
MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts



Volume 5, No. 2 | Spring/Summer 2018

Published in Association with Virginia Commonwealth University School of Medicine
www.med-lit.vcu.edu

Photo by Malai Keo, see page 48

MEDICAL LITERARY MESSENGER

An Artistic Voice for the Healing Arts

This spring we held our first medical grand rounds on storytelling. Four physicians shared their stories of loss, growth, and new realizations. This prompted me to reflect on the great importance of stories in medicine. We learn through stories, teach through stories, and, most importantly, connect to each other through stories. I hope you find the connections with patients, caregivers, and families in this edition of the *Medical Literary Messenger* enlightening. This edition also contains our second feature of VCU Internal Medicine residents' reflections—this time in haiku. Perhaps reading this edition will prompt you to write your own story.

Megan Lemay, MD | Associate Editor

EDITORIAL BOARD

Gonzalo Bearman, MD, MPH..... Editor in Chief
Brie Dubinsky, MEd..... Managing Editor, Web Designer
Sarah Lee, Pre-Med..... Associate Editor
Megan Lemay, MD..... Associate Editor
Jared Pearce, PhD..... Lead Reviewer
Michael P. Stevens, MD, MPH..... Associate Editor of Photography
Rachel F. Van Hart, MA..... Design and Copy Editor

REVIEWERS FOR THIS ISSUE: Leigh Johnson, MD; Sarah Lee, Pre-Med;
Megan Lemay, MD; Jared Pearce, PhD, Laura Pedersen; and Joanna White, DMA.

SUBMISSIONS: The Medical Literary Messenger encourages submissions from the VCU Community and from authors outside the organization • All submissions should be made electronically through our online submission page, www.med-lit.vcu.edu/submissions.html • Submissions may be printed anonymously at the author's request • The Medical Literary Messenger does not provide payment for works published in the journal • Copyright reverts to the author upon publication • The observations and opinions expressed by the contributors to Medical Literary Messenger are not necessarily those of the editorial board nor Virginia Commonwealth University School of Medicine • Submissions for spring are accepted December to mid-March; submissions for fall from June to mid-August.

The opinions expressed in the *Medical Literary Messenger* are those of its contributors and do not necessarily represent the opinions of its editorial board or reviewers. The information contained in the journal's pages is by no means meant to be taken as a substitute for the consultation and advice of a medical professional.

IN THIS ISSUE

ARTWORK

Michele Brooks, MD
Malai Keo
Ash Reid

FICTION

Jane St. Clair
Maxine Conant

NONFICTION

Janie Breggin Braverman
N E
Rosie Sorenson, MA, MFT
Stuart M. Terman, MD
Bryan Walpert

POETRY

Carol Barrett
William Best
Jane Blanchard
Michelle Brooks, MD
Dan Campion
Julie P. Center
Michael Diebert
Donna Doyle
Alex Dwaretz
Mary R. Finnegan
Gina Forberg
Elizabeth Gauffreau
Arthur Ginsberg, MDCM, FACP
Robert Grant
Charles H. Halstead
Paul Hostovsky
John Jeffire
Mimi Jennings
Ali Lambert
Ron. Lavalette
Sara Lee
Michele Levy
Mary Makofske
Dave Morrison
Caroline Mosher
Michael Pasyk
Kinnerly Patrick
Emily Pineau
Lisa Rhodes-Ryabchich
Yvette A. Schnoeker-Shorb
Tom Stoker

The Essentials

My rings fell off.
My belt ran out of holes.
You could play "The Ballad of
A Thin Man" on the xylophone
of my ribs.
Cancer had done what discipline
could not—burn off the
nonessential and leave me
with the core.
I want to finish the job.
I want to hose out my
psyche with piping hot water,
I want to scrub out my brain
with fistfuls of sand, I want to
hollow out my heart with
fire, as if making a
dugout canoe, I want to
empty myself completely
so I can start fresh with
the essentials:
love and curiosity,
heartache and acceptance.

By Dave Morrison

Hailed as "A hearty weed in the garden of American poetry," Dave Morrison's poems have been published in literary magazines and anthologies and featured on Writer's Almanac, Take Heart, and Poems From Here. Morrison has published thirteen books of poetry, including Clubland (poems about rock and roll bars in verse and meter, Fighting Cock Press 2011) and Cancer Poems (JukeBooks 2015). After years of playing guitar in rock and roll bars in Boston and New York City, Dave currently resides in coastal Maine with his wife Susan. Dave's most recent collection is Welcome Homesick (Lucky 13 Press 2018).

Sometimes I Pretend

I'm turning into a West African giraffe.
When the light brown spots travel down my arms,
appear on my stomach and inner thighs,
I focus on my swelling feet,
waiting for them to become hooves.

My face is African desert hot
and no matter how much water I drink,
it's never enough.

The unbearable itch on my neck—
long and stretching

from all that growing.
My body adapts
to being one of few,
to knowing the light brown spots
are forever,

and to feeling that even
my bones want a body
that isn't mine.

By Emily Pineau*

* Author's note, page 34

Psalm for Anorexia

My bones, they comfort me

Solid, sturdy, and strong

Their very shape a thousand shields
Their solidity impenetrable
Their strength unassailable

No longer buried
Beneath my weighty strata
Of fat and muscle

Of food ingested
Igneous fats
Of food digested
Sedimentary grains

They have emerged

They offer themselves to me
Each one a talisman
Beneath my hand

Rub the sternum
And the anxiety goes away

Tap the clavicle
And the guilt goes away

Grab the scapula
And the anger goes away

My bones, they comfort me

My ribs holding me
My ribs protecting me
My ribs
Keeping my heart safe
Within their embrace

By Elizabeth Gauffreau

Elizabeth Gauffreau holds a BA in English/ Writing from Old Dominion University and an MA in English/fiction writing from the University of New Hampshire. She is currently full-time faculty and the director of liberal arts programs at Granite State College in Concord, New Hampshire. She has published fiction and poetry in Adelaide, Foliate Oak, Serving House Journal, Soundings East, Hospital Drive, Blueline, Evening Street Review, and Adelaide Literary Review, among others, as well as several themed anthologies. Her novel Telling Sonny is forthcoming from Adelaide Books. Learn more about her work at <http://lizgauffreau.com>.

On Harvey Dent

By Bryan Walpert

In the story “Faces” (1992), Harvey Dent—Batman’s nemesis “Two Face”—pressures a millionaire into giving him an island by threatening to expose the wealthy man’s shameful secret: two hands growing from his stomach. It is just such “freaks,” as he calls them, that Dent wants the island to protect. He plans to make the island a haven for those with a wide variety of visible deformities: a man with hypertrichosis whose face is covered under masses of hair, one with extreme eczema that makes of his face a mass of stone-like skin, another whose face is covered with tumorous lumps. “My people,” Dent calls them, with reference to his own acid-damaged face. “Soon they will have that which fate has denied them—a refuge from the staring eyes of a society obsessed with beauty and perfection.”

As a child, I used to play Batman. Now I find myself rather interested in Dent. The backstory varies, but the bones of the narrative, at least in the comics, are similar. Harvey Dent (in his first appearance, in 1942, he was called Harvey Kent) was a handsome district attorney, fighting tirelessly for the law—so handsome that he had the nickname “Apollo.” A mobster undergoing Dent’s interrogation on the stand tossed a vial of acid into Dent’s face, horribly burning away the skin on one half of it, leav-

ing the other half of his face as beautiful as it had always been. No longer able to count on his looks to support the charismatic persona he projected in public life, he also went home to a fiancée repulsed by his appearance. He reacted by dividing his life into the two parts represented by his face. On one half of his body he wears a fashionable and expensive suit befitting a handsome attorney, while on the disfigured half he wears a garish one. He sits at a desk similarly divided and in a room of two halves—one beautifully presented and the other seedy, poorly furnished, falling apart. Place your hand in the

*“As a child,
I used to play
Batman. Now I
find myself
rather interested
in Dent.”*

air to block your view of his left side and you see the old, normal, beautiful Harvey Dent; block the right and you see a repulsive, freakish character, his eye always open and bulging, his mouth twisted and misshapen. Once a friend and ally to Batman, Dent takes up a life of crime. To determine his actions, good or evil, he flips a two-headed coin—one, that is, with two faces: one side normal, the other violated like his own. Two-Face has appeared in the Batman universe since the second world war. He shows up in the movies, in games, in academic analyses. There is something irresistible about this story to writers, readers, and critics: the man who lost half his face, then himself, but who might yet be healed.

Things happen to people’s faces. Figures can be hard to come by, but the

UK-based organization Changing Faces did some research in that country: 1 in 111 have a “significant disfigurement to their face.” Whatever bromides we might spout about looking below the surface, people react to abnormal faces, whether burned or otherwise scarred in accidents and surgeries, beset with disfigurement from birth, marked by skin conditions, or frozen by facial palsy. As one such patient in the medical literature put it, “It’s like, you’re used to your physiognomy and all of a sudden you see yourself crooked, the face deformed ... I felt terrible, didn’t want to look into the mirror, you know. I was ashamed to eat in front of the others and smiling, no way.” As with many comic book characters, Dent’s behavior is an exaggeration, a kind of caricature or dream—but, like any strange dream, not a complete untruth.

In “Faces,” when Batman asks Dent to consider the innocent lives he has taken, Dent dismisses the concern: “Beauty merchants all!” Give him some credit for following the money. The global cosmetic surgery market, \$20 billion in 2015, is expected to reach \$27 billion in 2019. These range from Botox to lip and breast enlargements to tummy tucks and face lifts. More than 40 percent of surveyed plastic surgeons say social media, such as Snapchat and Facebook, now drives much surgery, according to an article on Marketwatch. The global skincare cosmetics market is \$121 billion. By one estimate it is expected to reach nearly \$200 bil-

Continued, next page

lion by 2024. According to a piece in Dental Update, “Facial attractiveness is now recognized as being important in situations as diverse as education, relationships and employment.” The American Economic Review puts the economic “plainness penalty” at as much as 10 percent: “Plain people earn less than average-looking people, who earn less than the good-looking,” which suggests “the existence of pure employer discrimination.” Hence, one beauty industry franchise website enthuses, “The beauty industry is known to be resistant to economic downturns,” noting the immunity of Dent’s beauty merchants even during the Great Recession of 2008. “What kind of society makes such men wealthy and respected?” Dent asks Batman. “The kind that my people need a haven from! The kind that makes them need it!”

I’ve worn a stranger’s face for six years, since Bell’s Palsy struck me hard overnight and I woke unable to move my right eye, cheek, mouth, eyebrow, leaving me half-normal and half-deformed. I improved, but I’ve never fully healed, which puts me among 15 percent of the 40,000 Americans who get Bell’s Palsy each year. Typical of these slow and incomplete healers, I also have a condition called synkinesis, a miswiring of the nerves that renders my right eye noticeably smaller than my left and causes me to wink and weep when I eat. Ask me to smile. Place your hand in the air to block the left and you see the old face; block the right and you see, well, someone else.

