Time for change in ΑΩΑ

Edward D. Harris, Jr., MD

“We know that AΩΑ exists, but no one really knows who is a member.”
—Recently elected student

ΑΩΑ’s Board of Directors recently sent a brief questionnaire to junior ΑΩΑ members at many different medical schools. We wanted to find out how many current students on various campuses know about ΑΩΑ. The results from one question were particularly interesting:

- Is ΑΩΑ active and visible at your school?
  - Yes: 41.5%
  - Somewhat: 49.3%
  - No: 9.2%

These numbers got us thinking . . . if ΑΩΑ is perceived as only “somewhat” visible (“almost like a secret society,” wrote one student) at medical schools, how can we expect the general community, our patients, to know of its existence and worth?

AngiesList.com now ranks doctors. Who are the judges, and what are the criteria of excellence? The glossy city periodicals, such as SF Magazine, already rank Top Doctors each year. Basically, this is free advertising, often by peers, based on undisclosed criteria. State medical societies, bound by principles of impartiality, cannot rank physicians, although their publications identify those who have been determined, for one of many reasons, to have been disciplined or judged unfit for active practice. Nevertheless, those with responsibilities for monitoring as well as paying for medical care, including insurance companies, federal watchdog organizations, and Medicare, expect the highest standards of quality care from the nation’s physicians.

A logical extension of these observations is that a good case can be made for giving ready access to the public of names of physicians who are active members of ΑΩΑ. It is important, we feel, to inform the public about the mission and goals of ΑΩΑ, the only national honor medical society. Our patients could and should learn that in addition to academic achievement, a student’s commitment to service, professionalism, fairness in dealing with colleagues, compassion, integrity, and capability of leadership are important criteria for election. Instead of referring to the glossy photo in the city magazine, a patient looking for a primary care or specialty physician could, at ΑΩΑ’s own web site, find those doctors who achieved the distinction of election to ΑΩΑ in medical school.

It has been 106 years since the society was founded. Should not the enormous changes in both the science and therapeutics in medicine as well as in the organization and structure of medical care be factors in having a national honor medical society that is relevant for this new century?

Some of the questions open for debate and consideration include:
- Should those elected as members who have not paid dues be continued as “active” members of ΑΩΑ? In many professional societies, nonpayment of dues results in a physician’s name being dropped from membership. Failure to pay ΑΩΑ dues does not lead to any other classification than “inactive” status, meaning that these “members” receive no further communication from the national office.
- How can the many ΑΩΑ programs provided to chapters, including the Distinguished Teacher Award, Medical Student Service Projects, Visiting Professorship, and Student Essay and Poem contests, be announced and publicized beyond the chapters and individual winners? For example, each year at the AAMC annual awards banquet, the four ΑΩΑ Distinguished Teachers chosen from faculty nominated by their deans are given $10,000 awards. But beyond those present at the dinners, there is rarely any publicity.
  - How do we increase use by members in practice and academia of the society’s web site?
  - To continue to grow and expand programs, the society needs more revenue than that generated by dues. Should other sources of income be identified?
  - How can individual chapters involve ΑΩΑ members not on their campuses in chapter activities?
  - Can programs be instituted for ΑΩΑ members during their residency years that would be useful and appropriate?

Returning to the results of the questionnaire, responses showed that students were both pleased and proud to be elected. Although scholarly achievement is a prime and basic criterion for election, so are the other components of professionalism, service, and leadership. We, those elected in earlier years, must be proud of the new generations of ΑΩΑ members, and support and encourage them.

Please send your questions, comments, and suggestions to me at e.harris@alphaomegaalpha.org.
The Pharos • Volume 71
Number 4 • Autumn 2008

DEPARTMENTS

1 Editorial
Time for change in AΩA
Edward D. Harris, Jr., MD

38 The physician at the movies
Peter E. Dans, MD
The Savages
The Great Debaters
The Diving Bell and the Butterfly

43 Reviews and reflections
The American Plague: The Untold Story of Yellow Fever, the Epidemic that Shaped Our History
Reviewed by William Reed, MD
The Best of the Bellevue Literary Review
Reviewed by Richard Bronson, MD

47 Letters

POETRY

16 September Sunlight
Myron F. Weiner, MD

26 Aura
Nancy Lo

33 Day in a Golden Year
Yummy Nguyen

46 Adventures in Prostate Alley
Henry N. Claman, MD

57 Charged
Rose Bromberg

61 Morning Rounds
Aaron M. McGuffin, MD

64 Symmetry
Paula Brady

ARTICLES

Access to a healthy lifestyle
Not as simple as an apple a day
Muyibat A. Adelani, MD

Brig out your dead?
W. Roy Smythe, MD
Commentary from a teacher of anatomy
Robert A. Chase, MD

Improving the conditions of confinement
End-of-life care in prison
Anne Lincoln

Inside In the ICU at Christmastime
Back Cover
Sarah Cross, MD

Back Seeds
Cover
Leah Gilbert
A thank you note
Colonel Kenneth R. Kemp, MD, FACP, FCCP

Procedure note
Jonathan Han, MD

Nephrologist as kidney donor
Meyer Lifschitz, MD

Of books and libraries
Confessions of a booklover
Martin Duke, MD

AΩA NEWS

50 National and chapter news
88th annual banquet and induction ceremony at the University of Texas Medical Branch at Galveston (Alpha Texas)

52 Alpha Omega Alpha Volunteer Clinical Faculty Awards, 2007/2008

53 Alpha Omega Alpha Administrative Recognition Awards, 2007/2008

54 Alpha Omega Alpha Medical Student Service Project Awards, 2007/2008

55 Alpha Omega Alpha visiting professorships, 2007/2008

58 2008 Alpha Omega Carolyn L. Kuckein Student Research Fellowships

60 2008 Alpha Omega Helen H. Glaser Student Essay Awards

60 2008 Pharos Poetry Competition winners

62 The Pharos, Volume 71
Not as simple as an apple a day

Access to a healthy lifestyle

Muyibat A. Adelani, MD
The author is a 2008 graduate of Vanderbilt University School of Medicine. This essay won an honorable mention in the 2008 Alpha Omega Alpha Helen H. Glaser Student Essay Competition.

There have been many campaigns for lifestyle changes that lead to better health. Examples include the “5 A Day” campaign to increase fruit and vegetable intake, the “VERB” campaign to increase physical activity, and the “truth” campaign for smoking cessation. Such changes demonstrably decrease the risk of chronic diseases such as cardiovascular disease, diabetes, obesity, and some cancers. Health care providers therefore aggressively encourage patients to make these changes in their own lifestyles, but any noncompliance with these recommendations is often attributed to apathy. Although patient motivation is important, the ability to comply with these recommendations is also limited by access to the means to fulfill them. All patients do not have equal access to the basic requirements for healthy living; the resources available in the immediate environment dictate a person’s potential for health. Minorities and the urban poor have a disadvantage in their pursuit of health. Many studies show that low-income and predominantly minority neighborhoods are less likely to have grocery stores that sell high-quality foods, and are less likely to have safe places for exercise. These neighborhoods also have more fast food outlets and liquor stores, as well as more advertising for soda, candy, tobacco products, and alcohol than do wealthier neighborhoods. Minorities and the poor also seem to have worsening health, particularly of chronic “lifestyle” diseases. Thus, a major contributor to differences in health among income groups may be the inequities in the local environment, particularly the food environment.
Good reviews for the supermarket

Supermarkets that are part of regional or national chains have more high-quality foods, including more fruits, vegetables, and low-fat items, than nonchain supermarkets or smaller, independent grocers.\(^2\)–\(^7\),\(^12\),\(^14\),\(^15\) Compliance with healthy diet recommendations seems to depend on the availability of markets offering wide selections of quality foods.\(^3\),\(^6\),\(^9\),\(^14\) Allen Cheadle and his coworkers found that increased selection of low-fat and high-fiber foods in local supermarkets was associated with healthier diets among those living nearby.\(^16\) Kimberly Morland and colleagues showed that people who live near supermarkets eat more fruit and vegetables and less fat.\(^9\)

The higher-quality foods offered by supermarkets are less likely to be available in low-income and predominantly minority neighborhoods because these neighborhoods have fewer chain supermarkets.\(^2\)–\(^5\),\(^7\) A 2007 study shows that predominantly African American neighborhoods have about half the number of supermarkets that exist in those that are mostly white;\(^3\) while a 1999 study in the Minneapolis-St. Paul area found that eighty-nine percent of chain supermarkets were located in areas with poverty rates of less than ten percent.\(^7\) Low-income neighborhoods are also more likely to have smaller, independently-owned grocery stores and convenience stores that do not offer the same selection of healthy items that larger supermarkets do. A study published in 2006 showed that, while low-income neighborhoods have four times as many food outlets as do wealthier neighborhoods, including independent grocery stores and convenience stores, they have only half as many supermarkets, and fewer produce markets, bakeries, and other specialty markets.\(^5\)

Flight of the chains from poor urban areas

Supermarkets are now scarce in poor and minority neighborhoods, after deserting these areas in the 1960s and 1970s as they followed the middle-class population exodus to the suburbs.\(^13\),\(^17\) This was compounded in the 1980s by the increasing competition among supermarket chains, with subsequent buyouts and mergers leaving larger, but fewer, players.\(^1\),\(^17\) Supermarket chains found business easier in suburban locations, where there was more space for growth and less crime; urban areas were left with few stores of their own. As this trend progressed into the 1990s, it became known as “supermarket redlining,” mirroring the practices of the banking and insurance industries, which denied services or increased charges to minorities and the poor.\(^1\) Many factors, including higher land values, labor and utility costs, less available space for store expansion, low profit margins on perishable food items, and increased crime, are cited as reasons that supermarkets have stayed away from the inner cities.\(^1\),\(^17\) Many feel, however, that, as with other forms of redlining, the supermarket industry’s abandonment of the inner city is based on stereotypes.\(^1\),\(^17\) A 1992 *Newsweek* article quoted an executive of a Pittsburgh economic development group as saying that the perception that poor people “all rob and steal” hinders many chain supermarkets from pursuing opportunities in the inner city.\(^17\) Regardless of whether such assumptions are widespread, few supermarkets have moved back to the inner cities.\(^1\),\(^17\)

Supermarkets in poor and minority neighborhoods—even those that are part of a regional or national chain—may still be less likely to have healthy selections than their counterparts in predominantly white suburbs.\(^14\) Because supermarkets average less than one percent net profit on sales,\(^1\),\(^17\) they do not carry food items that are unlikely to sell well. It is often argued that store selection reflects consumer demand.\(^1\),\(^18\) Perhaps the residents of poor and minority communities are simply not as interested in fruits, vegetables, and low-fat items. Available studies evaluating store selection do not show whether supply is influenced by demand. Many studies show, however, that dietary choices—both good and bad—are influenced by supply.\(^5\),\(^6\),\(^9\),\(^14\),\(^16\) When more produce is available in a community, more fruit and vegetables are consumed.\(^5\),\(^14\) Alcohol use
follows a similar trend. Thus, grocers are in a position to change the eating habits of their local communities.

**Economic necessity: underfunding food budgets**

Residents of poor and predominantly minority neighborhoods not only have less healthy food available, they may also pay more for it. Supermarkets tend to have lower prices than local independent grocery stores and convenience stores,\(^1,6,7,9,10,13,14,17,19,20\) with savings ranging from two to forty-nine percent.\(^1,6,17,19,20\) In addition to more buying power, supermarkets also offer lower prices by selling more types of products, including cheaper store brand and generic items, as well as more economically sized items.\(^7,19,20\) The lack of supermarkets in poor and minority communities means that people there are less likely to benefit from such cost savings. Even in inner city neighborhoods that have supermarkets, smaller stores, higher operating costs, and limited competition lead to higher prices than exist in their suburban counterparts.\(^1,7,14,19,20\)

Because food is essential and the prices for staples are largely constant, it is no surprise that low-income households spend a significantly greater proportion of their income on food than do wealthier households. A 1992 United States Department of Agriculture study shows that the poorest twenty percent of the country (average income of $6,669) spent $1,249 per capita per year on food, compared to $1,997 for the wealthiest twenty percent (average income of $77,311).\(^20\) Nevertheless, concern exists about how much this cost disparity is influenced by the higher prices that low-income families face. While some argue that such studies are difficult to interpret due to differences in food choices among the two groups, many researchers have found that low-income households adapt to higher prices by replacing fruits, vegetables, and dairy products with meats and simple carbohydrates.\(^1\) Although poor families are likely to pay higher prices for comparable items, they also spend less per unit on food than wealthier families by buying more bargain items, store label and generic products, bulk items, and even lower quality food.\(^19,20\) Some researchers believe that food item selection does more to lower the cost of food than grocery store type and location do to raise food expenditures, but it is important to remember that cost plays a significant role in dietary choices.\(^1,6,14,19\) People eat what they can afford to eat. It may be possible to adjust the cost data for bargain, generic, and bulk item purchases, but it is much more difficult to assess sacrifices in quality. What is clear is that low-income families spend disproportionately more on comparable food and must make sacrifices to be able to buy what they need.

**A proliferation of unhealthy food options**

Poor and minority communities not only have fewer, yet more expensive, food options, they also are bombarded with poor nutritional alternatives, such as fast food restaurants, which are more widespread in poorer and minority neighborhoods.\(^2,4,14\) LaVonna Lewis and her colleagues found that 25.6 percent of restaurants in largely African American neighborhoods in South Los Angeles were fast food outlets, compared to 11 percent of restaurants in a comparison area of largely white neighborhoods.\(^2\) This study

---

**By and about Muyibat Adelani**

I am a 2008 graduate of Vanderbilt University School of Medicine in Nashville, Tennessee, and obtained my Bachelor of Science degree from the University of Southern California in Los Angeles, California. I am a resident in Orthopaedic Surgery at Washington University in Saint Louis, Missouri.
also found that restaurants in the black neighborhoods were more likely to promote unhealthy food options than restaurants in the white neighborhoods, which were more likely to advertise their healthy menu options, offer foods prepared by healthier methods (i.e., broiled instead of fried), and identify these healthy options on their menus and provide nutritional information.

