attended Appalachian State University, Johns Hopkins University, and the University of Iowa. He received his PhD in British Literature in 1992 and taught for twenty-five years at Radford University. He retired in 2017.*

# Seattle Marrow

accepted as a  
bone marrow courier

taxi to airport  
check tickets and

letter excusing  
X-ray walk through

blue cooler and I  
board safely

what if I botch this  
he's waiting in

Minneapolis for me  
for this gift

too anxious to sleep  
as I transport life

like God or something

By Janée J. Baugher

*Janée J. Baugher is the author of two poetry collections, Coördinates of Yes (Ahadada Books, 2010) and The Body's Physics (Tebot Bach, 2013), which are collected in several dozen libraries around the world, including the British Library. Baugher holds an MFA in poetry from Eastern Washington University and a BS in applied human physiology from Boston University. Prior to graduate school, Baugher was a board-certified histocompatibility technologist, wherein she performed white blood cell cross-matching for organ transplantation. She currently teaches creative writing in Seattle.*



# Objects Less Than Four Millimeters in Length

I choose to think of them as pearls,  
benign, well-formed, subtly gleaming,  
just artifacts of living to old age,  
bits of microscopic wear and tear  
healed over, precious because they are rare

and will stay exactly as they are.  
One's inside my pelvic bone,  
another in my liver. A few more  
rest in the airy darkness of lungs.  
No name for them yet, no explanation.

There are objects in the universe  
so distant we can't see them  
though we know where they are—  
the night sky seeded with mysteries,  
things that get in the way of light.

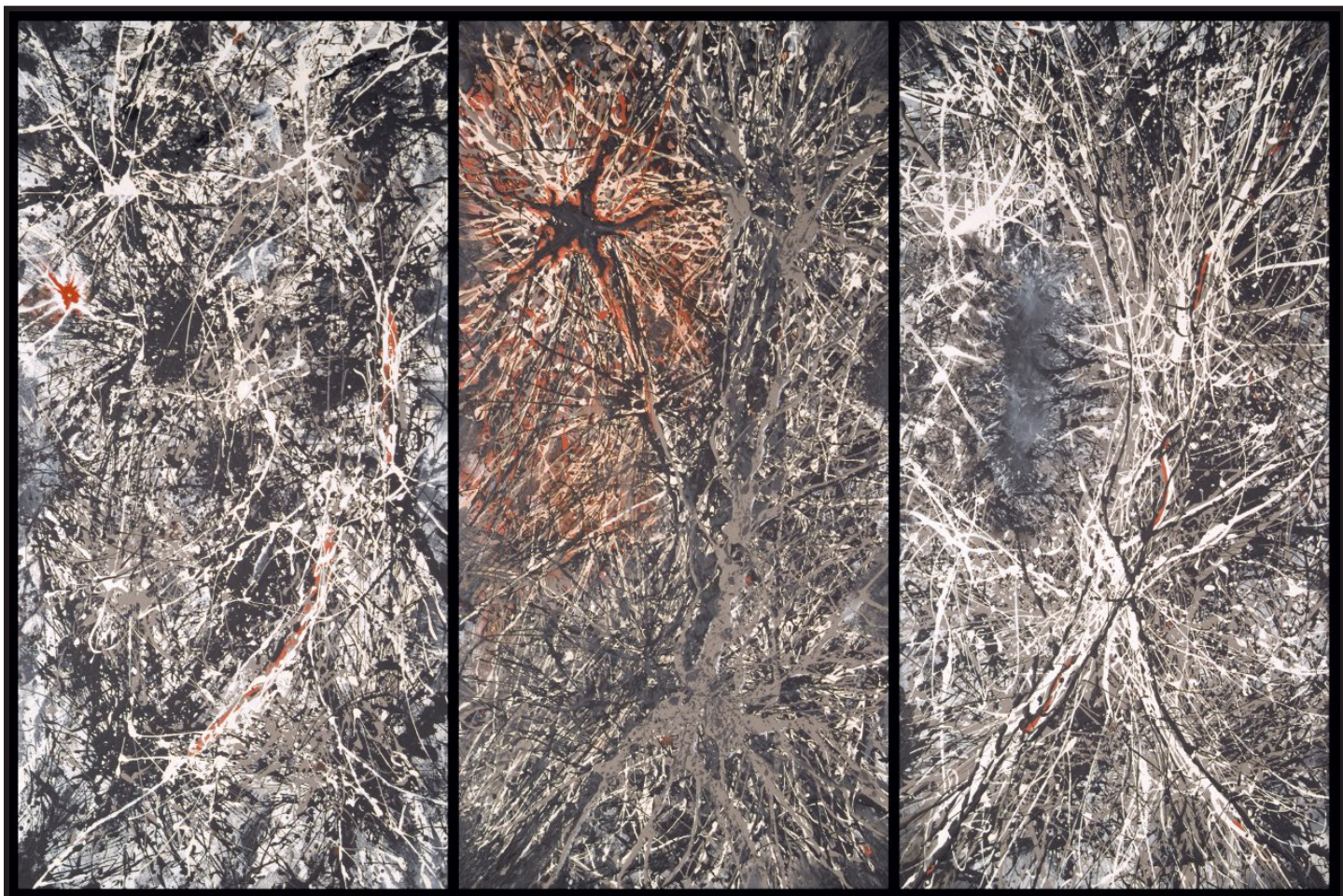
Just so behind any curtain of skin—  
a terra incognita, its scattering  
of secrets, objects too small to identify  
when they interrupt a beam,  
fragments of history, ancient or recent.