Could people fail to react to a face like Dent’s? Could any person with a face like Dent’s fail, then, to react to

*“Could people fail to react to a face like Dent’s?
Could any person with a face like Dent’s fail, then,
to react to those reactions?”*

those reactions? A 2011 article in Philosophical Transactions of the Royal Society B drily notes the obvious: “humans readily draw a number of conclusions about the personality attributes, appearance, emotional states and preferences of complete strangers solely on the basis of facial cues.” A newspaper report on facial palsy profiles a man who never fully recovered and describes his own appearance as a “visual hell.” According to the profile, “friends frightened by his deformity have stopped talking to him, strangers unable to read visual cues stare in horror and even his girlfriend has nicknamed his crooked profile his ‘mean side.’” Even those who don’t look anywhere near as bad as Harvey Dent, whose bad side is shockingly deformed, a face turned inside out, sometimes feel like they do: It is tempting to see depictions of Dent’s face as a subjective rather than objective portrait—that the way we are asked to see him, in all its extremity, is in fact the way he imagines he looks based on how others react to him. That is, he internalizes the external. Such internalization is, in fact, suggested in Miller’s *The Dark Knight Returns* (1986) when Dent, his face returned to its original appearance, nevertheless goes back to crime and faces Batman. “At least both sides match,” Dent says, adding, “Have your laugh, Batman, take a look!” His face is normal, but Dent can’t see it that way. When Batman closes his eyes, he empathetically sees Dent as Dent sees himself—his entire face, both sides, scarred and repulsive.

My wife tells me I don’t look so different (she says I wasn’t *that* good looking to begin with). But as Changing Faces puts it in The Face Equality Campaign: “Disfigurement is in the eye of the beholder—and the person themselves. It is well-recognised in the psychological research literature that the extent or severity of a disfigurement does not correlate with the amount of distress it causes. What may appear [as] ‘minor’ disfigurements, especially if they appear in the communications triangle on the human face where people focus their gaze and attention, can be associated with considerable self-esteem and self-confidence problems.” It only takes a photograph—the professional family portrait we took last year in which what I’d meant as a warm smile manifests as an irritated grimace—or a comment to rip the veil of self-delusion. I avoid photographs when possible, abandon and delete video lectures I’ve started for my students. Three years into my healing, a woman I hadn’t seen since I’d developed the condition said, unprompted and for reasons only she can parse, “I’m not saying you’re not now, but you were a very good looking young man.” Children, too, tend not to prevaricate. Kids that I’ve met only moments before routinely ask me about my small eye. My son, at five years old, got teased on the playground about my looks. A boy upset him by asking whether I was from an alien planet

Continued, next page

In some versions, Dent is given surgery that heals his face, at which point he gives up his life of crime. In “Half an Evil” (1971), for instance, Bruce Wayne recalls the events for those of us just arriving to the story: “It was only thanks to modern methods of plastic surgery that the personality of Harvey Dent was brought back from the edge of madness.” Unfortunately, a second accident restores the damage, which cannot be repaired. Naturally, I have imagined such a surgery to return me to myself, to balance the shape of my eyes and permit me a full grin, to erase any trace of my experience of the past six years (albeit with the knowledge that, as with Dent, it could come undone: Those who have had Bell’s Palsy face a 1 in 14 chance of getting it again, in contrast to the general population’s odds of 1 in 60–70). A doctor informed me that a facial reanimation surgery is in fact possible, one that requires taking a muscle from my leg then implanting it in my face to permit me a full smile. It’s been more than two years since he mentioned it. Why, I’ve recently asked myself, have I not taken a single step to more fully investigate the specific costs and possibilities of this surgery?

In a three-part story concluding with the issue “About Faces!” (1986), we are introduced to a character called Circe, whose own face had been brutally and severely damaged and who now wears an expressionless mask rather than show herself to the world. Feeling for his former friend, Batman makes a tentative alliance with her to help heal Dent mentally and emo-

tionally. The plan is to persuade Dent to steal an Egyptian sarcophagus, telling him that there is a mask—a “second face”—concealed within it, a mask that not only is encrusted with jewels but “imbued with magic” and “said to hold all the nobility and purity of the Pharaoh Ankhes-Anon’s heart.” Should Dent put on the mask, Circe tells him, it will “restore balance in you, bringing your lost good side back in line with your now dominant evil side.” When they arrive to steal the mask, Circe persuades Dent to try it on. She then speaks to him, hypnotically, to help him recall his good side, to remember who he used to be. Confused by the feelings her words dredge up, Dent stalks away to think. Soon he angrily decides that he’d rather be all evil than all good. To make this point, he covers the handsome side of his face with makeup, rendering it as gross and distorted as the damaged side, then proceeds to do his level best to murder both Circe and Batman. Dent had for a moment been tempted to believe in the magic Circe offered. Maybe he truly had become irredeemable. Or perhaps, after all that time, it proved simply too frightening to risk imagining himself whole. ✧

Bryan Walpert is the author of the poetry collections Etymology, A History of Glass, and most recently Native Bird (Makaro Press); a short-story collection, Ephraim’s Eyes; and the scholarly books Poetry and Mindfulness: Interruption to a Journey and Resistance to Science in Contemporary American Poetry. His work has been recognized by the Montreal International Poetry Award, the New Zealand International Poetry Competition, and the James Wright Poetry Award (US). He is an associate professor in creative writing at Massey University, Auckland. More on Bryan can be found at bryanwalpert.com.

On the Level

during radiation

My body in position on
The slab of the machine,
I am supposed to focus on
A speaker and a screen.

Reluctant to expose myself
In any other way,
I let technicians choose for me
The music of the day.

The Country and the Christian picks
Begin to take a toll;
By week three I am ready to
Request some Rock and Roll.

By Jane Blanchard

Jane Blanchard lives and writes in Georgia. Her two collections—Unloosed and Tides & Currents—are available from Kelsay Books.

Cirrhosis

*Think of a palm tree growing out of your navel,
also known as the Caput Medusae, says the professor,*

*named after the monster who had hair
made out of snakes according to Greek mythology,*

placing her stethoscope over the swollen veins,
so her brood of students can listen to

the Cruveiler-Baumgartner murmur, a sign
of increased pressure and blood flow in the liver.

Sweating under my white coat I palpate
with my fingertips, the cirrhotic edge of a ruined organ

that seesaws beneath this man's twelfth rib
with each inhalation. Imagine this human being,

eyes wide with fear as stethoscope after
stethoscope with cold diaphragms interrogate

his belly button, their reaction punctuated by
oohs & aahs, while the professor in stentorous voice

warns of impending catastrophic hemorrhage!
Did anyone ask the man his name?

We move on to the next bed and the next,
following and clucking devoutly after the mother hen

pecking her way through this labyrinthine ward
of agonal Brooklyn souls, delirious and hallucinating,

hoisted on their own alcoholic petards, some blinded
by aftershave lotion cut with wood methanol.

By midnight I begin to understand the meaning
of misery, the tawny color of livers

Continued, next page

Open Microphone

By Stuart M. Terman, MD*

I was a senior resident assisting the attending and one of the newer students was assisting also. The effective local retrobulbar injection was being helped by some additional IV sedation anesthesia.

The procedure was going well, when a very minor event occurred, a dropped sponge by this young man, and he

voiced the comment "... whoops ..."

The silence in the operative room was profound, a few seconds went by, and the chairman of the ophthalmology department of this then one thousand-bed institution quietly, calmly, looked at the PG 2 young assistant and said—as best as I recall some forty years later—"Don't ever say whoops."

The procedure continued to an excellent conclusion, and I believe the se-

dation had an additional benefit for this patient, who was quite grateful for her subsequent visual improvement and who did not recall any details of her uncomplicated procedure.

A word of advice to the young—or not so young—surgeon, or doctor of any specialty: Assume the mic is open, and choose your words accordingly. ✧

* Author's note, page 46

Continued from page 9

depicted in textbooks, the jaundiced hue
of bilirubin-tinged eyes. By midnight,

I come 'round to John Doe, hold his hand,
ask his name, the whereabouts of his children

and wife. This, before he suddenly gurgles,
clutches his throat and spits a stream of blood that hits me

like a geyser in the chest—then he is gone.
I stumble to the dorm, thirsty for what might kill me.

By Arthur Ginsberg, MDCM, FACP

Arthur Ginsberg is a neurologist and poet from Seattle. His books include, The Anatomist, Faith is the Next Breath, and Ashes Caught on the Edge of Light. He is published in many poetry journals and the anthologies Blood and Bone and Primary Care. He teaches a course in the Honors program at the University of Washington, titled Brain and the Healing Power of Poetry.

Guest Lavatory, Beaumont Hospital, Day Five

It has a place to urinate.
A place to brush my teeth.
Space enough to throw
a sleeping bag or
some newspaper.
A paper towel dispenser
and plenty of toilet paper
and fresh-smelling soap.
A strong lock and
bright lights and two
outlets to charge the cell
and a table to change a baby
or to set a laptop
with free wi-fi access
or to eat a styrofoam plate
of cafeteria spaghetti
or to kneel before
and beg miracles,
a mirror to confirm
what's left of my face.

I, guest, squatter, husband,
survivor of my wife's survival.
Really, I could live here.

By John Jeffire*

* Author's note, page 43

Change of Heart

By Rosie Sorenson, MA MFT

You don't think about dying until you're strapped to a gurney in an ambulance zooming over the San Francisco Bay Bridge, squinting out the back window at the Friday night traffic, thinking, *This isn't on my bucket list, but wouldn't it be funny if the doors popped open and I flew out into traffic while I'm lying on this bed pan?*

For several weeks last spring, I ignored the signs: increasing discomfort in the middle of my chest when I walked up the hill near my home. Finally, when the discomfort began to radiate into my shoulders and hands, I called my physician and said, "I don't think it's anything, really, but I thought I should let you know." She referred me to a cardiologist who referred me for an outpatient nuclear stress test.

After I received the results by phone—an 80 percent blocked artery—my kind husband Steve sped me to the ER in Walnut Creek where the doctor quickly admitted me to the coronary care unit. An old childhood terror soon ignited: suddenly I was ten again and at the mercy of my father. For reasons that elude me even now, my Midwestern, taciturn but explosive dad would holler at me and my mom whenever she needed to call our family doctor to make a house call because I was ill.

How was it that so many years after he died, the imprint of my father's rage still quivered, reminding me I didn't deserve to be well taken care of?

At the time of my admission the chest pains were minimal, and I felt

"Dissociation has a lot to recommend it—a two-dollar word for the cognitive-emotional state in which a person divides and stuffs all manner of unwanted feelings, memories, and knowledge into mental boxcars."

quite normal. It was easy to pretend this was not happening. Dissociation has a lot to recommend it—a two-dollar word for the cognitive-emotional state in which a person divides and stuffs all manner of unwanted feelings, memories, and knowledge into mental boxcars. While the cars may be traveling down the same track, each one has scant awareness of or communication with the others. *Of course I'm fine.*

I adopted a bemused attitude when the nurses came to fuss over me. *I really don't belong here, you know.* They seemed to think otherwise.

When I told my afternoon nurse, Anita, that I had brought my own meds and herbs, she paused and said, "You did?" She laughed in a gentle way, like a mother dealing with her headstrong child.

"I can see you're going to be fun," she said, her dark skin luminescent under her spring floral top. "You know, your doctor can prescribe what you need. That's what we're here for." Still smiling. Amused, even. She knew just how to play me—registering my anxiety but without climbing aboard my crazy train.

The following morning, Dr. Patel, a young cardiologist, attempted to install a stent into my blocked artery. When that failed because of a quirk in my ar-

tery, he said, "We'll have to send you over to San Francisco where they do the more complicated procedures."

"Oh?" I said, blinking rapidly. *Dissociation, don't fail me now.*

"Don't worry, they've done thousands of these things—you'll be fine."

Not wanting to panic Steve, I reassured him that he didn't need to cancel his linguistics class the next day to ride with me in the ambulance to the city.

"I'll be fine."