What can be done?

Improving the health of a poor or minority community can be catalyzed by improving access to good food, a project that should be a community effort. Food availability studies provide the basic accessibility information, and community-based participatory research—defined as health promotion research that allows community members to be involved in decisions that affect them—is effective in building bonds between researchers and residents, which help efforts to force change. The collaboration of community groups, local governments, city planners, supermarket officials, and, perhaps, health professionals, in developing customized solutions is the best way to ensure success. Neighborhood organizations all over the nation have succeeded in getting better food in their communities:

• New Community Corporation, a nonprofit community development organization in Newark, New Jersey, worked to bring a supermarket back to Newark after a study it commissioned in 1980 showed that over ninety percent of residents of the Central Ward left the city to shop for groceries. The organization’s founder, William J. Linder, began discussions with Supermarket General, the parent company of Pathmark, to bring the supermarket to his community. After ten years of planning, securing land, and obtaining financing, New Community, in a joint venture with Supermarket General, brought a 47,000-square foot Pathmark supermarket to the Central Ward. Not only has this venture allowed Central Ward residents to shop for better foods more conveniently, it also created jobs for local residents, while the joint venture has reinvested a portion of its revenue in other New Community programs.

• In the 1980s and early 1990s, the city of Rochester, New York, experienced a huge decline in the number of its supermarkets. When the low-income community of Upper Falls lost its only grocery store, a community partnership called Partners for Food began to lobby for new supermarkets in the area. With widespread support, including from Rochester’s mayor, the group negotiated with Buffalo-based chain Tops to bring four new stores to the city, including one to Upper Falls. The city contributed public money to the cause, allowing residents to purchase quality food items in their own neighborhoods again.

• In South Los Angeles, community group African Americans Building a Legacy of Health (AABLH) collaborates with faculty from local universities and the county health department to change the nutrition and exercise factors that lead to cardiovascular disease and diabetes. Working with the Community Health Councils, AABLH conducted a store shelf survey that led to a Neighborhood Food Watch (NFW). AABLH holds local grocers accountable to Standards of Quality, including providing top-quality fruit and vegetable selections, supplying fresh meat (including lean meat containing less than three grams of fat per ounce), and offering nonfat and low-fat dairy products. The organization also encourages community members to patronize only grocers who have signed the Standards of Quality agreement and display the NFW decal in their store window.

These examples show that neighborhoods, with the help of advocates in government, academia, health care, and other sectors, can work to bring healthier food back to their communities.

Poor and minority communities suffer from unequal access to the nutritious food options necessary for health. Health care professionals must understand this disparity. We must be willing to discuss food availability with our patients, and work with them to make changes in their communities.

References

4. Baker EA, Schootman M, Barnidge E, Kelly C. The role of race and poverty in access to foods that enable individuals to adhere to dietary guidelines. Prev Chronic Dis 2006; 3: A76.


The author’s e-mail address is: muyibat.adelani@gmail.com.
Commentary from a teacher of anatomy

I wholeheartedly agree with Roy Smythe’s premises concerning the importance of manual dissection in the teaching of human gross anatomy. He effectively expresses his opinion concerning the value of students facing the reality of death, gaining a fuller appreciation of human structure, experiencing a “rite of passage,” learning by using all senses, and appreciating the sanctity of life in a new way.

This paper should stimulate further discussion by others involved in curriculum planning. It begs for a comprehensive study with experience data, student as well as faculty opinion, and the value of adjunctive teaching technologies.

Currently almost every medical school in the United States and Canada makes use of human cadavers either by student dissection or by faculty/staff prosection demonstrations. Several schools have tried teaching by prosection and, having found it ineffective, have returned to student dissection.

A recent survey of European anatomists based on 113 completed questionnaires showed that sixty-nine percent of teaching anatomists favored student dissection over all other methods. Prosection lessons stood a distant second in importance, whereas all other teaching methods scored well below use of cadavers.

In the United Kingdom a random survey of 174 students showed that ninety-eight percent disapproved of removing student dissection from the curriculum, and that dissection was believed to be the most useful method for learning anatomy. At Stanford, our student evaluations of teaching methods, including textbooks, lectures, seminars, radiological and living anatomy, computer programs, and use of models, has found dissection well above the others on the list for twenty consecutive years.

The importance of social bonding among students, as well as between students and participating faculty, cannot be overemphasized. This is particularly true when faculty members have had clinical experience with patients.

Anatomists as a group should insist that continuing curriculum changes, administrative fund saving, and the addition of problem-based learning will not threaten the continuation of student dissection early in the medical school experience. Manual dissection time is being effectively reduced by some pre-dissection preparation of cadavers by faculty and staff, and the elimination of memorization of detailed anatomy has allowed adaptation to the necessary reduction in time allotted to the preclinical study of anatomy.

References

Robert A. Chase, MD
(AΩA, Yale University School of Medicine, 1947)
Stanford, California

From the Stereo Atlas of Human Anatomy by David Bassett.
Courtesy of Stanford University
Dr. Weiner (ΑΩΑ, Tulane University School of Medicine, 1955) is clinical professor of Psychiatry and Neurology at the University of Texas Southwestern Medical Center in Dallas. His address is: 5945 Still Forest Drive, Dallas, Texas 75252. E-mail: myronweiner@tx.rr.com.

Photographs courtesy of Dr. Weiner (building) and Darrel Harmon (tree).
The late summer sun arrives in Manhattan, following whining garbage compressors into the streets, rushing trucks and taxis into the avenues; creeping into crevices, decorating doorways, deflecting from dirty windows, stabbing the sidewalks, fading by five.

The same sun leaves languidly from Central Park lushly green in the early dark. Leaves glisten from pattery rain, fall and scatter on the ghostly lanes. Pearly pathways shadow and fade long after shafts of light are quietly swept from streets and avenues by gentle, approaching September night.

Myron F. Weiner, MD
Aura

A brilliant flash, like a popping light bulb,
Or a hand slap across the face.
And then numbness comes to the right cheek.
No. Not again.
A race for the cabinet, fumbling for the bottle.
One quick swallow and a cool splash.
Afterwards, self-banishment to the basement,
Cold and dark and silent.

Nancy Lo

Ms. Lo is a member of the Class of 2011 at Drexel University
College of Medicine. This poem won honorable mention in the 2008
Pharos Poetry Competition. Ms. Lo’s address is: 3437 Barclay Street,
Philadelphia, Pennsylvania 19129. E-mail: nancyyulo@gmail.com.
Illustration by Laura Aitken
It was very clear to me that Mr. Clark was slowly deteriorating and would die of respiratory failure soon. He had come to the emergency department or been admitted to the hospital almost monthly for the last six months for recurrent COPD exacerbations. Despite aggressive treatment he continued to deteriorate. So the writing was on the wall—my patient’s time would not be long.

It has never been easy for me to tell a patient that he or she faces imminent death—especially one whom I have treated and grown close to over many years. While I dreaded the prospect, I had to tell Mr. Clark, who was eighty-six years old, and his devoted wife, to whom he had been married for over sixty years, that he was dying. Things needed to be done—advance directives, home health care, hospice consideration, business affairs. Much needed to be taken care of before he lost the capacity to make rational decisions. I wished that I didn’t have to open the conversation, that somehow it would all go away and he would miraculously get better, but he didn’t and I had to.

Mr. Clark had a tremendous zest for life. He was tall and somehow appeared remarkably fit for a man with very severe COPD. He was a veteran of World War II and the Korean Conflict and had spent over twenty years of service in the Army. During his service to the country, he had been deployed to far-flung areas of the world, while Mrs. Clark took care of their five children and maintained stability in their home. His appearance was always immaculate. He wore neatly pressed pants and crisply starched shirts, sometimes accented with natty sweaters and a baseball cap. With the voice of a man who had literally seen the good and the bad of the world, he could spin a yarn to make you laugh or to make you ponder the realities and mysteries of life. We came to know and respect each other. Mr. Clark was my patient—and my friend.
He always knew what his medications were. If he didn't have them written down, he would recall them from memory, or his wife, who always sat across the room during our examinations, would remind him of exactly what he was taking. Mrs. Clark was ferociously protective of her husband. She was convinced that he always minimized his symptoms. She constantly reminded Mr. Clark to “tell the doctor what really happened!” She drove him where he needed to go. She kept track of his appointments. She pushed his wheelchair when needed. She made sure he had his meals. She kept him looking good. And when the end came closer, she bathed him, lifted him, comforted him, and consoled him. This was no small task, since Mrs. Clark was elderly herself, but she was from the old school—and felt that no one else could take care of her husband like she could. They bantered back and forth like any couple married for more than sixty years—he would get irritated that she was making a mountain out of a molehill and she would get irritated that he was trying to do more than he should, but they loved each other with enviable passion.

Yet this vibrant man had become a shadow of himself over the last several months. He had become more gaunt, and his hair began to get thinner. His breath became more short, and he lost more and more of his stamina. Mrs. Clark escalated her diligent care for her husband and I tried desperately to change what seemed to be an inevitable course. He was on supplemental oxygen, anticholinergics, beta agonists, steroids, mucolytics, and frequent antibiotics. He was given a nebulizer, an oxygen-conserving device, a motorized wheelchair, and numerous other interventions. They made Mr. Clark somewhat more comfortable, but the inexorable process of deteriorating lung function continued unabated.

So I told him that he was dying. I had to face the sobering reality that there was nothing I could do to reverse or even slow this process. Medical knowledge and technology give us remarkable capacity to improve the quantity and quality of life, but when the ethereal substance of life begins to become a vapor there is nothing that we humans can do. Medicine, like life, is limited. When I told him that he would probably not live very much longer, he accepted it with grace and dignity. I'm sure he already knew. He just looked at me and said, “Yeah Doc. We've been thinking about this and we've decided we're going to get one of those living wills.” He wanted to know if he needed a lawyer for a living will. His wife asked about home health care. He asked about hospice. Somehow in the conversation it seemed that he had come to a resolution, a peace, an acceptance of what lay ahead. Mrs. Clark, though tearful, also knew that the time she would have with her husband would not be long and she seemed reluctantly ready to allow him to go.

Not three weeks later, Mr. Clark was hospitalized again. This time, he had developed a severe pneumonia. He was unable to communicate effectively. He was extremely weak and dyspneic. He was even more malnourished than he had been a few weeks before. He had no appetite and couldn't catch his breath long enough to swallow. We gave him broad-spectrum antibiotics and supplemental oxygen, but did not intubate him. By this time, two of his children, a son and daughter, had come to his bedside, along with Mrs. Clark, and they determined that Mr. Clark would not have wanted to be put on mechanical ventilation. Mr. Clark's slow decline, though painful and difficult to watch, had a silver lining—it had allowed him and his family to seriously consider how to manage the end of his life. Over the weeks and months of their long goodbye, Mr. Clark and his family embraced the good of life and decided that its prolongation by artificial means would serve only to further suffering. So after his fever came down and his oxygen requirements improved, the ward team sent Mr. Clark home with arrangements for home hospice.

One week later, while I was at home sleeping, my pager went off at 2:00 AM. It was the medical examiner’s office. Mr. Clark had passed away quietly in his sleep and the medical examiner wanted to know if I would sign his death certificate. “Of course,” I agreed, and as I lay back down before starting the day’s duties, I thought about how Mr. Clark's struggles were over. I thought about how much he meant to our country, his wife and children, and to me. Though I've found it difficult to offer condolences to the families of my patients who pass away, I mustered enough strength after two days to call Mrs. Clark. to let her know how much I appreciated being able to participate in the care of her husband.

A few days later, Mrs. Clark sent me a thank you card. It read simply, “Thank you for the care you gave my husband and my children's father over many years.” I still have that card. It still rests on my desk.

From time to time, when faced with the overwhelming tasks of patient care, the frustration of medical bureaucracy, and the unending requirements of learning and teaching, I will read that thank you note again. Though it is a simple message, it gives me strength and causes a warm glow in my heart. It reminds me that when we intersect in life as doctor and patient, we become connected to one another. That connection cannot be merely a business transaction or a contractual agreement; it is a covenant of the heart. We must care for our patients and their families with our knowledge and technical skill—but it cannot stop with that alone; we must also care for them with our hearts. Great men like Mr. Clark and his lovely wife deserve no less.

The author's address is:
Pulmonary Service
Department of Medicine
Brooke Army Medical Center
3851 Roger Brooke Drive
Fort Sam Houston, Texas 78234-6200
E-mail: kenneth.kemp@amedd.army.mil

The Pharos/Autumn 2008
Because I was so relieved that my patient was still alive, I almost forgot to document in his medical record the events that had just unfolded. “Patient is an eighteen-year-old Eskimo male with self-inflicted gunshot wound to the right chest.”

We were somewhere above the Arctic Circle, 400 miles from the nearest surgeon, and I had to act. Having just transported him by seaplane to our outpost hospital, I was filled with adrenaline-laced expectations that I could help him. Although our tiny eight-bed hospital resembled a sessile MASH unit more than the sprawling county hospital where I had trained, our medical staff was quite familiar with handling traumatic injuries, as life above permafrost was rife with adventure and misfortune. “The Arctic is unforgiving,” the charge nurse dryly observed as she greeted us at the door.

A lot of blood . . . always scary
As a family physician, I had limited experience performing operative procedures, and my young patient required one that I had never done before. It was early in my career, and I was not afraid to attempt something risky and new. Buoyed by romantic notions of practicing in the Alaskan “bush” country, I relished the role of playing the lone country doc, relying on my guts as well as wits to meet the needs of my patients. Harming anyone through my own inexperience, I selfishly rationalized, was one of the unavoidable risks local folks assumed in living an isolated arctic existence.