The radiologist's job is to watch for change.  
Mine is to wait. But for now, to me,  
they are not the rough kind,  
sharp-edged as cinders and growing.  
I choose to think of them as pearls.

By Sharon Fain\*

\* Author's note, page 29

### *Rete 3 Series*



Paintings by Douglas W. Johnson, MD

*Dr. Johnson is a well-respected clinician and cancer researcher whose creativity drives him: "My world necessitates thinking in three or four dimensions, whether in creating complex treatment paradigms to target a cancer, to winging through the skies as a pilot, to creating beauty in function while building an aircraft, to acting, or to laying down feelings and memories on canvas."*

*His interest in painting evolved throughout his career. Doug's early "vivid impressionism" later gave way to more abstract work depicting medical scenarios, and most recently he has been exploring his love of both nature and technology and the interplay between them.*

# Boy, Bearing

I picture you hunched at your desk, a college boy now, but slight as you were at ten. Then, you wielded a plastic light saber, slashed at the air, already whirling into shadow. Now, only your ear buds divine the faint beating of your heart. Now, a plastic fork is your weapon of choice: you trace endless patterns on your plate—circling and dividing—debating. Refusing or purging.

Your face is paler these days, unshaved and hollow—a palimpsest of the plump-cheeked boy I once held. Then, your sweet lips poised and expectant; head tipped back for that first trickle of something holy. Pure.

Your parents named you Christopher, after the saint. A dutiful boy and true to your namesake, you struggled beneath the weight of Him from the start. Year after year, wading through depths of sorrow. Now, you weigh and measure each morsel. Each sip, and breath, and sin. And still the river thirsts for you. Weary, you tread and tread and tread, bearing your slow and constant penance.

By Dina Greenberg

*Dina Greenberg's writing has appeared or is forthcoming in Pembroke Magazine, Split Rock Review, Wilderness House Literary Review, Foliate Oak, Bellevue Literary Review, and Tahoma Literary Review, among others. She earned an MFA in fiction from the University of North Carolina Wilmington, where she served as managing editor for the literary journal Chautauqua. She teaches creative writing at the Cameron Art Museum. Compressed works provide Dina the opportunity to tinker to her heart's content, choosing each word with utmost intention and alacrity. Though her work often prods darker elements of human emotion, she remains primarily hopeful. Read more at [www.dinagreenberg.com](http://www.dinagreenberg.com).*



# Chemo, round one

You go with me that day.  
We have the necessities packed:  
*Us* magazine,  
peppermints,  
headphones—  
tangled  
like mine always are.  
There's a blanket, too—  
a fleecy, cheesy one  
that looks like pink ribbons  
threw up all over it.  
I later ask you to burn it,  
get rid of it.  
(and what's up with  
so many fucking  
pink ribbons?)  
I'm shaking on the  
inside, trying to be  
Cool Hip Cancer Babe  
on the out.  
We walk in,  
you hold the door open,  
just another room  
we enter together.

In a half hour  
you stand beside me,  
'cause you stand  
when you're nervous.  
*The light is so pretty in the room,*  
I tell you,  
because it is—  
the walls panes  
of glass  
looking out on forest glow,  
the high noon summer sun.