James, the emergency medical technician, drove the well-equipped van while Hank, another EMT, sat at my side with nurse Mary perched behind me on a jump seat. The quarters were tight, the ride bumpy, the van cold, but nonetheless I was in a jolly good mood, overexcited about my first ambulance ride. *Whistling past the graveyard?*

As soon as Hank discovered I was a good listener (a curse from my psychotherapist past), he became a good talker. He told me he'd been doing ambulance work for twenty years and felt grateful for a live patient who could speak. And listen.

Among other things, I heard all about Hank's wife of forty years, how jealous she was and verbally abusive. "Maybe some marriage counseling might help?" I suggested lightly. They'd

Continued, next page

tried that, he said, but his wife wanted the therapist to beat up on him, so he walked out.

When I asked Mary what to do about the quart of liquid I'd been forced to drink that morning to flush out the dye from the angiogram, Hank hopped up and grabbed a blanket to wall me off while Mary miraculously situated me on a bedpan. No easy feat when your carcass is belted to a narrow gurney and you're unable to move the requisite parts. There was nothing for it but to laugh.

Forty-five minutes later the ambulance rolled into the hospital parking lot. Hank hopped out and opened the doors. "You're the most fun patient we've ever had ride with us," he said as he and James lowered the gurney to the pavement under Mary's watchful eye.

"Thank you. You guys have been great!" I said and shook their hands.

And with that, they rolled me to the elevator and stopped at the coronary procedures unit. After they handed me over to the nursing staff, I thanked them once again. They lingered a bit longer than necessary, saying "good-bye and good luck" several times.

The next day, Dr. Larson, the renowned cardiac surgeon and his talented nurses very nimbly stented the troublesome artery. He reassured me I was going to be fine. I asked him to marry me. He smiled, knowing that was the Fentanyl talking.

I'm going to be fine. With every kind word, with each compassionate touch my caretakers were washing away the

"When I asked Mary what to do about the quart of liquid I'd been forced to drink that morning to flush out the dye from the angiogram, Hank hopped up and grabbed a blanket to wall me off while Mary miraculously situated me on a bedpan. No easy feat when your carcass is belted to a narrow gurney and you're unable to move the requisite parts. There was nothing for it but to laugh."

shame I'd felt at the hands of my father. The fear around illness that scorched my life for decades was being vanquished by the love, caring, and respect everyone bestowed upon me.

Some say you can't go home again, but I say it's never too late to let the light from others heal your broken heart. ✧

Rosie Sorenson is a former psychotherapist and health care administrator. Her work has appeared in the Los Angeles Times, the Chicago Tribune, the Baltimore Sun, the San Francisco Chronicle, the Pittsburgh Tribune-Review, and other publications as well as in popular anthologies, including The Magic of Memoir. Her political satire appears every month in The Progressive Populist. Her essays have been broadcast on KQED-FM, the popular San Francisco NPR affiliate, in its "Perspectives" series. One of her essays won the Listener Favorite Award.

Code Blue

Take vitals
Hang fluids
Push drugs
Draw blood
Open airway
Close curtains
Give breaths
Drop lines
Start compressions
Stop bleeding
Send runners
Deliver shocks
Admit defeat
Rinse repeat.

By Caroline Mosher

Caroline Mosher is an amateur poet who lives and writes in Washington, DC. She completed her undergraduate degree in nursing from the University of Virginia and now works in the Intensive Care Unit.



Photo by Malai Keo*

*Photographer's note, page 48

Beautiful Pulses

says the nurse practitioner
to the morbidly obese man
slouching in his wheelchair,
the cascading flesh-fall of fat
pooling at his kneecaps,
his naked left foot
cradled in her hands, her slender
fingers palpating
next to the extensor tendon
of his big toe,
and then at the inner side
of his ankle. Thank you,
he says, blushing,
the blood doing tumble turns
like an Olympic swimmer
pushing off the tips of his ears,
splashing at the beautiful pulses
of his feet, reaching for the wall
of his mortified, flattered heart.

By Paul Hostovsky

Paul Hostovsky is the author of nine books of poetry, most recently Is That What That Is (FutureCycle Press, 2017). He has won a Pushcart Prize and two Best of the Net awards, and he has been featured on Poetry Daily, Verse Daily, and The Writer's Almanac. He makes his living in Boston as a sign language interpreter. Visit his website: www.paulhostovsky.com.

The Hospital and After

the seeming world
retreats
before glass tubes,
gray wires,
whirring machines
that map my husband's heart.

jagged blue and green snakes
dart across black screens;
their electronic buzzes
numb my ears,
hungry for living sounds.

my closed eyes shut out
hard gray walls,
the blood-stained arm,
the crumpled sheet.

a white cold settles,
shroud-like,
into solid bones
grown permeable.
I freeze in waking sleep.

slow breaths.
a heavy stillness.
then light streams from the dark.
I plummet
through an unseen portal
into deep silence,
the thick swirling
of cosmic dust,
pulsations at the center
of the void.

after,
particles of spirit—
remnants of that flight
past time and space—
impregnate my domain,
pervade familiar rooms,
soft rugs,
lush palms,
cracked spines of aging books,
and the flesh of my beloved.

beneath these surfaces,
the ceaseless vortex.
beneath the toaster's hum,
the puppy's early morning yip,
a muffled roar—
like hollow chants
of opalescent conch shells
on the sand.

omens
of impermanence,
of melting form
and vanished time,
these surging energies
excite my soul:
I live in two worlds now.

By Michele Levy

Michele Levy has published on Dostoevsky, D. H. Lawrence, Chekhov, Lorca, et al., in journals like Modern Fiction Studies and Conradiana. But her publications since 2002, in Cultural Logic, Nationalities Studies, Serbian Studies, Life Writing and Politics of Memory in Eastern Europe, and others have explored Balkan history and culture. She regularly reviews postcolonial and Balkan contemporary literature for World Literature Today. Two chapters from her novel manuscript, Anna's Dance, as well as a stand-alone short story set on Crete and a poem, "The Last Ritual," have appeared in literary journals.

Mouth to Mouth

Emerging from the swarming hornet horde,
I tear at seventy over the boundary bridge,
glance down at the dirty brown river, foresee
a straight shot through the traffic to home.

I glance at wetlands on either side.
A flock of crows hovers as one
above a marshland of brush and canals.
A great egret stands still, a white speck on a shore.

There's a cluster of cars on the shoulder.
An arm-waving guy flags me down.
One of the big rigs has pulled over. The driver
lies flat on his back on the ground.

My professional oath tells what I must do:
stop at the roadside, preserve life, prevent death.
I say the words that announce my profession.
The crowd retreats to the shoulder's outside edge.

I lean over to look at my patient, a fallen statue,
grossly obese in a sweat-soaked shirt, has a slight drool.
I steel myself for mouth to mouth breathing, chest compressing,
releasing, to bring him back to inhale on his own.

I feel deep in his neck for a pulse, find none. His face is gray,
his eyes are glazed. "Too late," I announce to the crowd,
"this man is already dead." A wailing ambulance crosses
the center divide, stops to load him aboard, and he's gone.

The egret rises up from the marsh, circles slowly overhead.
I return to my car, re-enter the freeway, slowly drive home.

By Charles H. Halsted

Charles Halsted is a retired academic physician at the University of California Davis. His prior education includes Stanford University, BA, 1958, and University of Rochester, MD, 1962. His published poems appear in Blood and Bourbon, Blood and Thunder, Chest, Clerestory, Contemporary Poetry, Degenerates, Edify Fiction, The Gambler, The Ghazal Page, Haibun Today, Hektoin International, Journal of Modern Poetry, Medusa's Kitchen, The Moon, Rosette Maleficarum, Poetry Now, Siren's Call, Sisyphus, Snapdragon, Tule Review, Words Apart, and Yolo Crow. One of his poems was among the winners in the 2017 Maria W. Faust Sonnet Contest of the Great River Shakespeare Festival.

A Meditation on Memory and Morocco

By Janie Breggin Braverman

She asked her brother, *Do you remember being in Morocco and taking this photo of you and me?* It's not a traditional selfie, this photo of the oldest and the youngest of the siblings, this photo in a plain white frame, their heads close together, both of them smiling, the resemblance more striking than usual in the flat north African sun. This photo was taken with her 35mm camera, her favorite for travel, her second favorite when she's working. He had held the camera. She had clicked the shutter. We had been in Morocco on a family trip.

On the printed itinerary, it was a synagogue trip, but the gravitational weight of our family made it our trip. Six of us out of perhaps nineteen travelers. How different our memories must be from those who traveled solo in our group.

She asked, *Do you remember?*

So, what is memory when autoimmune encephalitis has ravaged and atrophied part of your brain? Or, perhaps, the better question is *where* is memory.

Do you remember?

Shake of head no.

At this, I am not surprised. He had already 'said' as much to me, a puzzled shake of head no. What happened next says as much about family memory as it does about her love for him.

She said, *That's ok. I remember for you.*

And that's what we say now, and what we do now, when the memory is inaccessible to him via any direct route. We are unwilling to say the memory is gone; we don't know; we may never know; even as he heals, even as his brain rebuilds, we may never know. It's part of what we do now, to continue to remember for him, to continue to remind him.

We say, *That's ok. We remember for you.* ✧

Janie Breggin Braverman is a fiction writer and poet. She was working on a postapocalyptic novel when the apocalypse came to her door, striking her adult son with a brain injury. He was eventually diagnosed with Anti-Ma2/anti-Ta associated paraneoplastic encephalitis with diencephalic, hypothalamic, mesiotemporal and limbic encephalitis in the setting of germ cell tumor in the mediastinum, with symptomatic narcolepsy type 1 (narcolepsy with cataplexy). He now lives with her and her husband in Iowa City, Iowa. Two of his sisters live in Denver; one is moving from New York City to Iowa City this summer.

"She asked her brother, 'Do you remember being in Morocco and taking this photo of you and me?'"

Medical Library

From their hands
to my hands, often,
but not often enough,
books go back and forth.
Circulation, we call it,
vital flow—information,
information, information.
It sustains part, but not all,
while pleasure flutters
like pages
lined with beautiful words
blown by breezes,
bypasses the heart.

By Donna Doyle

Donna Doyle is a poet, photographer, and writing instructor who lives in Knoxville, Tennessee, where she worked in a medical library for ten years. Her poetry has been published in literary and medical journals, including Poets Reading the News, Still: The Journal, JAMA, and CHEST. Her work has also appeared in several anthologies and a chapbook, Heading Home.

Softening

the frail ice breaking
in ways that remind me of
demented neurons

their dendritic arms
stretching across to connect
but not quite reaching

while the birds brush their
wings across the cracked surface
(ephemeral thoughts)

and murky water
swirls underneath the surface
(primitive passions)

emotions awaiting
the warmth of another spring
... or oblivion

By Michelle Brooks, MD

Dr. Brooks attended residency at VCU Health Systems in 2010. She is an academic hospitalist and associate program director in Internal Medicine.



Photo by Michelle Brooks, MD

Testing

My brother hunted deer one year with a bow and arrow. He couldn't get his deer to die, had to stand over it and keep shooting. So much agony, nobody wanted to eat the meat. But I thought, my brother is dying here, all those arrows digging in. The deer's gone. So when he cooked up the liver, I ate with him.

Lots of hunters in our woods. They go for guns. One of the other preschool moms volunteered to help with testing, screening for hearing problems. A third of the kids got sent to audiology for follow-up. My Uncle Calvin is a pediatrician now, says that's because of colds, the tubes get filled with fluid, the eardrums can't vibrate. My friend had another idea. She asked one of the little guys if he was around a lot of noise, like his older brother's music or something. *Nope*, he said, *just my dad's guns*.