I took a deep breath, and quickly reviewed a surgical textbook that made the task appear straightforward enough; surely the tidy description of events would fall into place after the obligatory sterile prep. Bearing down, harder and harder, I suddenly pierced his chest cavity with the trocar. All at once, his fascia and pleura, blood and breath, gave way with terrible finality, like thin ice collapsing under the weight of an unsupervised child. His bright red blood, along with my barely concealed hubris, gushed from this new chest wound, filling me with a nauseating fear that I had mistakenly pierced a major artery and killed my patient.

“Everything will be all right,” I told my patient, and myself, as I busily connected drains, checked intravenous lines and cardiac monitors, feigning calmness as I palpated my own thready pulse. Slowly over thirty minutes, my suppressed panic subsided as his hemorrhaging slowed to a trickle. The most reassuring sign that my patient would survive was that the trademark unflappability of the grizzled charge nurse returned, replacing the uncharacteristic wide-eyed worry she wore just moments before. I had been granted a temporary reprieve.

Finish the note, I reminded myself. Opening my patient’s medical chart, I scribbled a few mechanical phrases, designed to satisfy my partners and nursing staff, as well as the potential readership of malpractice attorneys. I described in bland detail the indications for the procedure, the obtaining of necessary consents, and an account of incisions made, scalpels used, and sutures closed. Ending my note, “Patient tolerated emergency thoracostomy without complication,” I signed my name with an undeservedly confident flourish. I should have been humbled by the irony that my note implied comfortable routine instead of the bloody fear I had experienced just moments before. Instead I reveled in my survivorship, nurturing the hubris that had propelled me into that life-threatening situation in the first place, and deferring lessons about humility to the long night ahead.

“SOAP”—the facts that disguise emotion?

Writing with a newly steady hand, telling my side of the story using professionally sparse language served as another initiation rite into the medical fraternity of “those who see this all the time.” Ritually following the script of the revered SOAP note—an appropriate acronym for the patient’s Subjective complaints, Objective findings, Assessment by physician, and Plan of action—I imposed a cleanliness and orderliness on the emotionally soiled and chaotic events that characterize medical encounters. I did not mention any of the distinctly human but clinically less expedient facts, such as the details of my patient’s strained family relationships, poverty, and nearly fatal sense of isolation and despair. As we lifted him from stretcher to seaplane just an hour ago, he surveyed the crowd of curious villagers who had gathered at the spectacle, and observed without irony, “I didn’t know so many people cared.”
But my procedure note was not the place for this reflection, nor for any admission of my own insecurity and vulnerability to error. I had been trained to translate first-person accounts of illness into secondhand reporting, filtering away details and creating an altogether new though not unbiased story following the directive: If it’s not in the note, it didn’t happen. Every medical role model marching ahead of me—attending, resident, or senior medical student—documented his or her work in the same terse, emotionally-vacant hand. Although every procedure note I wrote was purportedly about my patient, I was ultimately saying something about me, about the kind of doctor I wanted to be: organized in approach, thorough in thought, and—above all—correct in judgment. Hundreds of notes a week would be written in this fashion, fragments and roadmaps of patient encounters that define a profession and mark change and growth. As long as the patient outcome was good, or at worst avoidably bad through no fault of my own, I did not feel compelled to reconcile the differences between the story I wrote and the story my patient and I actually shared. But the discord between the acceptably documented and the movingly undocumented remained, reminding me the way a phantom limb pain does that the integrity of connection was missing and needed to be addressed.

Returning to my patient’s bedside, I was met by a stout Inuit babushka wearing the ubiquitous mirror sunglasses and puffy, fur-lined parka essential to life in the Arctic. After she introduced herself as the teen’s aunt, we had a conversation that rivaled my written note in brevity. In the face of the stoic demeanor of many Eskimos, I described the recent events in an unintentionally culturally congruent manner. Barely disclosing the untold hazards that lay ahead, or the dangers that he had already faced in my inexperienced hands, I cautioned coolly, “He’s not out of the woods yet.” Nodding thoughtfully, she thanked me, and quietly padded out of the room. It didn’t occur to me that trees and forests were a long way from the endless barren tundra where we lived.

I documented this brief conversation in his chart: “Family member aware of seriousness of his condition.” This cursory statement left the impression that we had communicated on some significant level. However, the unspoken feelings and omitted details would have told a more compelling story. Sometimes the constraints we impose on ourselves as physicians are revealed not only in these efficiently shallow notes, but also in the problems we dare to address and act upon. I briefly recalled the exhilaration I felt knowing my suicidal patient would survive my first thoracostomy, and now I was grateful for the opportunity to face the challenging problem of his depression. However, my confidence wielding scalpels or antibiotics contrasted with the inadequacy I felt taking care of seemingly more intractable problems like mental illness, domestic violence, and substance abuse. Despite my best efforts to provide support, psychiatric referrals, and medications, would he continue to abuse drugs or his partner and drift toward worsening depression and a repeat of attempted suicide? Patience and perseverance, not surgical dexterity, were now required—skills that he and I would need to develop together on the path to recovery.

My pager interrupted this reverie, and I moved on through the night shift, putting out smaller medical fires along the way. It was a blessing to keep busy, to not dwell on doubts and regrets that would slow me down. Folks with sore throats, community-acquired pneumonias, and other problems I had seen hundreds of times before were seen and treated with ease. All that was really needed for most of these patients was reassurance, limit-setting, and a tincture of time. That surly, recently divorced fellow pacing gingerly in Room 2, I described as the “Grade I ankle sprain.” My medical shorthand focused attention on the acute problem, the patient’s “complaint,” instead of the complete person. What salvaged my note to convey a deeper human connection was the closing phrase, “follow-up visit in 2–3 weeks.” The return appointment was my promise to continue this collaboration between neophyte professional and seasoned amateur, and to attend to his angry mood, as well as his injured ankle, next time.

Another piercing sequence of beeps, and I was on my way back to the emergency room, where I met a teenage male, sixteen years old, who sustained a “boxer’s fracture” of the right hand during a fight with a gang member from a neighboring village. Booming bass and tinny percussion blared from headphones slung across his neck, as he sized me up and identified my Korean heritage solely by looking at my face. It was not just a good guess; he was familiar with a small cadre of Koreans who had immigrated to his village as business owners. These new settlers were resented by the native Alaskans who, in their relative poverty and subsistence existence, felt exploited. As I finished splinting his hand, we exchanged stories—he was curious about my experiences with racism. Enlightened despite the behavior of many of his townspeople, he thought it was wrong to discriminate against the local Koreans because of race or socioeconomic status. “Those Koreans are just trying to get by like the rest of us,” he reassured me as he shared stories about bigotry among whites, Eskimos, and Koreans above the Arctic Circle. For the first time all night, I felt relaxed as we talked about similar conflicts I faced growing up in the lower 48. Here was an opportunity to build a relationship, utilizing skills with which I had
more confidence than handling scalpels and trocars. This was an important “teaching moment” I could use to help him avoid another fight in the future.

The dangers of sharing analysis that is not asked for

Emboldened by the rapport I thought we shared in this moment, flush with confidence in having competently immobilized his fracture with an ulnar gutter splint, I reminded him that he had just broken his hand during a fight with another teen whose only transgression was membership in a rival gang. “He was just running with a different crowd. After all we just talked about, don’t you think that was a bit hypocritical?”

His response to my verbal intervention was immediate. “Who are you calling a hypocrite, fool?” he spat at me. Shaking his newly-casted fist, he strode angrily out of the emergency room, our brief connection collapsed under the brute force of my ill-chosen words.

I had barely begun composing rationalizations, stewing in anger and regret, when a familiar Eskimo babushka trundled up to my side. She was as stoic as before, but her anger was unmistakable. “How dare you call my cousin a hypocrite,” she seethed. “That isn’t right.”

This town was growing smaller by the minute.

“I’m sorry,” I stammered, sincerely but with some smugness as I clung to my recent fortunes stabilizing fractures and evacuating chest wounds. She shook her head knowingly, glaring as she quietly left the room, recriminations echoing in the footfall of her mukluks.

Finish the damn note.

“Non-displaced fracture of the right fifth metacarpal, immobilized with ulnar gutter splint applied in the usual manner.”

There were many secrets edited out of this unsatisfying note, though the undisclosed story-line this time was not about fear, inexperience or, as always, uncertainty. Instead, my verbal heavy-handedness threatened to perpetuate or worsen existing fracture lines within a tiny Arctic community. Had I slowed down enough to let my patient reflect on his own about his actions, both he and I could have learned a more powerful lesson. Instead, I was now faced with the painful challenge of repairing this latest iatrogenic complication, caused by my misuse of words sharper than any trocar.

Although it felt disingenuous to end the procedure note describing only the medically expedient issue of the boxer’s fracture, I did not know how to document my error. No trusty textbook protocol for “mistake management” was available for consultation. Important questions remained, immediately selfish: How can I save face in the presence of my peers and community? Only later did the most meaningful question arise: How do I treat my patient as I would want to be treated, within a relationship complete with honesty, integrity, and all the risks of failure and disappointment?

The need for an apologetic closure

Finish the note.

“We discussed and disagreed upon issues related to his injury.” My procedure note betrayed a clinical detachment I desired, as if I were the disciplined physician who had unerringly exercised the correct diagnostic and therapeutic techniques, with good outcomes, for years on end. However, I was not that coldly competent clinician depicted in my writing—instead, I was a struggling participant, wrestling again with regret, whose concern for this patient lay not with mending broken bones but with a blown opportunity for healing.

An apology was in order. To be faithful to my text, I had to first be faithful to my patient. This reconciliation required a combination of humble intention and luck, and I could do something about the first contingency only. I carefully printed my name, legibly, and closed his chart.

My shift had come to an end. After unceremoniously signing out patient care responsibilities to my caffeinated partner, I slid on my parka and headed out of the hospital into the midnight sun of an Arctic summer. As I shuffled my way home, I spotted a familiar young man with a fresh cast on his arm, straddling one of those ubiquitous balloon-tired all-terrain vehicles. Our eyes met briefly, and when he didn’t curse me or drive away in a cloud of dust, I interpreted his staying as yet another potential “teaching moment,” this time for me.

“Wait up,” I called as I walked toward him, hoping to set our broken relationship right in person, and to write a healthier ending to his story.

Acknowledgment

The author would like to thank Royal Rhodes, PhD, Marilyn Fitzgerald, PhD, and Audrey Young, MD, for their editorial comments and support.

The author’s address is:

UPMC New Kensington Family Health Center
301 Eleventh Street, Suite C
New Kensington, Pennsylvania 15068
E-mail: hanjk@upmc.edu
Day in a Golden Year

NPR’s her friend
She still knows her grandchildren
But not her zip code

He toasts her bagel
Fries his eggs and checks their pills
Life post Katrina

Unfamiliar rooms
Both are depressed, yet muster
Smiles when visited

Yummy Nguyen

Mr. Nguyen is an ensign in the U.S. Navy and a first-year medical student at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. This poem won an honorable mention in the 2008 Pharos Poetry Competition. Mr. Nguyen’s address is: 13303 Dovedale Way, Apartment M, Germantown, Maryland 20874. E-mail: yummydkny@yahoo.com.
Money invested in a library gives much better returns than mining stock.

—William Osler¹
Of books and libraries
Confessions of a booklover

Martin Duke, MD

The author is retired from private practice in cardiology. He was formerly director of Medical Education and chief of Cardiology at Manchester Memorial Hospital in Manchester, Connecticut, and assistant clinical professor of medicine in the Department of Medicine at the University of Connecticut School of Medicine in Farmington.

To provide space for new additions to my library, I have, from time to time, tried to give away older volumes on my shelves to friends, family members, schools, and public libraries, or attempted to sell them to used bookstores. But the process of separating myself from these books has been far more difficult than expected, and no sooner would I decide to part with one than I would usually find a compelling reason for keeping it.

I have books that I take pleasure in rereading from time to time—like meeting up with old friends. These have a lasting claim to a place in my library. Likewise, certain mainstays, for example, the Bible, Shakespeare's works, Bartlett's Familiar Quotations, Rodale's The Synonym Finder, and at least two dictionaries, are indispensible companions. Because of my particular interests, I enjoy being surrounded by books on American, English, and medical history, including related biographical works. It is not easy to give these up. And as a dedicated Savoyard, two or three well-thumbed collections of Gilbert and Sullivan operettas are evidence of their frequent use when listening to and singing along with G&S recordings.

Although I am retired from clinical practice, the most recent edition of The Merck Manual will always be useful as an immediate source of information. However, more meaningful to me is an earlier eighth edition of this work, a gift inscribed to me by my parents in 1952 when I was in medical school. I am sure they felt that it would be helpful over the years—and so it was.

A battered 1920 volume of William Wordsworth's poetry, now barely held together with tape, contains an inscription on its inside cover noting that the book had been awarded to my mother in 1924 (she was then sixteen years old) for "enthusiasm and loyalty towards Briton House" at the Cable Street School in London's East End. Between its pages is an old photograph, one of the few I have of her when she was a young girl. This book, and a copy of The Old Curiosity Shop by Charles Dickens, were formerly in my parent's home in England prior to World War II. They are now side by side on a shelf in my library.

The Little Oxford Dictionary, given to me in 1938 for winning the potato race on sports day at Golders Hill School in London, survived the turmoil of leaving England during the war and has been with me since. Its small size, as the title suggests, makes it stand out from more conventional-sized volumes on my shelves. Other books inscribed to me over the years have also found a permanent place in my library—awards, gifts from patients, friends, and family—books that are associated with special memories and mean a lot to me.

And so it goes—these books as well as many others—all have found a home. None are likely to be evicted.

A few years ago, the author and columnist Ben Macintyre wrote:

Veneration for libraries is as old as writing itself, for a library is more to our culture than a collection of books: it is a temple, a symbol of power, the hushed core of civilisation, the citadel of memory, with its own mystique, social and sensual as well as intellectual.

This seems to me as good as any other explanation for why I, and probably many others, take pleasure in our libraries, and why we have difficulty disposing of our books. For to do so would be tantamount to giving away a part of ourselves.