The port at the top right of my chest  
is buried just beneath  
my new pink scar.  
Hard, under there,  
I hate the feel of it,  
an intruder that pokes  
every time I roll over.  
Now my pink new-flesh  
is shiny, clean,  
sanitized for the needle  
that's about  
to start everything.  
I've signed the forms.  
Yes, I acknowledge the side effects  
Yes, I acknowledge it can cause heart failure  
Yes, I know I will lose my hair  
*Yes, I know.*  
*Yes, let's go.*

We watch silently as the nurses prep.  
One looks like she works  
in the Simpson's nuclear plant—  
cartoony, toxins-gear,  
mask and gloves and all.  
I laugh nervously  
(that shit's going right  
into the vein  
that goes right  
into my heart.)  
and you raise your eyebrows  
like you do.

The room holding us is full.  
Silver-haired laughing,  
love murmuring.

Continued, next page

**Continued from page 27**

Folks asleep under  
their own cheesy blankets.  
Husbands  
next to wives.

*Ready?*

The nurse asks.  
I'm not, and you know I'm not.  
But I nod  
and watch  
as that crazy needle  
goes straight in my chest,  
not angled, just straight in,  
landing solid  
in the soft scar.  
She connects a syringe  
and slowly slides  
the liquid in.

Right then,  
right at that moment,  
the old woman next to us,  
there for reasons just like me,  
starts to fuss at her husband.  
He's old, stooped, shuffling,  
trying to fetch what it is she needs.  
Frazzled, nervous like you.  
But what's this?  
They make no sense.  
They speak in tongues.  
*Hon, I can't understand them—  
what's this poison shit doing  
to my brain?*  
I plead your way,  
ready to burst.

I'm terrified.

*Honey,  
you grab my arm,  
They're speaking German.  
That's all.*

And we giggle, and  
we laugh about it  
still,  
long after the poison  
flows out of my veins.

**By Tracy Rothschild Lynch**

*A lifelong Virginian, Tracy Lynch holds an MA from VCU. Currently an MFA candidate at Queens University of Charlotte, she writes creative nonfiction, reads loads, plays tennis, watches cheesy reality television, and explores London, where she currently resides. Tracy has published in the Cancer Poetry Project, Volume 2 anthology, Life in 10 Minutes website, and Brain,Child magazine. She received a Pushcart Prize honorable mention in 2012, just completed her first work of poetry entitled Lean Back, Mama, about her unorthodox look at breast cancer, and is currently working on her memoir. Husband: Mike. Rocking kids: Kylie and Cammie (and Fergus, woof).*

# Labor

I expect it to be different for her. In a birthing suite with upholstered armchairs  
and a fridge stocked with spring water, my daughter takes the deep breaths

she practiced in Lamaze class. Rob cradles her head, strokes her belly. I hold her hand.  
The doctor is trying hard not to be in charge, does not strap her to the bed,

keeps the lights low. I expect it to be different but it is the same, something ancient  
and feral in those moans, the history of the species compressed into one sound.

**By Sharon Fain**

*Sharon Fain started a poetry career late, after thirty years of teaching developmental psychology. She is the author of *Telling the Story Another Way and Territories*. Her work has appeared in *Nimrod*, *Poetry East*, *Bellevue Review*, *Southern Poetry Review*, *Best New Poets*, and elsewhere. She was awarded the *Robinson Jeffers Tor House Prize* and the *Paumanok Poetry Award*.*



# I, Telemachus

A French general's wife in Casablanca  
wrote in her last letter: "Forget me, all's over."  
After my Pa came home from the War,  
her hidden letters were found in a drawer.

Four years ago, we'd stood on the lawn  
for a family portrait before he was gone.  
I was just six, he uniformed, ready to cross  
the ocean, care for sick soldiers.

After the move to LA when I was fourteen,  
he divorced my Mum who returned to the East.  
I had him to myself and thrilled to his tales  
of caring for patients, research on malnutrition.

"I hope you weren't disappointed," he said, many  
years later as we drove to his flight, "Of course not,  
your talk was great," I replied. His medical career  
was nearing its end; mine was just beginning.

**By Charles Halsted**

*Charles Halsted is a retired academic physician who studied the art of poetry online through Stanford Continuing Studies. His work has been published in many different poetry journals and, most recently, in a chapbook entitled Breaking Eighty, with a full book Extenuating Circumstances in press. Many of his poems deal with medicine and the doctor/patient relationship.*

## ABOUT THE COVER PHOTO

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Illustration by Ash Reid

*Ash Reid is a fanatic of the visceral. Reid's work explores the relationship between nature and the human body, questioning their similarities and coexistence. She is currently pursuing a degree in communication arts with a specialization in scientific and preparatory medical illustration.*