By Carol Barrett

Carol Barrett holds doctorates in both clinical psychology and creative writing. She coordinates the Creative Writing Certificate Program at Union Institute & University. Her books include Callling in the Bones, which won the Snyder Prize from Ashland Poetry Press, Drawing Lessons from Finishing Line Press, and Pansies, creative nonfiction forthcoming from Sonder Press. Her poems appear in JAMA, Bellevue Literary Review, Poetry International, and many other venues.

“Mostly, Tiffany wanted leukemia to be over because now it had become boring.”

Disneyland Death

By Jane St. Clair

Rene sat at the base of her daughter's hospital bed, just watching the girl breathe. It was enough that Tiffany was alive. It had been a bad week.

Let her sleep, Rene thought, because when she wakes up, she will be as mean as ever.

Tiffany's phone rang, and it was the Wish Come True Foundation in Beverly Hills.

“The what?” Rene asked.

The caller patiently explained that the group grants the wishes of dying patients.

“I see she's twenty years old,” the woman cooed smoothly. “That age group likes to meet celebrities. We have people like Kate Hudson on our board. Sometimes they like to meet celebrities.”

“I don't know,” Rene said. “I wouldn't even know how to approach the subject with her. She might get mad if I talk about last wishes and stuff.”

“Madam,” the woman said as clearly and precisely as a computer voice, “I assure you—I would not call unless the immediate family had contacted us. Tiffany telephoned the Foundation herself.”

“Oh,” said Rene sheepishly. “But I'm not sure she's dying.”

The woman sighed. Rene caught the absurdity of the situation, and al-

most laughed her black humor laugh. Lately, black humor was anywhere you looked

“Well,” the woman said, “we'll need confirmation from her doctor of her condition.”

“That's just it. She has a one in twenty chance of surviving,” Rene explained, as if surviving were, in this context, a bad thing, a waste of a wish.

“That's good enough for the Foundation. Just have her call us back.”

Tiffany's leukemia started throwing symptoms during her spring break from college, when she had gone to Fort Lauderdale and developed a headache that did not respond to over-the-counter drugs. When she went to a local emergency room to get something stronger, the doctor had been sharp with her and told her to stop drinking. When her headache still did not go away, Tiffany came home.

Rene took Tiffany to their family physician—the doctor who had delivered her two decades before, an old dumpy man with eight children of his own. He examined her and shook his head, telling Rene that a headache plus anemia can equal leukemia in rare, rare cases, so he was going to do a little blood work. He told Rene not to worry—it was probably a flu bug or mono. One of his own girls had come down with mono in college. So many of them do, not to worry, not to worry. She's definitely not pregnant—hah!

When he called back that same night, he said he was just an old country doctor and he wanted Tiffany to see some big-shot cancer specialist. Rene hung up the phone and screamed, but that was the last time she screamed or thought of herself.

The big-shot specialist put Tiffany, kicking and screaming, into this hospital where she had been ever since. It was now the end of the summer, and her prognosis was still bleak.

Rene's husband, a math professor with a mind for figures, came up with “the one-in-twenty chance” statistic. There was a one-in-three chance of developing a complication from the surgery. There was a one-in-four chance of developing flu. There was more than a one-in-two chance of dying from flu with low white blood cell counts. There was a one-in-six chance of the spleen enlarging. Frank calculated all these odds into a one-in-twenty chance of survival—the doctor's code for your life is over. Frank began taking antidepressants, which put him in a permanent state of Muzak. He was always offering pills to Rene, using the words “They work.”

Tiffany wanted more channels on her hospital television. She wanted them to smuggle in forbidden foods like Big Macs. She wanted flowers and not the balloons that were allowed. She wanted out of the cancer ward because

Continued, next page

the other patients with their bald heads depressed her. Mostly, Tiffany wanted leukemia to be over because now it had become boring.

There had been initial excitement and fervor. People sent over casseroles. Friends and relatives phoned and cried. Everyone was nice. Now that the shocking news had settled, Rene was surprised how long their days were, how repetitive television shows grew, how little there was to do, and how much Tiffany wanted to leave the hospital—if only to go to a mall.

Tiffany's psychiatrist was in her late fifties. She wore morbid colors and had long, depressing facial features that froze into a permanent grimace decorated. Rene could not help but wonder what kind of person would major in death therapy and stay at the center of the dying game all the time. Meeting Dr. Lagloe answered that question.

The good thing about Dr. Lagloe was that she let Rene ventilate. Dr. Lagloe rarely said anything, except, "That's perfectly normal. That's perfectly predictable." It was as if Rene had achieved psychological success by being normal in her feelings about her daughter's death. The psychiatrist gave Tiffany the "perfectly normal" litany too, but she'd sprinkle in a few "God-as-you-know-Him-to-be's." Tiffany could choose whatever god she wanted to die with. When Rene listened to Tiffany talk about God-as-she-knew-Him-to-be, she realized Tiffany had no god, really, except herself. Rene felt bad about that, but Dr. Lagloe assured her that was normal. It was appropriate for Tiffany to mourn the death of her Self as her

"That old conversation kept coming back to Rene when Tiffany got sick. It reminded her of Dr. Lagloe's attitude. If religion had been on Tiffany's menu of life, Dr. Lagloe would talk about it. Since it wasn't, it didn't come up."

Ultimate Reality.

Rene would recall a conversation she had with a friend who had a daughter the same age as Tiffany. When the girls were seven years old, this woman asked Rene, "Are you raising Tiffany with religion?"

Rene hedged because the question made her uncomfortable, but the other mother immediately chattered about her own decision.

"I don't want to indoctrinate her with religion," she said. "I think it just messes people up. It's anti-science, anti-intellectual. People turn into serial killers because of crazy religions. I assume when she gets in college, if she's interested in it, she can get it on her own."

Then she got a wistful quality in her voice as she said, "Sometimes I think religion should be in her mix. It should be an entree on her menu of life, something I should offer her as a choice. Oh well."

That old conversation kept coming back to Rene when Tiffany got sick. It reminded her of Dr. Lagloe's attitude. If religion had been on Tiffany's menu of life, Dr. Lagloe would talk about it. Since it wasn't, it didn't come up.

Yet religion had come up once, big time. Rene and Frank were nominal members of a Congregational church, and a "prayer circle" from this church visited Tiffany. They were praying next to Tiffany's bed and asking God-as-

they-knew-Him-to-be to cure her. Tiffany lost her temper. She yelled at them to get out.

This story was repeated around the cancer ward, and it embarrassed Rene. Tiffany could have been polite. *Why should I be?* Tiffany snarled. *I never asked them to come and make freaking prayers over me.* You could have been polite. Everyone said you have no manners. *Who cares?* Tiffany shrieked. *I don't want their freaking prayers.*

Suddenly a rap on the hospital door interrupted Rene's thoughts. It was the lemonade stand lady. This woman was a hospital volunteer and a survivor of breast cancer. Now she pushed a cart around the cancer ward decorated with the saying "When life hands you lemons, make lemonade." The lemonade stand lady's job was to cheer people up and fit them with artificial breasts and wigs.

"Are we ready today?" she sang out in her little-girl voice. She was irritatingly happy, like a grown-up Shirley Temple, passing out sugar aboard the Good Ship Lollipop.

"She's asleep," Rene said. "I don't think she wants to buy a wig from you. She's upset. We'll buy a wig privately."

"Oh," the lemonade lady said, making a Shirley noise between "ooo" and "aww."

"I don't think you should come

Continued, next page

Continued from page 22

anymore,” Rene said firmly. “We’ll buy her wig privately.”

“You’ll pay through the nose,” said the lemonade lady. “People like me know what you’re going through. We have empathy.”

At this point, Rene wished she had her daughter’s technique of scaring pests out the door.

In her defense, the lemonade lady had no idea she was unleashing a Dorothy-sized tornado. Tiffany’s greatest beauty and vanity had been her long blond hair, which might have caused her leukemia. Small electrical appliances used daily near the head are linked with leukemia, Frank had discovered, and every day Tiffany washed and sprayed and blow-dried her hair in a process that took hours. When her hair started to fall out in clumps, Tiffany went crazy with grief. She ranted and raved, she cursed and she sobbed, she raged like a crazy woman against the wind, the tempest and baldness.

Dr. Lagloe said that Tiffany’s process centered around her hair as a symbol of who she had been before her cancer. Rene did not buy that. She believed Tiffany simply loved her hair more than anything and wanted it back, and it wasn’t a symbol of anything.

Privately and quietly, Rene arranged to get Tiffany’s hair back. She ordered a human hair wig that cost over \$1,700 and cherished the hope that when it arrived, Tiffany would not hurtle it across the room.

Just then Tiffany woke up. She flashed her blue eyes around the room in anger. She glared at her mother in her usual mean way, still a child who

blamed Mommy for every bad thing.

“I can’t move with the damned tubes in my arms,” Tiffany whined. “They really hurt. I’m going to get that freaking nurse in right now. They should fix my tubes.” She kept pressing her signal to the nurses. “They never come right away! They’re such a bunch of bitches. You go down there and tell them to get in here.”

Rene sighed. A cleaning woman entered the room, lugging her large mop and pail. The mop looked like the snaky grey locks of a witch, like glorious hair in a place where no one had hair.

“I hate the smell of Pinesol,” Tiffany said. “Can’t you come back later?”

“I’m just going to mop a little, honey. When I finish this room and the next one, I can go home. Have a heart. My feet hurt something awful.”

The cleaning lady started to mop in spite of Tiffany, who was pouting and sulking.

“That really stinks,” Tiffany complained. “I think I’m having an allergy attack.”

“Don’t you worry about this one, Mama,” she said. “They ain’t going to carry her out feet first. She’s going to make it. I’ve seen this before. The crabs all make it. There, nice and shiny for you.”

Rene felt thankful for her cheerfulness and encouraging words. The woman had spoken only half in jest, with the clear undercurrent that “the sweet ones succumb, the mean ones survive.” It was an undercurrent lost on Tiffany, who was now banging on her signal to the nurses like a maniac.

“They never come—those bitches are so lazy,” Tiffany was yelling even as a nurse with thick blond hair entered

***“Don’t you worry about this one, Mama,’ she said.
‘They ain’t going to carry her out feet first. She’s going to make it. I’ve seen this before. The crabs all make it.’”***

the room.

“What’s it now, Missy?” asked the nurse.

Tiffany went into her whinny, mournful voice. “This arm thing hurts so much. You have to fix it.”

“I’ll do the best I can, but there’s going to be a little discomfort.”

“I want it taken off.”

“You can’t take it off,” the nurse replied firmly. “Try to help yourself a little.”

“What do you know about what I’m going through?” Tiffany lashed out at the pretty young woman, who was as healthy as an athlete.

“Don’t take it out on the nurses. We draw straws for which one of us has to come in here. No one wants to. Take it out on your doctor, okay?”

Tiffany sniffed and turned her head away from the nurse.

“Help yourself a little,” the nurse said as she left the room.

“Bitch,” growled Tiffany.

“You had a phone call while you were sleeping,” Rene said. “Some foundation.”

“The Wish Come True people?”

“Yes.”

“I’m going to make them fly all my

Continued, next page

friends to Disneyland. I want them to book Disneyland just for us, so we have it all to ourselves. I want them to take us all out for dinner at one of those Beverly Hills fancy restaurants.”

Tiffany's animation was a new phenomenon. It was good to see her excited about something, anything. Yet Rene felt a certain foreboding. This Wish Come True trip was going to be the culmination of all their boring days in front of the television set: the dream trip to Disneyland with new clothes, fancy restaurants, and theme park lights. It was our society's Final Exit all right. If you were dying, you got the best yummys society had to offer. You could have everything the movie stars have. You too could be Queen for a day. It was disquieting.