In the late nineteenth century, Frank Dempster Sherman (1860–1916) wrote a poem in which he described his image of an ideal library:

The last stanza of this work contains the Latin phrase Hic habitat Felicitas—"Here dwells Happiness":

Such be the library; and take
This motto of a Latin make
To grace the door through which I pass:
Hic habitat Felicitas!

Which is how I feel when sitting in my library, modest as it may be, and enjoying the company of my books. Truly, here dwells happiness!

References

The author's address is:
186 Jerry Browne Road, Apartment 5416
Mystic, Connecticut 06355
E-mail: martinsetpoint@yahoo.com
The physician at the movies

Peter E. Dans, MD

The Savages

Starring Laura Linney, Philip Seymour Hoffman, and Philip Bosco.
Written and directed by Tamara Jenkins. Running time 114 minutes. Rated R.

This aptly-titled film was recommended to me by a friend whose opinion I respect. He said that it had a lot of medical content. Starring Linney, Hoffman, and Bosco, how could it go wrong, right? Wrong! Fortunately amnesia of aging is protecting the guilty party. Spending two hours listening to the whines of three thoroughly dislikable people is not what I consider entertainment. All I could think was, Thank God I don't review movies for a living; I'd either be brain dead or have to be committed.

The film begins with views of a sterile Sun City, Arizona, and old people exercising. A home health worker for Lenny Savage's (Bosco) live-in girlfriend Doris (Rosemary Murphy) refuses to flush the toilet for Lenny, saying he is there only to care for Doris. Lenny goes into the bathroom and writes PRICK on the wall in feces. This pretty much captures his personality and it's the first chance to GONG the film. His action triggers a call to his alienated daughter Wendy (Linney) in New York City, and son Jon (Hoffman) in Buffalo, neither of whom has seen Lenny for twenty years. Wendy is a thirty-year-old unmarried temp who aspires to write a Broadway play titled Wake Me When It's Over about an abusive father who abandons his children, leaving a depressive mother who goes out on a date and never returns. Can't wait to see that one! After returning from work and before she checks her messages, she lets in her next-door neighbor, Larry (Peter Friedman), an old bald guy who's cheating on his wife. She really likes his dog, so when they have sex (a seemingly gratuitous scene), she stares off in the distance and pets the dog while he works away. Definitely another GONG point.

After dispatching Larry, she finally picks up the message and in a panic calls Jon, a self-absorbed academic who is just ending a three-year relationship with a Polish academic whose visa has expired. Jon is not ready to commit to marriage even though she says his love is demonstrated by his crying every time she cooks his eggs in the morning. He insists on driving her to the airport rather than letting her take a cab. Is he sensitive or what? His field is Theater of the Absurd and he is writing his magnum opus, a biography of Bertolt Brecht, so he refuses to go to Arizona. Then Doris dies in the midst of a manicure, and Wendy and Jon fly out for a quick visit to pay their respects, thinking Dad is settled in a house. It turns out that it was Doris's house and that it isn't a common law marriage because he signed a "pre-nup without a nup" and the relatives are selling the house.

They visit Dad, who is being restrained in the hospital. Dad thinks Jon is a doctor and is told he's a PhD. A "real" doctor shows them Dad's CAT scan and tells them that he appears to have vascular dementia. There are more vapid scenes of old folks singing "You Make Me Feel So Young" and exercising. Meanwhile, Jon flies to Buffalo to hunt up a nursing home. Wendy asks if it "smells"; Jon says they all smell and Wendy packs Dad on the plane for a quite unbelievable flight that neither of them should have survived. The film's one good feature is its favorable portrayal of the nurses, orderlies, and nurse's aides. The rigid leader of the caregiver education support group doesn't fare as well. She pulls out Eldercare for Dummies and tells the caregivers to “ask your elder about the
old days and stimulate them with old movies from their era.” This leads into Dad’s movie night selection of *The Jazz Singer*, which is about his old neighborhood on the Lower East Side. Wendy and Jon cringe and look back at the black staff when Jolson puts on blackface.

There is one ludicrous scene when they take Dad to lunch and try to get his take on advance directives. Jon asks him if he is in a coma, would he want a breathing machine? Thinking he’s in a hotel, Lenny asks “What kind of a question is that?” Jon pushes him and he says, “Unplug me.” Jon asks, “Then what?” Dad responds, “I’m dead, bury me. What are you, a bunch of idiots?” The worst scene is when Wendy pulls the red pillow she had given her Dad away from a demented wheelchair-bound woman who is cradling it. Leaving her agitated and distraught, she gives it to Lenny, who throws it away.

Larry visits for an overnight and, in the middle of sex, she sits up and says “I have an MSA, we’re in a motel here in Buffalo. It’s a cliché. You’re having a mid-life crisis cheating on your wife.” He makes a reference to *Blue Angel*, saying she’s not as young as Marlene Dietrich. Another pseudoliterary dialogue centers on Jon not getting a Guggenheim fellowship on five or six attempts and her saying she got one for her play. Later she admits that she failed on eight attempts. Having failed once myself, I would have felt badly if these losers had gotten one.

Like Quentin Tarantino, many screenwriters and audiences of today were brought up on movies, and there is an abundance of film references moviegoers will spot and feel good about. This one has Laurel and Hardy in *One Big Noise*, considered their worst movie; Richard Widmark in *Night and the City; The Wizard of Oz; The Blue Angel; The Jazz Singer*; and Bette Davis’s famous line in *All About Eve* on Wendy’s voicemail. There’s an embarrassing scene when Wendy goes out for a cigarette with Jimmy (Gbenga Akinagbe), a Nigerian orderly who has asked to read her play and says he likes it. She responds “You didn’t think it was a bunch of middle-class whining. I didn’t want you to think I was one of those middle-class Americans.” Then she jumps on the guy, who gently pushes her away and says he’s in love with his girlfriend.

After Wendy returns to New York, Larry stops by and tells her that the dog is going to be euthanized because there are no guarantees after surgery on his bad hip and the rehab will be long and expensive. They part and he says, “If you want to indulge in unhealthy compromising behavior, you know whom to call.” Six months later, the Theater of New York is rehearsing her play and she asks Jon, who is on his way to Poland, if he doesn’t “think it’s self-indulgent and bourgeois.” Jon professes to like it, although I definitely voted for self-indulgent. The film ends with her running along Central Park Lake pulling her true love, the dog, in a rehab harness. Who says there aren’t any more happy endings? Not surprisingly, Linney and the screenwriter got Oscar nominations.

### The Great Debaters

**Starring** Denzel Washington, Forest Whitaker, Nate Parker, and Jurnee Smollett.


---

This film can best be described as *Dead Poet’s Society* meets *Remember the Titans* and *Akeelah and the Bee*. Although formulaic, with an ending that’s easy to spot from the beginning, it has a number of things going for it, including two premier actors and an excellent supporting cast. The film is based on the little-known story of the triumphs of the debating team at Wiley College in Marshall, Texas, although its alteration in one important aspect makes one wonder about how much of it is fictionalized. Nonetheless, there are important messages, although it’s not clear if those who need to receive them will be in its audience.

The college has a deeply religious foundation—African Methodist Episcopal, AME—although little is made of it except at the beginning. Dr. James Farmer, Sr. (Forest Whitaker), standing behind a lectern, opens the 1935 school year with a prayer, “My Soul is a Witness,” and then the biblical affirmation: “When I was a child I spoke as a child, I thought like a child, reasoned like a child, but when I became an adult, I put away childish ways.” As in most colleges of the day, the faculty is *in loco parentis*, and the students are closely supervised, with chaperones monitoring dances and dance cards used. In short, the college is a safe haven in the midst of the segregated
South where Jim Crow laws are strictly enforced.

The second thread involves the message, as articulated by charismatic English teacher Melvin B. Tolson (Denzel Washington) that teachers have the most important job in America: “The education of our people, because education is the only way out.” Yet Farmer and Tolson couldn’t be more different in their approach. Tolson hops on the desk and uses the Socratic method teaching about the revolution brewing in Harlem involving Langston Hughes and other members of the Harlem Renaissance. He also is an activist, dressing in old clothes to join a group of sharecroppers he is helping to unionize. Farmer, who speaks seven languages and whose sister is only one of “two Negro women practicing law," is much more reserved. His philosophy is that “We do what we have to do so that we can do what we want to do.” A very principled and imposing man, he walked from Florida to Boston to attend Boston University, graduated summa cum laude, and later got a PhD. When he and his family are out for a drive and he accidentally kills a white farmer’s pig, he agrees to pay him much more than it’s worth and even helps him carry the pig off the road.

The third and major thread involves achieving excellence in debating, a holdover from the nineteenth century. It was very popular in the 1930s and 1940s before television, to which I can attest as a high school debater in the late 1940s and early 1950s. Tolson selects four out of forty-five candidates from a student body of 360: Henry Lowe (Nate Parker), a brilliant but mercurial student who periodically disappears to drink and wench; Samantha Booke (Jurnee Smollett), a woman who wants to be a lawyer and is the first woman on the debate team; Hamilton Burgess (Jermaine Williams), a more conservative young man who drops out when Tolson’s union activities land him in jail; and James Farmer, Jr. (Denzel Whitaker), a fourteen-year-old prodigy who has a crush on Booke who has a crush on Lowe.

Tolson teaches them about logic and syllogisms, has them learn speech in the manner of Demosthenes with a large impediment in their mouths, and shows them how to project their voices by moving back in stages until he is out of the auditorium. He teaches them something I learned from my mother, although I’m not sure I learned it well, namely not to denigrate yourself and thereby give your enemies ammunition. As he puts it, “Would you punch yourself in a street fight? Then don’t punch yourself in a word fight. Use humor.”

The team wins all the debates in their conference and then challenges white colleges and beats the team from private United Methodist college Oklahoma City University. Then they “annihilate” the team from prestigious Fisk University, but lose to Howard. Nonetheless, Tolson keeps challenging white colleges and receives an acceptance from Harvard, which, when it learns that Tolson does the team’s argument scripting, changes the debate topic the night before the debate. Tolson, who is on parole, can’t leave Texas, and Lowe, their best debater, is given charge of the team. Instead of debating, he selects Farmer, who had done poorly against Howard, to replace him in the debate, which is broadcast nationwide. I don’t think it would surprise anyone that Wiley wins. So here’s the rub. The debate did take place, but the opponent was not
Harvard but the University of Southern California (USC) the reigning national debate champion. When asked why they changed it, Washington in effect said that since Harvard is the best, it made the achievement that much more impressive. Harvard also let them film on campus, a first since 1979. As I see it, that’s not just a slight on USC but on the rest of us who didn’t matriculate at Harvard.

The other problem I had was with the scene of the lynching, not because it wasn’t very moving, because it was, and not because it might not have occurred, because, despite longstanding anti-lynching laws, lynching continued in Texas until 1942. My problem was with how Tolson and his debaters came upon the scene and were still able to escape. Henrietta Bell Wells, the person on whom Booke is based, was interviewed by Washington on an excellent DVD special feature and she does not mention any lynching. The filmmakers also quote a letter reputed to have been written by Willie Lynch, the man who gave the practice its name, which is probably an Internet hoax.

On the plus side, not only do we learn more about James Farmer, Sr., and his sister, but also James Farmer, Jr., who co-founded the Congress of Racial Equality seven years later at the age of twenty-one, and was a close confidant of Martin Luther King, Jr. He and A. Philip Randolph have not gotten the credit they deserve for advances in civil rights. The “crawl” at the end says that Tolson became a widely-respected poet, and also founded the Southern tenant farmers union in 1936 with 30,000 members.

Finally, what all the graduates praised was the family atmosphere and the excellent teachers who got degrees at top schools but couldn’t teach there, so came to Wiley. It was clear that the student body was very intelligent and motivated. As I have pointed out elsewhere, although prejudice against blacks, Jews, Catholics, and women was unjust and a blot on the nation, in a perverse way it strengthened their respect for “elite” teachers, doctors, etc., who had limited or no entry to “elite” prep schools, universities, and hospitals. As I listened to them, I couldn’t help thinking of Dr. Robert Beardsley, who had just completed a PhD in biochemistry at Columbia and taught us the course at Manhattan College in 1956/57. When I took first-year biochemistry at Columbia the next year, it was like a refresher course, easing my entry into the Ivy League. Once access began to be open to these groups, their respective institutions saw a fall-off both in the caliber of teachers and students and the solidarity and bonding that helped nurture everyone to excel and to prove that they belonged. One concrete example is the fact that, despite its storied tradition, at the time the movie was made Wiley no longer had a debate team, so Denzel Washington contributed one million dollars to re-establish it.

The Diving Bell and the Butterfly

Starring Mathieu Amalric, Emmanuelle Seigner, and Marie-Josée Croze.


This outstanding French film is as medical as it gets but is far from entertaining and difficult to view in one sitting. It is, however, well-suited as an educational tool using film clips. The film recounts the story of Jean-Dominique Bauby (Amalric), aka “Jean-Do”, the forty-two-year-old editor of French Elle, whose hedonistic high life of fast cars, fast women, and gourmet dining comes to a crashing halt when he sustains a massive near-fatal stroke, leaving him almost completely paralyzed with “locked-in syndrome.” Remarkably, however, due to sheer determination and creativity, as well as the extraordinary caregivers (truly angels of mercy) at a rehabilitation hospital, Bauby manages to let his thoughts come forth from their prison and in one year he produces a book documenting his experience and reflections on life past and present. His only means of communicating is by blinking his left eye, one blink for “yes” and two for “no.” His other eyelid is sutured shut to protect his cornea, which is not being lubricated, from becoming seriously infected.

Speech therapist Henriette (Croze) develops a sequence of letters arranged in descending order of frequency of their appearance in everyday French. Then by sheer mind-numbing repetition, she helps him get to the point where he can get out sentences, although at one point he signals that it’s too difficult and he wants to die. Henriette scolds him for letting down the people who love him, and leaves the room. This scene and the subsequent one in which she apologizes and he half-gloats are well-done. Bauby had a contract to write a book that would be a feminine counterpart of the Count of Monte Cristo. Celine Desmoulins (Seigner), the mother of his three children, convinces him to go through with the book, and calls his publisher, who sends Claude Mendebil (Anne Consigny), a paragon of patience and an attractive woman, as they all seem to be, to work with him. He wakes at 5 o’clock and by the time she arrives at 8, he is ready to dictate.

The story is viewed through Bauby’s eyes, which the filmmakers simulate by having the camera angles sometimes go askew and the image become blurred as might happen with someone who can only see through one eye and who can’t turn his head. Amalric is outstanding in portraying Bauby’s paralysis by tensing his muscles so that they don’t move. One particularly memorable scene involves Bauby’s reaction to a fly alighting on his nose. What’s most creative is the fact that Amalric is enclosed in a box about ten feet away from others in a scene. He can hear them talking but they can’t hear him, which leads to some funny repartee, as when the doctor tells him that he will be his friend and Bauby quips (unheard) that he has a lot of friends and to just be a doctor. Or he tells Bauby...
that they will make his life the best it can be and he mutters, “This is life?”

Telling the story from the patient’s perspective allows the director to break the monotony and introduce scenes from his pre-stroke life. What we learn about Bauby besides his courage, indomitable will, and wit is that he has led an insensitive and self-absorbed life surrounded by people who adored him. According to the film, this continued into his morbid state, as shown in some very Gallic (but not gallant) scenes. When the doctor says they will dress him up for a surprise, which is that his wife is visiting, he is not thrilled and says (unheard), “She’s not my wife, she’s the mother of my children.” Celine visits regularly and finally overcomes his unwillingness to see his children. When Celine asks him if his mistress Josephine (Marina Hands), with whom he lived and who had pledged undying love, has visited, he says, “No.” When Josephine finally calls and asks to speak to him with her out of the room, Celine says she is the only one there to interpret his responses. Josephine asks if he misses her and Celine must interpret his response: “Each day I wait for you,” through bitter tears. Then Bauby sends her out of the room so that they can be alone.

Max Von Sydow plays a cameo role as Bauby’s ninety-two-year-old father, who says he is also imprisoned alone in a fourth-floor walk-up. He misses his wife, whom he married even though he had many affairs and he thinks that his son should have married the mother of his children. There’s a touching scene in which Bauby fils visits him to shave him and the father expresses pride in his son. However, one wonders why someone so wealthy couldn’t get his father better situated or cared for.

Many people of different faiths, including Marie Lopez (Olatz Lopez Garmendia), the other therapist, pray for him daily. Marie takes him to see a priest, but he refuses Communion and a blessing. He balks at her suggestion to go to Lourdes, and we are treated to a thoroughly gratuitous recounting of how he and Josephine went to Lourdes at her suggestion for “a dirty weekend.” She persuades him to buy her a Madonna with red flashing lights that she insists that they keep on in the bedroom, with the result that he is unable to have sex and wanders through empty garishly-lit Lourdes streets that had been filled during the day with the sick and dying.

At the end we get to see the way the stroke occurred and progressed, with him thinking he’ll have to cancel the theater tickets for the performance to which he was taking his son on custody day. It’s eerie that this was what he thought about as he was descending into a maelstrom. The film’s title comes from Bauby positing that he is imprisoned in a diving bell and that the two things that are not paralyzed are his inspiration and his memory, which, like a butterfly escape the bell. He died at forty-three of pneumonia, ten days after the publication of his book.

Dr. Dans (AΩA, Columbia University College of Physicians and Surgeons, 1960) is a member of The Pharos’s editorial board and has been its film critic since 1990. His address is:

11 Hickory Hill Road
Cockeysville, Maryland 21030
E-mail: pdans@comcast.net
The American Plague: The Untold Story of Yellow Fever, the Epidemic that Shaped Our History
Molly Caldwell Crosby
Berkley Hardcover, New York, 2006

Reviewed by William Reed, MD

The term “American Plague” was once commonly used to describe an epidemic illness that included a large part of North America and Cuba that was settled by Europeans. The epidemic was actually a series of outbreaks occurring for over a century. An alternate name for the disease was “Yellow Jack,” but neither term is meaningful to most Americans today. In fact, this historically important disease, and its impact on the Americas, is seldom given much attention in the teaching of American history. This series of events is well described by Molly Caldwell Crosby in her well written and absorbing book The American Plague, subtitled The Untold Story of Yellow Fever, the Epidemic that Shaped Our History.

The first chapters cover the epidemic nature of this disease in the Americas, and focus on the huge epidemic in 1878, especially its effect on Memphis, the city most stricken by the disease. The cause of the disease and its mode of transmission were not known at the time. (It would be four more years before Koch in Germany proved that a bacterium, the tubercle bacillus, could actually cause a disease; but the germ theory was not well understood, even though the spread of disease by filth was considered the likely cause.) The epidemic was so severe that Memphis was evacuated except for 19,000 persons, of whom 17,000 contracted the disease. The author vividly describes Memphis as a city of corpses, with some of the features reminiscent of the great plagues of Europe. The mortality rate was variable in different outbreaks, but figures of seventy percent in white persons and four percent in black persons are given for one outbreak. The extreme racial discrepancy in susceptibility and mortality is not fully understood, but the fact that the disease was endemic in Africa and probably imported into the Americas by slave trade suggests that a resistant population had evolved in Africa and a highly susceptible population was encountered in the Americas. This story is told by highlighting historical individuals and their experiences as examples, a technique that brings the epidemic vividly to life.

A large portion of the book is devoted to the Yellow Fever Commission, headed by Major Walter Reed, that was assigned to Cuba following the Spanish American War, after the United States occupied Cuba and U.S. soldiers were succumbing in high numbers to the disease. The members of the commission—Walter Reed, Aristides Agramonte, James Carroll, and Jesse Lazear—are described, including their family lives and the effect that this disease had on them. By this time the mosquito had already been identified as the transmitter of malaria, but yellow fever was so commonly considered to be a disease of filth that the initial suggestion that the mosquito might be the transmitter of yellow fever to humans was met with derision. The original proposal was by Carlos Finlay, a Cuban physician who was obsessed by the idea, and raised colonies of the mosquito Aedes aegypti for study for twenty years before the Yellow Fever Commission requested samples of the mosquito eggs from him so they could raise mosquitoes and test the theory.

The activities of the Yellow Fever Commission are described in considerable detail. Prior to this and with the exception of the discovery of ether as an anesthetic agent, the United States was in the backwater of medical advancement, and indeed its physician training was far inferior to that obtainable in Europe or even in Cuba. The Commission conducted autopsies on persons who died of yellow fever, and conducted carefully devised experiments disproving filth and fomites as transmitters of the disease. They also used human experimentation to demonstrate that mosquitoes transmitted the disease between humans.

The use of human volunteers for these experiments is important in the history of the protection of human subjects in medical experimentation. The first volunteers for the mosquito experiments were from the commission itself, but subsequent volunteers were from the ranks of the U.S. Army. The disease had a high fatality rate, but the best medical care was provided to the volunteers, and none died. However, one member of the commission who was a physician, Jesse Lazear, observed a mosquito bite him while on a yellow fever ward, and did not stop the biting. He developed yellow fever and died. All of the volunteers except for commission members signed informed consent papers, a procedure that had never been followed before with any human volunteer experiments. All told, the number of volunteers infected was small, and the results were considered to be conclusive after some initial argument and discussion. After the initial self-experimentation, volunteers were offered a significant monetary incentive, but the first two volunteers declined the money, and indicated that they wanted to do this for the sake of the knowledge to be gained, not for the money.

Other aspects related to yellow fever covered in the book include descriptions of the efforts to eradicate mosquitoes in Havana and Panama, and early experiments with immunization. After
the Memphis epidemic, an engineer named George Waring developed and had installed a model sewer system for the city that included separate drainage systems for household wastes and rain water. This Waring System has become a standard feature in the sanitation systems of American cities and worldwide. Mosquito and other insect control, immunization, and sanitation are the current foundations for the prevention of yellow fever and many other infectious diseases. The beginnings of a scholarly approach to medicine in the United States, and the establishment of the first medical school, Johns Hopkins, are also described.

It would be difficult to read this book without developing considerable knowledge about the yellow fever epidemic in the Americas, and, as indicated in the subtitle, how the disease contributed to shaping the Americas. The text is followed by nearly fifty pages of notes in which the author describes her sources of information. The central themes of this book are likely to be of particular interest to infectious disease physicians and those concerned with the ethics of human experimentation, but the book should also be of interest to anyone concerned with the history of medicine or of the Americas.

Dr. Reed is emeritus professor of Medicine in the Division of Infectious Diseases at the University of New Mexico School of Medicine. His address is:
317 Hermosa SE
Albuquerque, New Mexico 87108

The Best of the Bellevue Literary Review
Danielle Ofri, editor

Reviewed by Richard Bronson, MD
(AΩA, New York University, 1965)

To think that a literary journal would find a publisher in the Chairman of a Department of Internal Medicine! Such a venture must be seen as an investment of limited funds. And all medical departments are under significant pressures these days, given increased competition for grant funds and falling reimbursement rates for services. Hence, the greater surprise that New York University’s Department of Medicine not only sponsored the Bellevue Literary Review, but has now kicked off a new literary press with this anthology, The Best of the Bellevue Literary Review (BLR). Of course, my years of training as a medical student and then resident at NYU taught me that Bellevue is a font of creativity in medicine, but who knew that its creative energy would extend to the world of literature?

I remember my father telling me that he was asked to quote from Shakespeare and Spenser during his interviews for admission to medical school. Son of a Jewish carpenter, he was the first in his family to attend college. He considered the Bard irrelevant, and I cannot repeat what he thought of the Faerie Queen. Physicians’ knowledge of literature was valued then. However, during the post-World War II era, when science and technology took the fore, the relevance of literature in a medical career was forgotten and familiarity with the written word eroded. But the pendulum has swung again. As Sherwin Nuland notes in his introduction to The Best of the BLR,

To write is also to share, so that one is no longer alone with emotions whose meaning can become clarified by the telling. The process of finding words to express the feeling, and then transcribing those words onto a page is something like seeking advice from a wise friend; elucidating a chaotic thought to readers will often elucidate it to ourselves. . . .

This volume is an anthology of [such] stories. Whatever else may be its lessons, it teaches us the ways in which we are bound up together in the presence of illness. . . . The stories in this book guide us toward the paths of understanding.

In all these ways, writing is a means of healing.

Danielle Ofri, an internist as well as writer of wisdom and humor, has succeeded in establishing this venture and surrounding herself with a highly competent staff. Just look through the contents of The Best of the BLR. That poets and writers of high stature have contributed to the BLR attests to its credibility within the world of literature. Dr. Ofri and her staff have been given a unique opportunity to establish a literary journal within the walls of the oldest public hospital in the United States, the place of last resort for nearly three hundred years! The name Bellevue evokes images of the homeless, huddled masses, the tempest-toss’d—to paraphrase Emma Lazarus—that have been cared for over the centuries. This noble heritage informs the editorial policy of the journal.

The Best of the BLR consists of three parts (Initiation, Conflict, and Denouement) subdivided into ten sections—Patients, Doctors, Disability, Coping, Connections, Family, Mortality, Death, Loss, Aftermath—which cover the cycle of illness, return to health, or loss that one encounters in the illness experience. The contributors, an eclectic group, for illness knows no boundaries, include recognized writers and others less known, established physicians and those in training, nurses, people
who have experienced illness as former patients or their families, novelists, poets, professors of English, Peace Corps volunteers, a lawyer, and a psychologist. And what of the material that constitutes this anthology, does it succeed? When writing about illness, one must be careful to avoid the topical piece without emotional impact, the personal loss that cannot be generalized. There is a fine line between genre writing and emotional flatness, the harsh bitterness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Compare these fine poems with the emotional flatness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Contrast these with the sad intensity in “Sentence” by Barbara Lefcowitz, and the unexpected in David Shine’s “Revelations” all deserve special note. Compare these fine poems with the emotional flatness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Contrast these with the sad intensity in “Sentence” by Barbara Lefcowitz, and the unexpected in David Shine’s “Revelations” all deserve special note. Compare these fine poems with the emotional flatness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Contrast these with the sad intensity in “Sentence” by Barbara Lefcowitz, and the unexpected in David Shine’s “Revelations” all deserve special note.

I have admired Philip Levine for a long time, read him while a resident and over many subsequent years, and attended his eightieth birthday celebration at the Cooper Union recently. His poem “Above the Angels” does not let me down. Yet James Tate’s “The Long Journey Home” carries no emotional weight and strikes me as a literary artifice of little validity. It cannot compare with “Angina,” written by Alicia Ostriker, who has experienced serious illness herself and written about it in a bold, open manner:

The flat field of my chest stretches like a drumskin
once there was a seabed here
then a swamp . . . p.40

I particularly enjoyed the matched poems by Linda Pennisi, who captures a mother’s feeling on her daughter’s beginning medical school. “Shobo,” the contribution by physician-poet Dannie Abse, was memorable in its subject matter and cadence. “Prisoner,” John Stone’s multilayered poem, tells a tale of interest, even though it is somewhat didactic in style:

During the past 40 years, I have thought often
of that prisoner, who volunteered to breathe
the bad air of this world, who sickened with the mosquito, but did not die.977

I found “First Born” by John Grey emotionally intense, yet wondered under what circumstances an expectant father would find himself in an obstetrical waiting room with cancer patients and the elderly. Then, of course, waiting rooms in Australia, the poet’s home, may be different from those in the States. The poignancy of Rachel Hadas’s “Forgettery,” the harsh bitterness in “Sentence” by Barbara Lefcowitz, and the unexpected in David Shine’s “Revelations” all deserve special note. Compare these fine poems with the emotional flatness of Nikki Moustaki’s “Writing Poems on Antidepressants” or David Lehman’s “In the Hospital.” Contrast these with the sad intensity and subtlety of Floyd Skloot’s “Midnight in the the Alzheimer’s Suite”:

Lost in the midnight stillness, my mother
rises to dress . . .
. . . But the coiling lyric snakes
back on itself . . . p.133

And the powerful imagery and flow in Melisa Cahnmann-Taylor’s “How Suffering Goes” hits you in the gut:

. . . Her chant is a haunt that echoes from closets of old clothes, old minds like old monkeys, always moving, scratching, knocking on glass. p.131

I also recommend “The Golden Hour,” the title poem of Sue Ellen Thompson’s most recent book, an emotionally complex, evocative work dealing with the terminal illness of her mother.