Rene thought she should feel gratitude to the Wish Come True people for bringing some life back to Tiffany, but the moment felt hollow. Make a wish, make her happy the way a child is for one day with greedy Christmas toys.

I would be better off in the Catholic Church again. Rene recalled her second-grade teacher, a nun who terrified children with the Secrets of Fatima and the importance of the rosary. This nun would believe that Tiffany was sick because there had not been enough rosaries, enough penance, or enough acts of mercy. Somehow that was easier to take

than believing in a trip to Disneyland.

It was not that her generation of mothers did not have beliefs. They had their ways of explaining things, even overwhelming things like a child's cancer. They explained it in terms of risks you had taken, bad things you had done. Cancer wasn't about unsaid rosaries—it was about pollutants, artificial ingredients, hair dryers, video games, and electrical wires too close to the house. Rene's friends would mention these things as if trying to make rational sense out of her tragedy and insulate their own children from such tragedies. They did not live near electrical wires. Their daughters did not play

***“Cancer wasn’t
about unsaid
rosaries—it was
about pollutants,
artificial ingredients,
hair dryers, video
games, and electrical
wires too close to
the house.”***

video games or blow-dry their hair. What were their chances then? If you didn't use drugs or sleep with gay men or take risks, you were protected from the kind of ordeal that Rene was enduring. Lucky them, unlucky you—but it was not really luck. They were so smug in their odds, their statistics, and their cold God-as-they-know-Him-to-be: an entree on the menu of life, a creator in charge of risk factors.

Tiffany was expertly calling the foundation back. How skilled she was with cellphones, video games, and all the electronic things in this brave new world. Now she cooed into an answering machine, putting just the right amount of dying in her voice to let the Wish Come True people know how wonderful they were. They were so kind to allow her to become a Master of

Western Civilization, a Star—to have everything material and wonderful that modern people spend their waking lives trying to acquire—now handed to her as a consolation prize for early demise.

It was at that moment that Rene knew her daughter would survive leukemia. Tiffany was too good at defending her Self-as-she-knew-her-to-be. This Self, carefully culled from certain movie stars and television commercials, chosen from the vast array of material goods and choices, was eternal. Tiffany was a Pepper, not a Pepsi; a Juicy Couture, not a Guess; a blond bombshell, a modern Beyoncé, into material things. She had chosen and created this Self from bits and pieces of civilization, and she defended and loved Her above all things. All those little self-esteem essays Tiffany had written: “My name is Tiffany and I love my cat. I am good at baseball, and I care too much about myself to put drugs or tobacco in my body.” It had been the only religion she knew: Love yourself, be good to yourself, make good choices and be the Queen of Self-Esteem.

Rene looked at Tiffany in a new hard way. She had not failed as a mother by spoiling her. This goddess was forever. There was going to be Disneyland, remission, reoccurrence, remission, reoccurrence, and forever special. The cleaning woman was right.

As if by psychic knowledge, that woman stuck her head into the doorway.

“See you around,” she said. ✧

Jane St. Clair's first novel, Walk Me to Midnight, takes on the issue of doctor-assisted suicide. Twenty-five of her short stories appear in various literary magazines and anthologies, and twenty-two of her children's books were published by Steiner Press.



Photo by Malai Keo*

*Photographer's note, page 48

Benign Paroxysmal Positional Vertigo

Today I don't feel dizzy, for a change.
The exercise is working, where I tilt
my head this way and that to rearrange
the otoliths, those tiny grains of silt
adrift in the canals of my left ear.
Poor Swift, whose Menière's laid him in his bed
weeks at a time with vertigo, it's clear
far from benign, that left him nearly dead.
If only he'd had lesser malady,
a kind physician competent as mine,
the benefit of modern therapy.
You wonder who fills ear of the divine.
My head goes back and sideways at my will,
my swoon subsides, while world's goes reeling still.

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, The Midwest Quarterly, The North American Review, Poetry, Rolling Stone, Shenandoah, 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.

She Looks to the Vatican

Mom is getting ready to die.
She's preparing for it,
like putting a bandage on a cut before it stops bleeding.
She's now on a pilgrimage, she says.
I wonder how long she has left to fulfill her quest
as if god wouldn't take her in past her prognosis—
from two weeks, to two years, to sometime soon.

I've been on my own pilgrimage
to find a cure that doesn't exist.
The end is coming, and she is giving away
silverware and china to prove it.
I want to smash every item she gives me,
yell at her to not prepare.
But she keeps planning.

There are steps she has to do.
Confession. Communion.
Each sacrament is one step closer to the Holy Doors.

The pope prays for the hungry,
and I pray for a miracle.
I suppose two extra years were miracle enough.
But if she died twenty years from now,
it would still be too soon.

The Holy Doors are for the pope's Year of Mercy.
And he says that mercy can open our hearts
to the hope of being forever loved.
What is hope? Hope is in the asking...

Francis, Bishop of Rome, servant of the servants of God,
give me mercy from the loss of a mother.
God, forgive me, I am simply not ready to mourn.

By Julie P. Center

Julie P. Center is a poet based in Schaumburg, Illinois. Her previous poetry has been published in Blue Jean Magazine, Prairie Light Review, Haiku Journal, and Tanka Journal. Center received her MA in writing at DePaul University and currently works as a writing center tutor at a local college.

Practice

She was used to death and preparing the body
for the bereaved family,
carefully cleansing and positioning the limbs,
combing the hair until soft,
then arranging the furniture in the room,
and afterward

draping the expired body with a white sheet—
wrapping it like a *gift box*
inside a black zippered bag—
then releasing the paused curtains,
unveiling the sun setting over the empty body.

She must have prepped babies for the morgue too ...
seen them die, their breaths extinguished like light,
evaporating into darkness—
gradually disappearing from the soft skull,
leaving the body barren—
yearning for forgiveness, for solace.

By Lisa Rhodes-Ryabchich

Lisa Rhodes-Ryabchich is a volunteer English instructor with The University of the People and also teaches poetry and screenwriting at Westchester Community College. She is the author of Opening the Black Ovule Gate (2018) and We Are Beautiful Like Snowflakes (2016), both from www.finishinglinepress.com. She has poems forthcoming in Civilized Beast Vol III and recent publications in the Writers Café Magazine, Moon magazine, Madness Muse Press: Destigmatized Anthology, www.praxismagonline.com, Gather Round: A Collaboration of Cave Canem Workshop and Retreat Poets, and The Journal of Poetry Therapy. She has an MFA from Sarah Lawrence College and lives in Piermont, New York.

Humanism in Medicine: Reflections from *Diastole*

Realistic goals
Be the best of all time? Nah
Head above water
—Tom Soker

Give a healing hand today
Through this I am healed
Always, back again tomorrow
—Kennerly Patrick

The Restraint Renewal (bad day)
...two sick admissions,
...and must update the sign out,
“Please renew restraints”

...BP is crashin,’
Levo or vasopressin?
“...waiting on restraints?”

...sats are dropping low,
Intubation or hi-flow?
“...where are those restraints?”
—Alex Dworetz

She won’t look at me
Only nods and sighs out loud
Wonder what she feels
—Sarah Lee

First-year residents in the Virginia Commonwealth University Internal Medicine Residency Program are writing to reflect on the *Diastole* blog. Diastole is the relaxation phase of a heart beat, which allows blood to fill the heart and later be pumped out. Residents use this blog to tell us what their heart says when they relax. The blog helps to normalize reflection during residency training, which is oftentimes demanding and challenging in ways new doctors never anticipated.

This reflection was written in response to the following prompt:

**It’s cold and rainy—
the time of year you may dip,
as all interns do.**

**But also the time
when you may learn to spread wings
and soar to new heights.**

**What day did you dip?
and what day felt the highest?
Tell us in haiku!**

3 Ps of Freedom
Powerchart is turned off
Papers are in the shredder
Pager is silent

— William Best

In a hurry, but
worth it when “doc, you’re the first...
just to have listened”

— Michael Pasyk

This won’t hurt a bit
and other lies the doctor
told the patient, ouch

— Ali Lambert

Night Shift

The trolley car rattles on its tracks lurching
through city streets that seethe
with pustulence and noise. A man walks,
phone to his ear, a boy trailing behind him.
A woman stumbles, teeters into traffic.
Horns blare, people laugh. She flips them off.

The fat, full moon settles in as I walk the last
few blocks to work past students, vagrants,
past the heavy cranes of the city's vain
yearning. I pray my prayers, asking God to steer
my mistakes away from harm. We all fail,
but please, not tonight, not at this bedside.

This baby I care for, swaddled
in the armor of unknowing, fights
for a life she's never had, some instinct
hurtling her towards hope. Small enough
to scoop in my palm, she labors to live,
battles to breathe and not be blinded.

Shot from the womb into this wild world
of lines and lights, heel sticks, cold and noise,
she's never seen a sky stained honey at dawn,
never tasted snow or heard her brother laugh.
Yet, she clutches for these wonders
as she does for my finger in the dimmed light.

A call came tonight, my friend, gun to her head,
made a mess of brains and blood on the basement
walls and floor. Her heart fertile with despair,
she'd been white knuckling a wine glass
for years, until the suffering she coddled
bore a life she could no longer endure.

Continued, next page

Continued from page 30

The trolley car, rattling on its tracks,
will take me home in the morning. I'll fall
asleep and the driver will wake me
at my stop, the last one. I'll walk home, past
the School for the Blind, the morning sun will be
warm on my face, and a sleepy sweetness

will mix with the taste of salt
and all that cannot be undone.

By Mary R. Finnegan

Mary R. Finnegan is a writer and nurse living in Philadelphia. Her work has been published, or is forthcoming, in Dead Housekeeping, PILGRIM: A Journal of Catholic Experience, Catholic Digest, and Schuylkill Valley Journal.