Those final weeks, there was an hour each afternoon when stillness would conspire with autumn light. They would embrace my mother in her sickbed and my father with his book spread-eagled on his chest beside her, dozing.

. . . I’d walk the fields behind their house, the endless avenues of dry golden cornstalks leading nowhere and away,
. . . . Pausing mid-field, I’d turn instinctively back toward that slowly stirring maelstrom

of grief. My mother would waken to the sound of a November wind quickening around the corners of the house and the sun dropping into its coin box. p.215–16

In “Living Will,” Holly Posner fantasizes a dinner of medical doctors and their wives discussing death and the difficulty of deciding when it’s time to go, if one were given the choice. The poem captures a dark humor, ending on a poignant note.

We ride home in silence, wondering how we’ll manage not to die too soon, not to live too long. Although he loves me I understand he’ll not be the one to whisper, It’s time, help me load my pockets down with stone. p.231

I found Rafael Campo’s “Silence = Death” blatant and heavy handed. It is not representative of his best writing.

Then, we’re silent, counting moments, death counting us in all its infiniteness, in all we know that words cannot explain. p.243

“A Widow at 93” by Andrew Merton is a spare poem, too spare for my tastes, leaving much out. Yet, done well, a “tight” poem can be very effective, as in Arlene Eager’s “Postoperative Care.”

Gray Jacobick’s poem “The Accident” suffers from being too didactic, to this reviewer’s taste.
The unexpected comes preceded by its irreversibility the way a bride comes down the aisle.

Lisa Rosen’s “In Suicide’s Tracks” captures well the complex emotions of loss associated with suicide. Elinor Benedict’s “Helicopters” succeeds in merging the exotic with the common—places of war and death. I believe the best poem dealing with loss in the collection is Judy Katz’s “The Weight of Absence.” She achieves a balance of metaphor and constraint.

I had watched you grow smaller and smaller, ice chips on your tongue. And as the morphine took you here and there . . . I thought I understood: lighter and lighter you would become, a lightness leading to nothing.

But the house did not rise that day; it sank. No mass no matter no thing in the bed in the blankets in your place.


Ronna Wineberg, senior fiction editor of the BLR, notes in the forward to its Spring 2008 issue, “At some point, all of us will become patients or will have to cope with the illness or death of someone we love. Stories, poems, and essays allow a reader to live a different life, experience unfamiliar situations and perspectives.” Has the BLR succeeded in bringing together a literature that “elevates and clarifies ordinary moments of intimacy, crisis, and change”? The answer is unequivocally yes.

Dr. Bronson is a member of the editorial board of The Pharos and Director of the Division of Reproductive Endocrinology at the Stony Brook University Health Sciences Center. His address is: Stony Brook University Medical Center School of Medicine Department of Obstetrics, Gynecology & Reproductive Medicine T9-080 Health Sciences Center Stony Brook, New York 11794-8091 E-mail: richard.bronson@stonybrook.edu

Dr. Claman (ALOA, University of Colorado, 1979) is partly retired from the University of Colorado. He is a member of the editorial board of The Pharos. His address is: Mail Stop B664, Denver, Colorado 80262. E-mail: henry.claman@uchsc.edu.
“These Foolish Things”

This is to express my appreciation for your editorial piece in the Spring Pharos. I especially noted your comments and selected lines from “These Foolish Things,” one of my most frequently revisited ballads from the times when music was music. “A tinkling piano in the next apartment . . . Those stumblin’ words that told you what my heart meant.” It don’t get any better than that!

There have been a number of notable renditions through the years. I currently am enjoying Concord Jazz’s Rosemary Clooney: For the Duration. This has several other fine pieces, including “Ev’ry Time We Say Goodbye” and “For All We Know.” A piano-only including “Ev’ry Time We Say Goodbye” and “For All We Know.” A piano-only

Cary Sullivan, MD
(AΩA, Emory University, 1946)
Atlanta, Georgia

Credit for Dr. John Kolmer

The paper in the spring issue of The Pharos, “The Congressional Polio Vaccine Hearings of 1955: A landmark in biomedical research” (pp. 13–21), reminded me of a personal experience on this subject. There was a serious polio outbreak in Philadelphia in the early 1930s when I was about ten years of age. As I recall, school opening was postponed, we were told to avoid crowds, movies, etc. I heard later that a vaccine was being field tested but had to be stopped since several cases of polio developed after administration of the experimental vaccine. I later learned that a Dr. Kolmer developed this vaccine.1,2

Fast forward, when I started at Temple University School of Medicine in 1942, John A. Kolmer, MD, DSc, LLD, was chair of Medicine who developed this experimental vaccine. I also learned that several children of the Temple Medical School faculty received this experimental vaccine.

Ms. Williamson’s article indicated that “certain lots of the vaccine produced by Cutter Laboratories in California were found to contain small amounts of live virus that had escaped inactivation. More than fifty California children and members of their families developed paralytic poliomyelitis shortly after the first inoculations in April 1955.”3

Dr. Kolmer was certainly a pioneer and instead of being a footnote to history, he did not receive the credit he deserved.

References

Albert J. Finestone, MD, MSc, FACP
(AΩA, Temple University, 1974)
Philadelphia, Pennsylvania

A slow attrition of primary care in South Asia

Thanks to the generosity of Professor Richard Sobel of Israel, I happened to read your 2007 issues of The Pharos. This was the first time I happened to read your periodical. I work at the KIST Medical College, a new medical school in the Kathmandu Valley in Nepal, and am keenly interested in the medical humanities and the art of medicine.

I enjoyed reading The Pharos. The magazine is well produced and looks at medicine from a different and unorthodox perspective. I especially liked the readability and the writing style of the articles. Poems, short stories, The physician at the movies, and Reviews and reflections were especially interesting. I read with deep interest the editorial in the Winter 2007 issue titled “Endangered species.” The cost of medical care is constantly increasing and as said in the editorial in your Autumn 2007 issue, Americans emphasize providing the best quality of care for the sick regardless of cost. This may be true not just in America, but increasingly in other countries around the world.

I personally believe that the role of a graduate medical doctor has been consistently underemphasized and devalued in today’s technological culture. This is happening not only in the technologically advanced societies, but even in developing countries. The majority of the illness in a particular community can be tackled by a graduate doctor. For many of the illnesses even a
doctor is not required, and a properly trained health care worker will be able to deliver treatment of an acceptable quality. Many countries have successfully used health care workers to deliver health care to rural areas, and to the disadvantaged and underprivileged among the urban population.

Unfortunately these days, people even in South Asia are beginning to turn to specialists and superspecialists for health care delivery. This leads to increasing cost of treatment, overtreatment, and overuse and waste of scarce resources. The general practitioner is beginning to die a slow, sad, and unla mented death in South Asia. It is becoming imperative for medical school graduates to specialize. In this part of the world, students join medical school after twelve years of schooling, and graduation is not mandatory. The four and a half years of training are followed by a year of compulsory rotating internship. Internship is a vital period to gain practical experience. The internship has become devalued today and unfortunately most students regard it as a time to prepare for residency/postgraduate entrance examinations.

Previously a graduating doctor could carry out minor surgeries, conduct normal deliveries, and manage medical emergencies. These days, our graduates are not confident about even handling the simplest of patients. I personally think that the solution is in strengthening basic medical training and, as stated in the editorial, improving conditions for general practitioners. However, in this part of the world, unlike in the United States, a general practitioner need not have a postgraduate qualification. A basic medical degree followed by a year of training should suffice.

I really enjoyed your magazine and hope that in coming years you will go from strength to strength.

P. Ravi Shankar, MD
*KIST Medical College
Imadol, Lalitpur, Nepal

Green for Danger
Thank you for your wonderful review of *Green for Danger*. I’ve never known anyone else to have seen it and was so surprised to see your review. Alistair Sim is most definitely on my short list of British actors, and makes anything he is in a sheer joy. Another that I loved was *Stage Fright* with Jane Wyman.

I couldn’t agree more about Britain’s Golden Age of Cinema. My husband knows that when I’m upset, one thing that will calm me down is an old black and white British film, preferably a murder mystery or something of the *Whiskey Galore!* genre.

Thank you again.

Jeanne Blaha
*Nevada City, California*

P.S. Just so I don’t fly under false colors, my husband is the physician, not I. We’re both very proud that his son, a very recent graduate of Wake Forest Medical School, has been asked to join Alpha Omega Alpha.

Goya’s illnesses—infec tious? environmental?

In “Portraits: “Goya and his physician, Dr. Arrieta,” Winter 2008, Henry N. Claman, MD, discusses the health of the famous Spanish artist Francisco Goya (1746–1828). He describes the major illness which struck the artist when he was in his forties and provides a differential diagnosis. We feel that malaria is a far more likely possibility than any of the entities discussed.1 Malaria was endemic in Spain during the eighteenth and nineteenth centuries. As late as 1943 more than 400,000 cases were reported and there were more than 1,300 fatalities. Goya was familiar with the best method of treating malaria available during his lifetime, cinchona bark, which contains quinine, and even wrote about its efficacy in treating this disease.

We agree that syphilis is not consistent with Goya’s signs and symptoms and that meningitis is another possibility. Lead encephalopathy, though, is unlikely since Goya was a painter to the court and was provided an assistant to mix his pigments. We agree that Vogt-Koyanagi-Harada disease might be consistent with a few features of this illness, but its rarity, especially in a Spanish population, makes it very speculative.

Little is known about Goya’s next major bout of illness, which began in 1819, when the artist was seventy-three years of age. It took place during a period that “the pest” (probably yellow fever) ravaged Spain. Goya painted his self-portrait with Dr. Arrieta in 1820 to commemorate his recovery and thank Arrieta.

Reference

James G. Ravin, MD
*Toledo, Ohio*

Tracy B. Ravin, MD
*Melbourne, Florida*

Dr. Claman responds to Drs. Ravin

I overlooked the Ravins’ original and perceptive suggestion that Goya’s earlier illness might have been malaria, complicated by cinchonism, leading to deafness. With regard to cinchona bark treatment, this would have been appropriate for malaria, and possibly prevented recurrence of the same. As to an overdose, if this were on a doctor’s orders, the sequela of total and permanent deafness would have been a high price to pay. It might also confirm Goya’s low opinion of doctors, as shown in the *Los Caprichos* illustration. Nonetheless, he seemed to be cured of the disease. As the later portrait of him with Dr. Arrieta shows, Goya also became cured of his mistrust of his doctors.

Henry N. Claman, MD
*(AQA, University of Colorado, 1979)*
*Denver, Colorado*
Don’t return it, please!
I had informed AΩA some time ago that my husband had died, but the beautiful key ring arrived today. Shall I return it to you?
I must confess that I have guiltily enjoyed reading The Pharos that have continued to come, rationalizing that since I had worked long hours of nursing while Earl was in medical school, I might be just a little entitled to them. Of course, that isn’t true, and I apologize for not having sent another letter to inform you of his death.

Judith Ginn
Nashville, Tennessee

Dr. Harris responds to Mrs. Ginn
We are sad, indeed, that Earl has died, but we are very pleased that you received the key ring and we hope that you can use it proudly. We are especially pleased that you have enjoyed reading The Pharos. I estimate that although its circulation is in the range of 40,000 copies for each issue, the number reading it is twice that, considering the pleasure it brings to friends and relations. The more readers the better—especially when one of those worked while a spouse struggled through medical school!

Edward D. Harris, Jr., MD
Editor, The Pharos

A formula for restoring primary care
It is troubling to see that only thirteen percent of this year’s Stanford graduating medical students chose an internal medicine internship. Certainly a substantial number of these trainees will sub-specialize, further draining the future supply of general internists. Although an appallingly low figure, it’s in line with a nationwide trend.
There have been innumerable articles and thought pieces as to the reasons why such an incredibly interesting and intellectually challenging specialty as general internal medicine is suffering so, almost all agreeing that it’s related to lifestyle issues of the general internist (read underpaid and overworked).
I offer the following simplistic approach as a possible solution. This would be in the context of a national single-payer system and is a variation on the model of a retainer practice.
A general internists’s salary structure would be based on the following formula:
- An “X” component high enough to guarantee a reasonably livable wage (something like $125,000 to $150,000 per year but varying by region of the country).
- A “Y” component to care for an agreed upon, minimum number of patients (e.g., 1200 to 1500 patients per physician rather than the current requirement of two to three times that number) and which, importantly, would vary based on a physician’s age, training, experience, reputation, quality-standards met, and patient-panel mix. The range might be something like $25 per patient for a newly-minted internist just out of training to $50 per patient for a seasoned, expert clinician (the doctor’s doctor who cares for complex and/or older patients). The “Y” component would not begin until a threshold enrollment was reached (e.g., something like seventy-five percent of the goal panel size).
- A “Z” component as a patient co-pay ($20 to $25) to modestly impede patient overuse.
- The “Y + Z” would serve as an incentive for the fee-for-service and efficient physician to see more patients and augment his or her income. To keep the rightful emphasis on careful, thoughtful, thorough, evidence-based practice, a cap would be put on the total number of patients in a physician’s panel.
My reasons for proposing this are to attract substantially more of our medical students and residents to the field of internal medicine, as was the case in times past, and also to reposition general internal medicine to its rightful place as one of the crown jewels in academic medical centers as it once was.
This salary structure will also mitigate the relentless emphasis on our current production-based patient care delivery system which has drained the lifeblood from our discipline.

Michael B. Jacobs, MD
(AΩA, Washington University, 1966)
Stanford, California

“Wrongful death”
Thanks for the strong editorial in the Summer issue of The Pharos. I continue to be amazed that in the twenty-first century people continue to hold these beliefs or, in a more specific context, continue to inveigh against vaccination when it has been shown to be such an effective disease preventive. More straightforward expositions like this might help educate the country.
Years ago, I watched helplessly as a woman bled out from a carcinoma of the colon, and neither she nor her family would permit me to interfere with therapy. I have never forgotten it.

J. Joseph Marr, MD
(AΩA, Johns Hopkins University, 1964)
Broomfield, Colorado

The thoughts of doctors
Dear Dr. Coulehan,
I congratulate you on your well-written review of Dr. Groopman’s How Doctors Think. Your points about its limitation are certainly of great significance also in reducing advancing costs of medical care, if only defensive practice were less used. Finally, I thought you were brave to start your review with the personal patient history which is so instructive.

Leonard S. Sommer, MD
(AΩA, Columbia University, 1947)
Key Biscayne, Florida

The Pharos/Autumn 2008
88th annual banquet and induction ceremony at the University of Texas Medical Branch at Galveston (Alpha Texas)

On May 30, 2008, the University of Texas Medical Branch (UTMB), Texas Alpha Chapter of Alpha Omega Alpha celebrated its traditional banquet and new member induction at the historic Hotel Galvez in Galveston, the site of many Texas Alpha AΩA banquets over the past fifty years. Held the night before the School of Medicine graduation, it was attended by student and faculty AΩA members, including the School of Medicine Dean and Provost, Dr. Garland Anderson, and the families of newly-inducted members.

The banquet culminated a year of AΩA service activities including: HIV Awareness Production Ball High (October 2007), D'Feet Breast Cancer Fun Run/Walk (October 2007), Community Health Screening Fair at local UTMB clinics (February 2008), coordinating the volunteer effort at the Galveston County Health Fair (March 2008), American Cancer Society Relay for Life (April 2008), and Science Fair judging at local junior highs (April 2008). In addition to the strong community outreach, students and faculty were able to discuss plans for the future at the AΩA Spring Faculty/Student Mixer on March 10, 2008. This year also involved the awarding of an AΩA Student Service Award to Allison Wisenthal (Class of 2010) for her project Stay Shady. Stay Shady is a program for dermatologic awareness and screening for Galveston youth. The Student Service Renewal Award went to the Teen Health Camp, led by Kristopher Hooten and Brian Gilmer. This student-created project promotes health education and healthier lifestyles among teenagers in the Galveston community.

The highlight of the year was a two-day visit by Dr. Edward Harris, Jr., executive secretary of AΩA and editor of The Pharos. Dr. Harris met with AΩA 2007/2008 student officers Brian B. Gilmer, Victoria Gomez, and Brian C. Quigley, as well as with other student AΩA members and UTMB faculty over the course of his visit. His purpose was to educate them, AΩA councilor Dr. B. Mark Evers, and secretary/treasurer, Dr. Lisa Farmer, on the activities and fundraising methods of other AΩA chapters.

The banquet followed a reception for members and their families, and began with a welcome by Victoria Gomez. Following dinner, Brian Gilmer introduced Dr. Harris, who inspired the audience with his discussion of excellence, professionalism, and mentoring.

The evening ended with in induction of new members by Drs. Evers and Farmer, with Dr. Jack B. Alperin, professor of Internal Medicine, leading them in the recitation of the Declaration of Geneva.
New members at the University of Texas Medical Branch at Galveston. Front row, left to right: Adam Richter, Kristopher Hooten, Lauren Layer, Rachel Le, Abby Patel, John Brach, Brian Gilmer. Second row, left to right: Dr. Lisa Farmer, Nisha Patel, Lance Freeman, Sabrina Akhtar, Julie Cummings, Rachel Finehout, Di Lin Parks. Third row, left to right: Jared Herr, Billy Taylor, Ryan Neilan, Barbara Heil, J’Cinda Bitters, Katherine Kintner. Fourth row, left to right: Brian Quigley, Jason Mann, Phillip Wortley, Victoria Gomez, Conner Chan, Ashley Group, Kristen Boyle. Not shown: Leechuan “Andy” Chen, Harold DelasAlas, Chad David Fairchild, Clarisa Ysela Garcia, Jeffery John Houlton, Qaali Abdalla Hussein, Jared Moshe Kasper, Rachel-Elizabeth Lindenborn, John Livingston, Neema Nayeb-Hashemi, Donna Nguyen, Jennier Gail Schopp, Derrick Yuan Sun, Laura Umstattd.
The Alpha Omega Alpha Volunteer Clinical Faculty Award is presented annually by local chapters to recognize community physicians who have contributed with distinction to the education and training of medical students. AΩA provides a permanent plaque for each chapter’s dean’s office; a plate with the name of each year’s honoree may be added each year that the award is given. Honorees receive framed certificates. The recipients of this award in the 2007/2008 academic year are listed below.

ALABAMA
University of South Alabama College of Medicine
Keith Kevin Varden, MD

CALIFORNIA
University of California, San Francisco, School of Medicine
Linda M. Gaudiani, MD

DISTRICT OF COLUMBIA
The George Washington University School of Medicine and Health Sciences
Stanley Talpers, MD

FLORIDA
University of Florida College of Medicine
Allen Brasington, MD

GEORGIA
Morehouse School of Medicine
Robert Story, MD

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine and Science
Jaye Schreier, MD
Southern Illinois University School of Medicine
Donald Ross, MD
University of Chicago Division of the Biological Sciences Pritzker School of Medicine
Clement Rose, MD

INDIANA
Indiana University School of Medicine
Curt R. Ward, MD

IOWA
University of Iowa Roy J. and Lucille A. Carver College of Medicine
Robert Friedman, MD

KENTUCKY
University of Louisville School of Medicine
Jack Hamman, MD

LOUISIANA
Louisiana State University School of Medicine in New Orleans
Bernard Landry, MD
Louisiana State University School of Medicine in Shreveport
Donald C. Fournier, MD

MARYLAND
Johns Hopkins University School of Medicine
Lawrence Pakula, MD
Uniformed Services University of the Health Sciences F. Edward Hebert School of Medicine
David H. Rice, MD

MASSACHUSETTS
University of Massachusetts Medical School
Paul Hart, MD

MICHIGAN
University of Michigan Medical School
Walter M. Whitehouse, Jr., MD

MINNESOTA
University of Minnesota Medical School—Twin Cities
Jay O. Lenz, MD

NEBRASKA
University of Nebraska College of Medicine
Joel Travis, MD

NEW JERSEY
UMDNJ—New Jersey Medical School
Anthony Abdulla Al-Khan, MD

NEW YORK
Albany Medical College
Steffani Cotugno, DO
Cornell University Joan and Sanford I. Weill Medical College and Graduate School of Medical Sciences
Richard P. Cohen, MD
Mount Sinai School of Medicine of New York University
Seymour Gendelman, MD
The award recognizes the AΩA chapter administrators who are so important to the functioning of the chapter. The nomination is made by the councilor or other officer of the chapter. A gift certificate is awarded to the individual, as well as a framed Certificate of Appreciation.

The following awards were made in 2008:

**Sonia Beasley**
Beta, University of Maryland School of Medicine
Nominated by Gary Plotnick, M.D.

**Carlene Bryan**
Beta, Cornell University Joan & Sanford I. Weill Medical College & Graduate School of Medical Sciences
Nominated by O. Wayne Isom, MD

**Brenda Hicksenheiser**
Eta, Pennsylvania State University College of Medicine
Nominated by Robert Atnip, MD

**Karen Skibiski**
Zeta, Northeastern Ohio Universities College of Medicine
Nominated by Dennis Lunne, MD

**Heather Winn**
Gamma, Northwestern University Feinberg School of Medicine
Nominated by Walter Barr, MD

---

**New York Medical College**
**Kumarie Nandi, MD**

**New York University School of Medicine**
**Douglas Bails, MD**

**State University of New York, Downstate Medical Center College of Medicine**
**Eric S. Siegel, MD**

**State University of New York Upstate Medical University College of Medicine**
**Luis Castro, MD**

**Stony Brook University Health Sciences Center School of Medicine**
**William B. Smithy, MD**

**University of Rochester School of Medicine and Dentistry**
**Ralph J. Doerr, MD**

**University of North Dakota School of Medicine and Health Sciences**
**Gordon D. Leingang, MD**

**Ohio State University College of Medicine**
**David T. Applegate II, MD**

**University of Cincinnati College of Medicine**
**Barry Blumenthal, MD**

**Pennsylvania State University College of Medicine**
**Kenneth M. Granet, MD**

**University of South Carolina School of Medicine**
**Scott J. Petit, MD**

**Meharry Medical College School of Medicine**
**Ida Michele Williams, MD**

**Vanderbilt University School of Medicine**
**John B. Wheelock, MD**

**University of Texas Southwestern Medical Center at Dallas**
**Marvin J. Stone, MD**

**Virginia Commonwealth University School of Medicine**
**James Anderson, MD**

**University of Washington School of Medicine**
**Nicholas Hunt, MD**

---

**Alpha Omega Alpha Administrative Recognition Awards, 2007/2008**

**Ohio**
Ohio State University College of Medicine
David T. Applegate II, MD

University of Cincinnati College of Medicine
Barry Blumenthal, MD

**Pennsylvania**
Drexel University College of Medicine
Kenneth M. Granet, MD

**Virginia**
Virginia Commonwealth University School of Medicine
James Anderson, MD

**Washington**
University of Washington School of Medicine
Nicholas Hunt, MD

**West Virginia**
West Virginia University School of Medicine
James E. LeVos, MD
Begun in 1993 as the Chapter of the Year award, this program was intended to recognize outstanding contributions made by an AΩA chapter. In 1997, the program became the AΩA Chapter Development Awards, aimed at encouraging ongoing original and creative programs being carried out by AΩA chapters. In 2003, the program again changed to the AΩA Medical Student Service Project awards, which became an award available to any student or group or students at a school with an active AΩA chapter.

Funds of up to $2000 per year, renewable for a second year at $1000 and a third year at $500, are available to students to aid in the establishment or expansion of a medical student service project benefiting a school or its local community. One application per year per school is allowed, selected by the school's AΩA councilor and dean from the proposals submitted.

Medical Student Service Projects funded by AΩA during the 2007/2008 school year were:

ARKANSAS
University of Arkansas College of Medicine
Soaring with Sunscreen

CALIFORNIA
University of California, Irvine, School of Medicine
Skin Cancer Awareness, Education and Detection for Cosmetologists and Allied Health Professionals

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine and Science
NVLS Free Clinic Language Specific Materials, second year
University of Chicago Pritzker School of Medicine, Division of the Biological Sciences
PCSF (Pritzker Community Service Fellowship)
University of Illinois at Chicago
The Vision Mission, second year

KANSAS
University of Kansas School of Medicine
En Control—Diabetes Education

MASSACHUSETTS
Boston University School of Medicine
MEDHEALTH, third year

MINNESOTA
Mayo Medical School
The Harvest Classic Road Race, third year

NEW YORK
Albany Medical College
Capitol Region Veteran's Stand Down
Columbia University College of Physicians and Surgeons
Columbia-Harlem Homeless Medical Partnership (CHHMP)
Mount Sinai School of Medicine of New York University
Community Health Fair, second year
University of Rochester School of Medicine and Dentistry
Rochester Youth in Motion

NOVA SCOTIA
Dalhousie University Faculty of Medicine
Everest Project, second year

OHIO
Ohio State University College of Medicine
MD Camp, second year
University of Cincinnati College of Medicine
MEDVOUC: Expanding and Improving Medical Education out of the Classroom and into the Community, second year

RHODE ISLAND
The Warren Alpert Medical School of Brown University
SNMA (Student National Medical Assoc) Health Fair

SOUTH CAROLINA
Medical University of South Carolina College of Medicine
World AIDS Day Program

TENNESSEE
University of Tennessee Health Science Center, College of Medicine
Health Education for Inmates in Shelby County, Tennessee
Vanderbilt University School of Medicine
Partnerships in Dental Health

TEXAS
University of Texas Medical Branch, University of Texas Medical School at Galveston
Stay Shady!
University of Texas Medical Branch, University of Texas Medical School at Galveston
Teen Medical Academy & Teen Health Camp, second year
University of Texas Southwestern Medical Center at Dallas
Southwestern Medical School
Translator Apprenticeship Program
Beginning in 2002, Alpha Omega Alpha’s board of directors offered every chapter the opportunity to host a visiting professor. Forty-nine chapters took advantage of the opportunity during the 2007/2008 academic year to invite eminent persons in American medicine to share their varied perspectives on medicine and its practice.

Following are the participating chapters, their councilors, and their visitors.