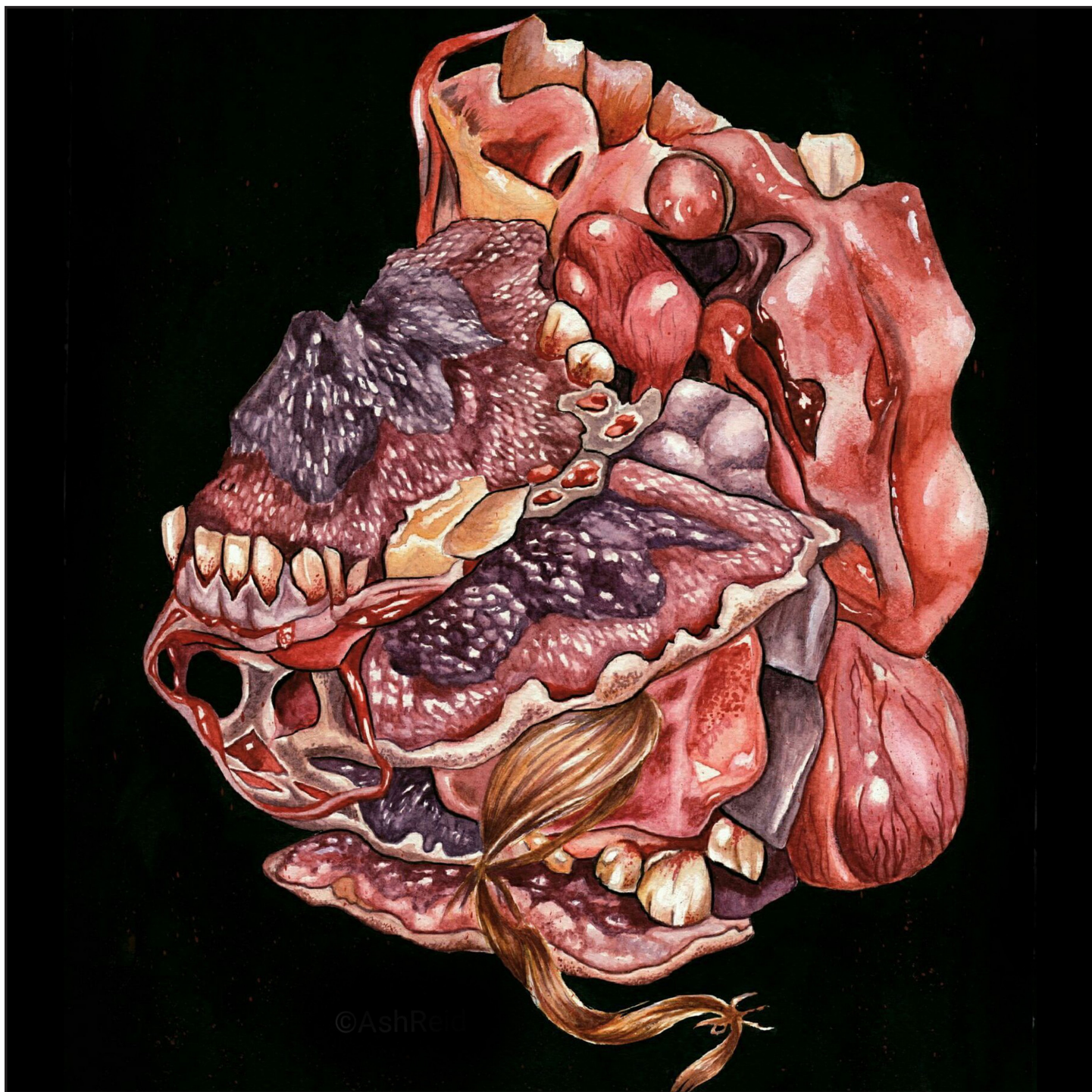


Illustration by Ash Reid

A hybridization of an invasive mushroom species and tumorous tissue growths.

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.

That Week in December

Occupying the ends of a spectrum, two nurses
who cared for my father:
she who pushed the meds in fast
despite his repeated chalkboard pleas
to go slow (throat cancer's a bitch),
and Mike, who reverently shaved his face
after six thick days of facing death—
he who could only breathe and scribble
(and when she was near, flinch).

By Robert Grant

Robert Grant has been writing stories and poems since 1978 (the year his mother left a typewriter unattended on the kitchen table). His work has appeared in DASH Literary Journal and Mudfish and on numerous unsolicited postcards to family and friends.

Skin on Canvas

I replace my clothes with thin fabric,
try to pull it closed
but it doesn't look right.
Thought it should be backwards,
art smock style,
but there's no creativity here, just
brochures that say
SKIN CANCER tucked in a plastic sleeve
tight against the wall.

The doctor opens the door without
knocking and her hair is up,
eyes the lightest shade of brown
they can be before they're a different color
all together
and once she sees how red I am,
how the rash spreads like watercolor
across my chest,
down my legs,

she asks me why
I hadn't come sooner.

She leaves the room and
the cancer brochures light up.
My pores absorb their glow,
sucking in the poison of panic,
and when she comes back
it bursts out of me—gasping—
and the rash is acting like it wants
to take over my mind now too.

"Cutaneous Mastocytosis," she says like
it's my new name.

"Not cancer" I say back,
"Not cancer" she touches my arm,
"But mast cells. A buildup of mast cells."

She takes pictures and I want her
to use my skin
in a textbook, laminated, smooth pages.
I wonder if I can trade my skin in
for paper, to just be made of paper.
Cells moving, sliding, forming walls.
Paper walls inside me.

By Emily Pineau

Emily Pineau holds an MFA from Pine Manor College and is an editorial assistant for a medical publisher. Pineau won the 2013 Chapbook Choice Award from The Aureorean for her chapbook No Need to Speak (published by Ibbetson Street Press, 2013) and won Salamander Magazine's Poetry-On-The-Spot contest in 2014. Her poems have appeared in Muddy River Poetry Review (which nominated her poem "I Would For You" for a Pushcart Prize), The Broken Plate, Freshwater, Oddball Magazine, and elsewhere. Pineau lives in the suburbs of Boston with her fiancé, Pomeranian, and tabby cat.

New Snow and Disease

(for Dr. Phil Hey)

It's freezing here & there's
new snow. I can't write a word
and the doctors want a second look,
another look inside, and yet
another. I'm X-rayed to death
and there's new snow and I can't
write a word. I'm thinking of you,
Doctor Guru, out in sweet Siouland,
your deskful of papery lab reports,
neatly stacked and white.

There's new snow here this morning
and I'm spending my time these days
in labs and waiting rooms
waiting to hear something
I'm not wanting to hear.
I'm having my coffee on the porch;
I'm looking out at a full foot of new snow
and I've nothing more to say.

One test leads to another, no?
Nothing speaks to me now.

By Ron. Lavalette

*Ron. Lavalette is a very widely published writer living on the Canadian border in Vermont's Northeast Kingdom, land of the fur-bearing lake trout and the bilingual stop sign. His debut chapbook, *Fallen Away*, will be published in September by Finishing Line Press. His work, both 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>.*

The Blues Brothers, Migraine, and You

By Maxine Conant

Your first reaction is to brush away the annoying little gnats of warning. You have work to do; you don't have time to be sick. Finally you stop typing, close your eyes, and make a quick internal scan. A balloon of pain is inflating and pressing against the back of your eyeballs. Even if you have remembered to refill the supply of Ergostat that you carry, it's already too late to slip one of the foul tablets under your tongue. It has to get into the bloodstream fast to arrest the sudden expansion of blood vessels. You decide you would be risking drowsiness, nausea, stomach damage, and anxiety attacks for nothing.

You don't get a lot of warning or the flashy, special effects some people do—no colored lights or ringing bells, no verbal somersaults like one woman you know who backwards makes her sentences and knows it even doesn't. Your aura is subtle, usually noticeable only in retrospect. The morning you stepped off the curb and ended up face down on Carondelet Street you should have recognized that the mental short-circuiting had begun. When you type in a letter to a learned judge "it's omission was regrettable," and when you don't catch "social secuitry number" when proofing a memo, you should immediately reach for the Ergostat.

You poke tentatively at the back of your neck. The muscles are like bands

of steel, yet tender to the touch. You roll your head gently from side to side, down and up. It feels as though it's screwed on too tight.

You will probably not make your English class at the university tonight.

You still have time to take Midrin. It will relax the muscles and constrict the surging blood vessels; it will also leave you zombied out for two days and turn your gut into Portland Cement. A sledgehammer slugs the back of your neck. Your scalp prickles, and your skin burns with the onslaught of blood. You take the one Midrin capsule you have with you and resign yourself to enduring another day of work when all you really want is to be lying in a dark, quiet room.

The room you are in has grown unbearably bright. You shut your eyes against the glare of the computer screen as you realize that the Midrin will hardly make a dent in this headache. Migraine is moving in again, shoving things around, rearranging your headspace to suit itself. This will be no lightweight, candy-ass headache easily appeased by a pink capsule; this one is going to be a classic.

Hot tears squeeze between your closed eyelids—from pain, anger, frustration, and the dread of what you know is coming. You wonder what you ate or drank or thought to bring it on this time. Or perhaps an approaching storm is activating some perverse internal barometer.

"You don't get a lot of warning or the flashy, special effects some people do—no colored lights or ringing bells, no verbal somersaults like one woman you know who backwards makes her sentences and knows it even doesn't. Your aura is subtle, usually noticeable only in retrospect."

You wipe away the tears, along with half your eye makeup, blow your nose, and try to regain some semblance of dignity. Lana from down the hall stops by your desk to commiserate. Similarly afflicted, she recognizes your symptoms just as you recognize hers when you see her at her desk, brow furrowed and eyes red. You are members of an exclusive club that you never asked to join. Lana offers sympathy and encouragement. There is a new drug on the market, Imitrex, that has been used with great success in Canada. It's thirty dollars a pop and has to be injected. The balloon continues expanding, pushing against the top of your head now. You wonder if you could learn to stick a needle into your own flesh.

Continued, next page

Now the Bun'n'Biscuit burger you had for lunch is starting to rebel; if you throw up before the Midrin is absorbed, you'll lose whatever good it might have done. If you were home you could take Tigan to quell the nausea and hold down the Midrin. But Tigan is a suppository; you can't carry it around like the other prescriptions because the Louisiana climate would quickly turn it into a silver packet of useless goo.

You want to go home. You want to slip between cool sheets in a dark room and have strong hands knead your neck and shoulders as if they were bread dough. To stop this hurting, you decide you would thread needles through your temples and eat the whole damn PDR, dust jacket and all.

It hurts to think.

Light stabs your eyes and shatters your brain into glistening shards of pain. You wonder how long you have been sitting here, trying to proof a paragraph that is writhing on the computer screen in glittering hieroglyphics. Even though you're sitting in a fluorescent-lit cubicle deep inside a skyscraper, far removed from any source of natural light, you put on dark, Blues-Brothers glasses. Your mind is becoming like the hold of a wrecked and sinking ship, afloat with dislodged images and associations. Scenes from your childhood surface—scenes from other people's childhoods, too, for all you know. Scenes from movies, lines from popular songs, snatches of conversation, and other assorted mental debris emerge from the splintered crates. Jake and Elwood Blues bob past on a mission from God.

John Belushi, why'd you do it? Didn't you know an upper and a down-



er equal the ultimate downer? Forget the cocaine, screams your brain, just give me the heroin and plenty of it. Morphine. Send this headache strolling through a field of poppies.

You wipe your nose again, sop up what's left of your mascara, and stumble down the hallway to the bathroom, dark glasses and all. Normally muted, apologetic office sounds rebound grotesquely down some tender-edged corridor between your ears. Just look at yourself; no wonder there are rumors around the office that you're on drugs! The contents of your stomach gurgle and slosh, send stinging emissaries into your throat, but ultimately retreat and decide to remain where they are for the time being.

You offer tense, reassuring smiles to perplexed coworkers, find your way back to your cubicle, and muddle through until five o'clock. Thirty-three floors down in a crowded elevator. A two-block hike to the bus stop.

The roller coaster at Pontchartrain Beach has been torn down. It has been replaced by a fleet of Regional Transit Authority buses. Your stomach contracts with every bump and sway, with every sudden stop and jolting start. Your vanity takes a back seat as you hunch over in a public conveyance with hot, wet cheeks and a hand over your mouth. You pray you get home before it blows.

You do, but barely. You dash to the

bathroom, collapse with your face in the toilet, and spew bits of hamburger, pink strings of Midrin, yellow bile, foaming spit, snot, tears, anger, frustration, and stress in violent spasms that force the pain balloon against the inside of your skull. Then you relax and stretch your throbbing body across the cool tile. It's several minutes before you find the energy to drag yourself to the bedroom.

This is the moment you have been waiting for all day. There is no noise, no light; you are alone under the sheets with your headache. You can cry, scream, thrash around, tear out your hair, beat your head against the wall, make all the faces you want to. You can do anything except feel better.

Exhaustion and pain have immobilized you, however, and an hour passes before you can move again.

Mustering all your will power, you lumber to the car and drive yourself to the emergency room of the nearest hospital. Only a few times over the years, maybe six or seven, have you had to resort to this extreme measure. Once again flinging dignity aside, you snivel and slobber with pain in front of total strangers. You think this must be what it's like to slip off a cliff: Once you realize there's no stopping the fall—it's out of your control, and you're going to land in a big, ugly splat whether you like it or not—the opinions of other people lose their relevance. So you sprawl across

Continued, next page

the desk in a pool of tears as you try to remember your name and address for the admission clerk.

Finally a nurse comes for you; he takes you to a room where you curl up gratefully on an examination table and throw an arm across your eyes to protect them from the white hospital glare. The nurse turns down the lights. He asks you questions and records your gasped and mumbled responses on a sheet of paper attached to a clipboard. He leaves you alone to wonder where you will throw up if you have to throw up again.

The doctor arrives, armed with the information on the clipboard. She is a large, young woman; her face is broad and black and very kind. Concern radiates from her face and in her voice. When she asks you questions, you know that she really cares. At last she makes the decision, the one you knew she would make when you staggered in the door.

The nurse returns with two syringes and asks for a couple of inches of hip. You tell him you have plenty to spare. You can afford to joke now; relief is just two pinpricks away. One is Vistaril, for nausea, and the other is Demerol, for pain: the supreme migraine cocktail. You hardly feel the injections; the nurse is a good sticker. Kind of cute, too.

He leaves you alone to inhale the antiseptic smells and to examine the ceiling and walls. Everything in hospitals is so neat and so white. Shiny things lie around on trays. Quiet, competent footsteps pad past the door. Comforting, disembodied voices drift over you. Someone laughs. The nurse's voice tells someone gently but firmly, "Lie back, just lie back now." How nice, you think,

grammatically correct.

You stretch out now on your back. The paper on the examination table beneath you reminds you of the butcher paper in your father's store when you were a child. He wrapped raw, bloody beefsteaks in it; you drew. You used to rip off big sheets of butcher paper and draw on them for hours. People. Elaborate house plans. You wanted to be an architect then

Your mouth is getting dry. The room buzzes pleasantly.

At last, you think, we've found our field of poppies. Who cares if they're only plastic? You're getting ripped on Walmart opium. You and your migraine. Me (tap, tap) and my sha—(tap, tap)—dow, strolling down the a-ve-nue . . . Wrong case. Incomplete sentence. How does popular music get away with such bad grammar? Popular music would be drummed out of grad school. My shadow and I stroll down the avenue. Simple, direct—Hemingway couldn't have said it better.

You and your migraine, strolling hand in hand through the plastic poppy field, starting to rise, floating above it. Migraine is losing its grip. Your fingers stretch slowly and wiggle. They are cool and light, filled with ether. Migraine is drifting away from you now, dissolving into the white hospital—not with a goodbye, but with a malevolent see-you-later-sucker.

Just when you think you would be content to spend the night right where you are, on the butcher paper surrounded by shiny things on trays, the nurse comes back and says you're free to go home. He tells you to take a cab or have someone drive you; the hospital even has you sign a form to that effect to relieve itself of liability.

***"Migraine is losing its grip.
Your fingers stretch slowly
and wiggle. They are cool
and light, filled with ether.
Migraine is drifting away
from you now, dissolving
into the white hospital—
not with a goodbye, but
with a malevolent see-you-
later-sucker."***

You drive yourself home anyway and luckily manage not to inflict injury on yourself or others. The front steps are the biggest obstacle now. When it's twelve o'clock, we climb the stairs . . . Your body is light but difficult to manage; it wants to float away and fall down at the same time. For a moment you consider spending the night on the front porch, but eventually you drift back to the bedroom. Tonight you let your clothes spend the night where they land, while you stretch out in comfort at last. Soon you're splashing in a warm, aqua sea. The sun caresses you. For a while you forget that migraine has followed you home and is lurking in the shadows, waiting for the next opportunity to infiltrate.

Sugar Loaf Mountain rises beyond the deserted beach. Someone you love appears naked in your arms. You are safe for the time being, wrapped in dreams that make you wake up smiling. ✧

Maxine Conant has a BA in English from the University of New Mexico and an MFA in creative writing from the University of New Orleans, has published several short stories, and, obviously, has suffered from migraines in the past.

Letter to Not Knowing

I slip into my mother's bed, lay my head on the bumped up veins splitting her breasts. I tell her about the morphine, how it is an opiate, comes from poppy seeds, how it was used in ancient China for pain like natural herbs today, flaxseed oil, ginger, Echinacea. "No, no morphine," she says. "I want to be lucid to the end."

"What will happen when she starts to go?" I ask. "She will refuse food, solids then liquids. Her skin will grow cold and her organs will shut down." And I say, "What about her heart?" "It will weaken, the pulse will slow. If her breathing becomes heavy you might want to consider morphine."

By Gina Forberg

Gina Forberg received her MFA from Manhattanville College. Her chapbook, Leaving Normal, was published in 2015. She studies part-time during the year at The Fine Arts Work Center in Provincetown and was a participant in The Squaw Valley Community of Writers. Her poems have appeared in numerous journals, including Third Wednesday, Slant, and others. She lives in Fairfield, Connecticut, with her family.

Chemo

winter/spring 2016

1

Five-pill rainbow at high noon.
Pink pockets of rash. A man
is tapping my head with a tiny mallet
and trampolining my stomach.
Alien-child pallor, fallen-out hair—
it could be worse. First time,
it was. This time I ride
home over surface streets.
A wasp loops a lazy figure eight
on the stoop. A weed whacker
buzzes through a curtain of kudzu.
I can burrow among books,
dote on my dogs. I can mothball
the fact of my just-finished drip
in the unlit corner of the mind-closet.
The safe zone. Dark solid doors.
Latter-day Dylan and headphones.

But dial it back, please, cult
of the half-full glass. You don't
know prednisone like I do.
I'm fascinated by my outstretched hand.
I jitterbug while lying still.
The living room is a tilt-a-whirl come
true.
The wine country map on the wall
wavers. The coffee table angles.
I hold the handrail, write a wobbly script,
can stand being sick but not weak,
can't understand hungry and queasy
at once. The stove hisses like a snake.

My wife stirs meatballs. Bless her heart.
My taste buds have moved to Mars.
Chicken is salted rubber, egg salad
insufferable. Give me that engineered shit.
Mac and cheese from a cardboard box.

Meat from a can. Applesauce in six-packs.
Open that Coca-Cola, love,
hand over the whole bottle. I'm hot.
I find myself as likely as not
to punch someone's lights out.

2

Rank rises in my nostrils,
unbidden, unpinnable.
Burnt popcorn and banana peel.
Nail polish. Cut lumber.
Pine needles steeping in isopropyl.
Mown grass in a tied-off 30-gallon bag
on a curb in the code orange heat
and chocolate pudding have had a child.

Flashback-shudder. Mind-rewind
to the previous helplessness.
Agoraphobic. Homesick.
Laminar-flow air-whoosh
isolation chamber. Out the window
the tree-lined streets of Wauwatosa.
Me in bed, on my back, eager
for the churning to stop.
Hickman-umbilical hooked into five
toxic, crisscrossing rivers.

Mom and Dad scrubbing their hands,
rubber-banding masks over their mouths
before they speak. Not much to say.
Hemoglobin, hematocrit, platelets.
Licorice lozenges, empty Sprite,
luminescent Jello, lukewarm soup,
Walkman, upchuck tub.
For shame. How could I almost forget
my brother, my donor,
my almost-perfect match
gone under, flat on a metal table,
needle from hell in his hip?

Continued, next page

NBA

pregame: he paces
 the sideline in his lime green suit,
 far gaunter than me, holding for dear life
 his mic. Fear folded.
 Lines deep in his forehead. Nose like a beak.
 If he cuts himself, he might die.
 How he beams. How he appears
 to care what the point guard has to say.
 How evenly he nods, a man who knows.
 Twenty-some bone marrow biopsies,
 twenty-some sessions of chemo,
 two transplants—he has stared down the barrel
 and re-entered the arena.

Lord, let me only live up to that.
 Let no one catch me languishing
 here in the basement, blanketed, sunk into the sofa,
 hooked into the reality feed,
 riding out, not rising above, the bumps.
 Pills arrayed on the TV tray—
 one to make me spacy,
 four to bring me back safely.

Craig Sager, 1951–2016

By Michael Diebert

Michael Diebert is the author of the collection Life Outside the Set (Sweatshoppe, 2013), poetry editor for The Chattahoochee Review, and associate professor of English at Perimeter College, Georgia State University. Recent poems have appeared in Pembroke Magazine, Muse/ A, and The Tusculum Review. A two-time cancer survivor, Michael lives in Avondale Estates, Georgia, with his wife and his two dogs.

The Hospital Cafeteria Lines Are Too Long at Noon

By N E

My daily movements are set to a soundtrack of squeaks from my untied sneakers as they touch grimy linoleum floors. An unintended score layered with my own exasperated sighs and slurps of coffee—lukewarm, for dramatic effect. Coda: squeak, sigh, slurp. Onomatopoeia notably amplifying my staccatic movements ... musical and mundane.

After three years as a graduate student in a cell-focused neurobiology lab, I've developed a habit of perceiving my interaction with the world in increasingly smaller descriptive scales. Walking down a hallway has become an onomatopoeic adventure (see above). My lab's broad investigation of the neurobiology underlying a so-far-untreatable type of epilepsy has become, for me, a fine-scale navigation of altered electrical microcircuit relationships between various miniscule but impactful interneuronal subtypes. Conceptual microscopy: pretty to write about—particularly when trying to meet a minimum word requirement—but harmful when trying to remember the inciting clinical objectives.

Occasionally, I'll leave my in-

"After three years as a graduate student in a cell-focused neurobiology lab, I've developed a habit of perceiving my interaction with the world in increasingly smaller descriptive scales."

terneurons and "squeak, sigh, slurp" (walk) to linger awkwardly amongst clinicians who don't know me; all of us in line for discounted cafeteria lunchtime ware (french fries). I'm reminded in these moments to zoom out from my observation of minutiae and note the big picture. Firstly that I'm hungry and the cafeteria lines are obscenely long at midday, but really that my studies of altered interneuron microcircuit relationships may hopefully someday help one of these physicians treat an individual experiencing life-long untreatable seizures. I thoughtfully trip over my shoelaces as I leave the cafeteria and make my way back to lab. ✧

N is a yet-to-graduate graduate student in VCU School of Medicine's neuroscience program.

Dancing Death

My parents
tango
to the edge of life
in thinning vessels,
rotting shells.
Fierce stars,
they cast red sparks
on dying worlds.

Defying tears,
I join them
on the rim,
shimmying shoulders,
snaking hips,
inhale
the textured dark,
whirling
Dancing in its folds,
embracing
its pulsating force,
inviting it
to enter me
till,
dancing death,
I, too,
shall leap
over the edge
unmade
and spin
to new rhythms,
electron choreographies,
absorbed into
the dense waves
of the first and last ballet.

By Michael Levy*

* Author's note, page 16

Emissary

An old man pushing an even older woman
In a wheelchair. Assumption, mother and son.
His mustache tobacco stained, and somehow
One wheel has locked, so when he tries to push her
Into the awaiting hospital elevator, she spins a circle.
I've been here, what, five, six, how many times
Since last winter gave up its blades waiting for someone
To explain the why behind my wife's suffering.
And so? I am polite, foreign emissary without
Credential, stamped dispatches, an official seal.
I step into the mouth, hold it at bay: when he frees
The wheel, I motion him and the woman inside.

By John Jeffire

John Jeffire was born in Detroit. His novel Motown Burning was named 2005 Grand Prize Winner in the Mount Arrowsmith Novel Competition and 2007 Gold Medal Winner for Regional Fiction in the Independent Publishing Awards. His first book of poetry, Stone + Fist + Brick + Bone, was a 2009 Michigan Notable Book Award nominee. Former US Poet Laureate Philip Levine called the book "a terrific one for our city." His most recent poetry collection, Shoveling Snow in a Snowstorm, was published by the Finishing Line Press in 2016. For more on the author and his work, visit writeondetroit.com.

Promise

Early morning sunlight filtered through
the shade, giving the unit a dreamy glow.
I held out my arms, the old track marks,
scarred and dark, scored a story of failure

upon my skin. The nurse blinked, turned her back
to the sun, and handed me my baby.
Oh, the wonder of him, his velvet skin, the way
he smelled, like soap and goodness.

I pulled him close, whispered in his ear.
Hush, I said, *hush*. I counted his fingers
and toes, hunted for hope in that pattern
of perfection, and for my part in it.

There were other babies before him, ones
who never were. Him I kept, hoping
he would keep me clean. But, with the glare
of the sun and the fresh marks blinding

as flares on my skin, all I saw was the promise
leeching from both our lives. I held on,
listened to his cry, the inconsolable
signal of my second, brutal gift.

The nurse leaned over to pour morphine
into his mouth, the only soothing
that would satisfy. He quieted, slept.
Through the window, a bleary July heat

descended on the day and I held my baby tight.
I watched as a bit of medicine dripped
from his mouth. *Shh*, I said, *shh*, and it was all
I could do to keep from leaning in to kiss

the drug, like a promise, from his lips.

By Mary R. Finnegan*

* Author's note, page 31

Waiting to Have Blood Drawn

She doesn't seem stressed.
We have in common blood,
that and a dread of the draw
for which we impatiently
wait in the sunlit room
with cookie-cutter chairs
and green—philodendrons
everywhere; my god,

the waiting area is being
re-wilded. The corner
once contained a tiny aviary
with frightened little birds
soon replaced by a large
aquarium with frantic fish;
they're gone, and that space—
the entire place—now drips

with new nature, prolific
plants, strands of heart-
shaped foliage overflowing
from hanging pots; leaves
stream from the ceiling,
curl around paintings,
fall onto magazine tables,
gentle life everywhere,

unaware of the screaming
flat screen—infomercials,
televised pharmaceutical-
ese, pleas for us to pester
our doctors when blood
betrays us with abundant
expressions of ailments. Still,
she doesn't seem stressed,

the elderly, well-dressed
woman wearing earplugs;
rather, she appears intense-
ly interested in one specific
robust plant, pulls a small
scissors from her purse: snip,
snip, snip, clip; she clutches
the cutting as she waits.

By Yvette A. Schnoeker-Shorb

Yvette A. Schnoeker-Shorb's work has appeared in Clockhouse, AJN: The American Journal of Nursing, the Jungian journal Depth Insights, Watershed Review, Switchback, The Conium Review, Terrain.org: A Journal of the Built and Natural Environments, the anthology Talking Back and Looking Forward: An Educational Revolution in Poetry and Prose (Rowman & Littlefield Publishing Group), The Blueline Anthology (Syracuse University Press), and others, with work forthcoming in Weber—The Contemporary West and other journals. In addition to a past Pushcart Prize and Best of the Net nominations, her work received more recent honorable mentions in 2016 from both Port Yonder Press and Erbacce Press. She holds an interdisciplinary MA from Prescott College and is cofounder of a 501(c)(3) nonprofit natural history press.

Are You Millie's Son?

By Stuart M. Terman, MD

The question from my long-time patient's husband, visiting with his wife, was surprising, directed to me as I completed her ocular exam. She had been a patient of mine for many years.

I answered "yes," although not sure where the conversation was going or how he seemed to know the answer before I responded. And how could he possibly know my mother's first—let alone her maiden—name?

He told me that in the 1920's his father immigrated from Italy to New York before moving to Cleveland for work. He bought a multistory home on East 128th Street where he planned on living in the large ground floor with his family. His son, now the elderly man in my office, told me that his father would then rent out the upstairs rooms, with a long narrow flight of stairs needed to get to the second floor.

My immigrant Grandfather stopped there looking for a place for his family to live, but couldn't climb stairs because of a previous severe leg injury, and he needed a ground floor place.

The owner offered Nathan the first floor, same price, moving his own family to the less desirable upstairs rooms for the year my grandparents and their young family, including mother and her two older brothers, lived there.

How his now elderly son knew who I was was still a mystery—he'd

never mentioned this during the eight or nine years he'd been coming to my office with his wife. He was almost the exact same age as my mother, who was then a delightful, outgoing child when living at that address, although who was now in a nursing home with Alzheimer's progressing and her once fine memory disappearing.

The thoughtful offer by his father allowed my then struggling grandparents, immigrants in the new world and now with three young children, to have a place they could afford to live, allowing them to get some financial stability that would allow my mother to eventually attend nursing school, working in the hospital where I'd 'help' my grandfather pick her up as I became fascinated with the hospital itself; medicine/becoming a doctor, soon my cherished goal, guided by these well-remembered visits.

Before mother left the home, I had seen an old black and white photo of my then seven-year-old mother and her brother, both smiling, and a previously unidentified dark-haired youngster whose gaze was directed at her instead of the camera, and who was now shaking my hand goodbye as he left my office. ✧

Stuart Terman is a physician, previously an assistant clinical professor of ophthalmology at Case Western Reserve, in his home city of Cleveland, where he also had an ophthalmology practice; he is now retired. His work has been published in medical / surgical / ocular journals over the years, including the Annals of Plastic Surgery, the Consultant for Pediatricians, and The Ohio Family Physician, among others.

Love Poem from the OR

As I go under
the anesthesia
anchor heavy
cold light fading

I touch one moment
after love, the skin
across your pelvic bone

that slopes down
to a shadowed valley
rising and falling gently
with your pulse

sun shrugs off clouds,
pours through our window
to warm that place
beneath my fingers

hollow full of morning
after morning
of our life together

as if the glow
were coming from within you

By Mary Makofske

Mary Makofske's books are World Enough, and Time (Kelsay, 2017); Traction (Ashland, 2011), winner of the Richard Snyder Prize judged by David Wojahn; The Disappearance of Gargoyles; and Eating Nasturtiums, winner of a Flume Press chapbook competition. Her work has appeared in Poetry, The American Journal of Poetry, Southern Poetry Review, Poetry East, The Healing Muse, Spillway, Verse Daily, Antiphon, Calyx, and other journals and in nineteen anthologies. In 2017, she received Atlanta Review's International Poetry Prize and the New Millennium Prize.

Emergency Room

You dreamt of forgetting something important.

You knew me but not our play
under the blankets that morning,
what—whether—you'd eaten,
today's date.

I called. An official voice

said come in at once. Multiple times already
they've had you squeeze their fingers, tell them your birthdate
and where you are.

They've drawn your blood, put sticky patches
all over your oh, so vulnerable, oh, so fine chest,
attached cables, offered you
the remote.

Now I know you're on a bed
not wide enough for two
in a loud tunnel.

A voice not mine talks you through the last test
the one that will tell us
whether
we can go
back.

By Mimi Jennings

Mimi Jennings has taught English in the French schools system, French in American public schools, the Dharma in prisons. She writes family, rap, blues with a slant based on sixteen years of Catholic education. A Transition Town activist, she appears, among other venues, in anthologies—Martin Lake, Trotters; online—Sleet, Red Bird Weekly Read; in print—her untitled chapbook of sonnets; she won a St. Catherine University's Creative Work award.

ABOUT THE COVER PHOTO

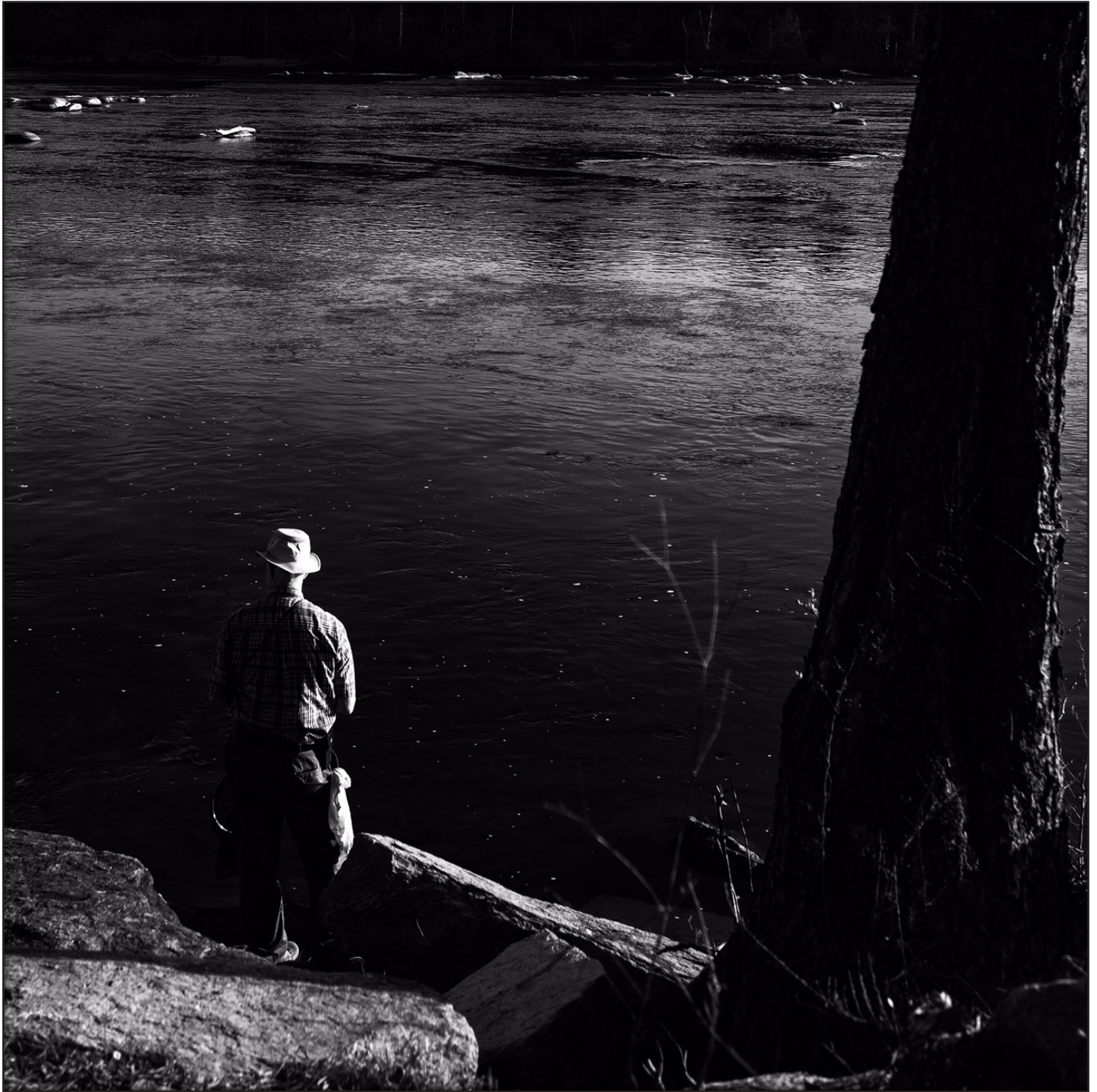


Photo by Malai Keo

Malai Keo studied political science and history at VCU and now works as a cook in a deli in addition to being the mother of three boys. Photography is her passion, and she prefers black and white photography because it captures the true essence of a scene or an object without the distraction and influence of color. In her own words: I'm drawn to a simplistic and honest view of what I see and try to find the beauty in the moment, even if it's no farther than outside my front door.