ARKANSAS
University of Arkansas College of Medicine
Anne T. Mancino, MD, councilor
James Patrick O’Leary, MD, Florida State University School of Medicine

CALIFORNIA
Loma Linda University School of Medicine
Sarah M. Roddy, MD, councilor
Donald Melnick, MD, National Board of Medical Examiners

DISTRICT OF COLUMBIA
The George Washington University School of Medicine and Health Sciences
Alan Wasserman, MD, councilor
Burton Rose, MD, Harvard Medical School
Howard University College of Medicine
Pauline Y. Titus-Dillon, MD, councilor
Richard Derman, MD, Christiana Care Health Services

FLORIDA
University of Florida College of Medicine
Heather Harrell, MD, councilor
Charles Griffith, MD, University of Kentucky College of Medicine
University of Miami Leonard M. Miller School of Medicine
Alex J. Mechaber, MD, councilor
Eliseo Pérez-Stable, MD, University of California San Francisco School of Medicine

University of South Florida College of Medicine
Patricia J. Emmanuel, MD, councilor
Bruce L. Gewertz, MD, Cedars Sinai Medical Center

GEORGIA
Morehouse School of Medicine
Frances J. Dunston, MD, councilor
Betty S. Pace, MD, University of Texas Southwestern Medical Center at Dallas

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine and Science
Eric P. Gall, MD, councilor
Michael Zdon, MD, Chicago Medical School at Rosalind Franklin University of Medicine and Science

University of Chicago Division of the Biological Sciences Pritzker School of Medicine
Holly J. Humphrey, MD, councilor
Michael J. Collins, MD, Hinsdale Orthopaedic Associates

INDIANA
Indiana University School of Medicine
Aslam R. Siddiqui, MD, councilor
John L. Tarpley, MD, Vanderbilt University School of Medicine

KANSAS
University of Kansas School of Medicine
Jeffrey M. Holzbeierlein, MD, councilor
The Honorable Louis W. Sullivan, MD, Morehouse School of Medicine

LOUISIANA
Louisiana State University School of Medicine in New Orleans
Peter M.C. DeBlieux, MD, councilor
Louis Rice, MD, Case Western Reserve University School of Medicine
Louisiana State University School of Medicine in Shreveport
Jeffrey German, MD, councilor
Stuart M. Brooks, MD, University of South Florida School of Medicine
Tulane University School of Medicine
N. Kevin Krane, MD, councilor
Ellen Pearlman, MD, New York University School of Medicine

MARYLAND
University of Maryland School of Medicine
Peter E. Dans, MD, councilor
Martin J. Blaser, MD, New York University School of Medicine
Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine
Robert E. Goldstein, MD, councilor
Claudia S. Robertson, MD, Baylor University College of Medicine

MASSACHUSETTS
Tufts University School of Medicine
John Unterborn, MD, councilor
Edward O’Neil, MD, Omni Med

MICHIGAN
Michigan State University College of Human Medicine
E. James Potchen, MD, councilor
Ronald Davis, MD, American Medical Association/Henry Ford Health System
University of Michigan Medical School
Cyril Grum, MD, councilor
Edward D. Harris, Jr., MD, Alpha Omega Alpha Honor Medical Society

MINNESOTA
University of Minnesota Medical School—Twin Cities
Charles Billington, MD, councilor
Edward D. Harris, Jr., MD, Alpha Omega Alpha Honor Medical Society

The Pharos/Autumn 2008 55
Visiting professorships, 2007/2008

MISSOURI
University of Missouri—Columbia School of Medicine
  Thomas Selva, MD, councilor
  Faith Fitzgerald, MD, University of California, Davis, School of Medicine
  David Wooldridge, MD, councilor
  Emery Wilson, MD, University of Kentucky College of Medicine

NEBRASKA
Creighton University School of Medicine
  William I. Hunter, MD, councilor
  Gary S. Francis, MD, Cleveland Clinic Foundation
  University of Nebraska College of Medicine
  Robert Wigton, MD, councilor
  Ray Hershberger, MD, University of Miami Miller School of Medicine

NEW YORK
Albany Medical College
  Neil Lempert, MD, councilor
  William P. Schecter, MD, University of California, San Francisco, School of Medicine
  John C. M. Brust, MD, councilor
  Joseph G. Verbalis, MD, Georgetown University School of Medicine
Cornell University Joan and Sanford I. Weill Medical College and Graduate School of Medical Sciences
  O. Wayne Isom, MD, councilor
  Richard F. Daines, MD, New York State Health Department
Mount Sinai School of Medicine of New York University
  Lisa Bensinger, MD, councilor
  Alfredo Quiñones-Hinojosa, MD, Johns Hopkins School of Medicine
New York Medical College
  William H. Frishman, MD, councilor
  Lynne M. Kirk, MD, MACP, University of Texas Southwestern Medical School
State University of New York, Downstate Medical Center College of Medicine
  Arthur H. Wolintz, MD, councilor
  Edward D. Harris, Jr., MD, Alpha Omega Alpha Honor Medical Society
Stony Brook University Health Sciences Center School of Medicine
  Jack Fuhrer, MD, councilor
  Peter Avery Boling, MD, Medical College of Virginia

NORTH CAROLINA
Wake Forest University School of Medicine
  K. Patrick Ober, MD, councilor
  Bennett deBoisblanc, MD, Medical Center of Louisiana

NOVA SCOTIA
Dalhousie University Faculty of Medicine
  Lisa Bonang, MD, councilor
  Shane Neilson, MD, Erin, Ontario

OHIO
University of Toledo College of Medicine
  L. John Greenfield, MD, councilor
  Kathleen Franco-Bronson, MD, Cleveland Clinic Foundation

PENNSYLVANIA
Jefferson Medical College of Thomas Jefferson University
  Clara A. Callahan, MD, councilor
  Frederick S. Kaplan, MD and Eileen M. Shore, MD, University of Pennsylvania School of Medicine

PUERTO RICO
Ponce School of Medicine
  Ivan Iriate, MD, councilor
  Joxel Garcia, MD, US Department of Health & Human Services
  University Central del Caribe School of Medicine
  José Ginel Rodríguez, MD, councilor
  Erik A. Larsen, MD, White Plains Hospital Center, New York
  University of Puerto Rico School of Medicine
  Esther Torres, MD, councilor
  Robert J. Paeglow, MD, Koinonia Health Care

RHODE ISLAND
The Warren Alpert Medical School of Brown University
  Charlotte Boney, MD, councilor
  Jim Yong Kim, MD, Harvard Medical School

SOUTH CAROLINA
University of South Carolina School of Medicine
  Charles S. Bryan, MD, councilor
  John Noble, MD, MACP, Boston University School of Medicine

TENNESSEE
The Texas A&M University System Health Science Center College of Medicine
  Mark L. Montgomery, MD, councilor
  James Thrall, MD, Harvard Medical School
  University of Texas Medical Branch, University of Texas Medical School at Galveston
  Bernard M. Evers, MD, councilor
  Edward D. Harris, Jr., MD, Alpha Omega Alpha Honor Medical Society

TEXAS
University of Washington School of Medicine
  Douglas S. Pauw, MD, councilor
  Rich Simons, MD, Pennsylvania State University

WASHINGTON
University of Washington School of Medicine
  Joan C. Edwards School of Medicine at Marshall University
  Bob L. Miller, MD, councilor
  Robert C. Cicco, MD, Temple University

WEST VIRGINIA
University of Pittsburgh School of Medicine
  Melanie Fisher, MD, councilor
  David E. Eibling, MD, University of Pittsburgh School of Medicine

56  The Pharos/Autumn 2008
While I lie flat
on my abdomen
my face, puffed like jelly
rests on the donut hole
of the table.

Large dustballs
like clusters of silver
dandelion hairs
float on the floor.

I see the tips of her shoes
through the hole, pointed toes
tap against the tile.

She stretches my head,
neck, shoulders, arms,
as if they were elastic bands.
Her hands oil my joints
and soft tissues.

She attaches electrodes
on trigger points:
volts my head,
neck, shoulders,
back.

Electrodes
attached to wires,
to a machine,
to another table,
to wheels,
claw against my skin
until the timer rings.

Electrodes
like magnetic juice
Gatorade my cerebellum.

Nerve impulses rollercoaster
illuminate, race
across the synapse line.

I am an electrical leaking field,
stretching
into configurations, charged
like a battery.

I don’t move until
she repairs me
again, a Dr. Frankenstein
creating
the perfect human.

Rose Bromberg

Ms. Bromberg is a published poet who writes poetry about patients’ medical experiences and contributes her time to the Program in Narrative Medicine at Columbia University. Her address is: 600 West 124th Street, Apartment 1507, Riverdale, New York 10471. E-mail: robromberg@optonline.net.

Illustration by Erica Aitken
In 1982, the board of directors of Alpha Omega Alpha established five student research fellowship awards to encourage and support student research. Since then, the awards have grown in number and dollar amount. As many as fifty $5,000 awards are made, and $1,000 is available for travel to a national meeting to present the research results. In 2004, the name of the fellowship program was changed to the Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellowship awards in honor of Carolyn L. Kuckein, AΩA’s longtime administrator, who died in January 2004.

Evaluations of the fellowship proposals were made by reviewers C. Bruce Alexander, MD; Thomas T. Andersen, PhD; Robert G. Atnip, MD; Joseph A. Califano III, MD; James L. Cook, DVM, PhD; N. Joseph Espat, MD; Douglas L. Feinstein, PhD; Ruth-Marie Fincher, MD; Patricia D. Franklink, MD, MBA, MPH; Eric P. Gall, MD, MACP; Edward D. Harris, Jr., MD; Suzanne Leonard Harrison, MD; Joseph A. Hill, MD, PhD; Marc G. Jeschke, MD, PhD; Rae-Ellen W. Kavey, MD; Zhongyu John Li, MD, PhD; Mirjana Maletic-Savatic, MD, PhD; Gokhan M. Mutlu, MD; Douglas S. Paauw, MD; Don W. Powell, MD; Donald B. Russell, MD; Shashi K. Salgar, PhD; Donald E. Wilson, MD; and Michael Zawada, PhD.

Tara Sosa Abraham  
Loyola University Chicago Stritch School of Medicine  
Costs associated with the management of cutaneous side effects induced by targeted anticancer therapies—a retrospective chart review  
Mario E. Lacounture, MD, and John F. Shea, MD, mentors  
John A. Robinson, MD, councilor

Adam Asarch  
Tufts University School of Medicine  
A comparative study of assessment tools used to measure the severity of psoriasis  
Eletta Gottlieb, MD, PhD, mentor  
John Unterborn, MD, councilor

Michael R. Bykowski  
University of Pittsburgh School of Medicine  
Evaluation of the efficacy of adipose-derived stem cells (ASCs)/infant dura mater-derived cells co-culture on osteogenic induction of rat ASCs: a novel therapy for cranial bone defects in rats  
Joseph E. Losee, MD, FAAP, FACS, mentor  
Carl R. Fuhrman, MD, councilor

Emily Siu Clausen  
University of North Carolina at Chapel Hill School of Medicine  
Examining Hispanic Health Disparities: Comparison of Cardiovascular Risk Among Mexican Immigrant Populations and their Populations of Origin  
Mauricio Gabriel Cohen, MD, mentor  
Amelia F. Drake, MD, councilor

Derek Covington  
University of Nevada School of Medicine  
Chiari I Malformations: A Natural History Study  
David Sandberg, MD, mentor  
William A. Zamboni, MD, councilor

Randy D’Amico  
University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School  
Adaptive Immunology and Immunotherapy of Marine Malignant Glial Tumors  
Jeffrey N. Bruce, MD, mentor  
Siobhan Corbett, MD, councilor

Shaun Desai  
The George Washington University School of Medicine and Health Sciences  
Prevalence and Severity of Anosmia in the World Trade Center Exposed Population  
Kenneth Altman, MD, PhD, mentor  
Alan Wasserman, MD, councilor

Ashvin Kumar Dewan  
Baylor College of Medicine  
Mechanical Integrity of Spinal Fusion by in situ Endochondral Osteoinduction  
John A. Hipp, PhD, mentor  
Kristin Angelie Kassaw, MD, councilor

Ha Kirsten Do  
Chicago Medical School at Rosalind Franklin University of Medicine and Science  
ALP-PDT in Treating Actinic Keratosis and Recalcitrant Acne Vulgaris  
Maria T. Soukas, MD, PhD, mentor  
Eric P. Gall, MD, MACP, councilor

Ashley S. Doane  
Drexel University College of Medicine  
Integrated PI3K and androgen receptor signaling in a unique molecular subclass of estrogen receptor-negative breast cancer  
William L. Gerald, MD, PhD, mentor  
Allan R. Tunkel, MD, PhD, councilor

David Dorsey  
University of Washington School of Medicine  
Clinical Outcomes of Endotracheal Intubation in Pediatric Burn Patients  
Sam R. Sharar, MD, mentor  
Douglas S. Paauw, MD, councilor

Alexis L. Dougherty  
University of Texas Medical School at Houston  
Role of Syndecan-4 in Mycosis fungoides and Sezary Syndrome  
Madeleine Duvic, MD, mentor  
Eugene Boisaubin, MD, councilor

Jennifer Earle  
Albany Medical College  
Effect of Ethanol on Axon Guidance in Response to Netrin  
Tara A. Lindsley, PhD, mentor  
Neil Lempert, MD, councilor

Fanny Mojdeh Elahi  
Mount Sinai School of Medicine of New York University  
Molecular mechanisms underlying neuronal MuSK functions and their relationship to memory consolidation  
Cristina Alberini, PhD, mentor  
Lisa Bensinger, MD, councilor

LaKisha Garduño  
Meharry Medical College School of Medicine  
Acetylation and the Transcriptional Activity of the Transcription Factor Nrf2  
Ifeanyi J. Arinze, PhD, mentor  
B. Ray Ballard, MD, DDS, councilor
David C. Holt III  
University of Tennessee Health Science Center, College of Medicine  
Effects of Platelet Rich Plasma on Halting the Progressive Degeneration of Damaged Intervertebral Discs  
Karen A. Hasty, PhD, mentor  
Owen P. Phillips, MD, councilor

Jason Hong  
Loma Linda University School of Medicine  
Characterization of the phenotypic properties of HIV variants: comparison between breast milk and blood  
Grace Aldrovandi, MD, mentor  
Sarah M. Roddy, MD, councilor

Ran Huo  
University of Miami Leonard M. Miller School of Medicine  
Effects of Imiquimod and Resiquimod on Malignant Melanoma Proliferation, Migration, and Invasion  
Brian Berman, MD, PhD, mentor  
Alex J. Mechaber, MD, councilor

Maziyar Arya Kalani  
Stanford University School of Medicine  
Examination of the Expression of Bmi1 in Tumorigenic Mouse Breast Cancer Cells  
Michael F. Clarke, MD, mentor  
Emmet Keeffe, MD, councilor

Evan Brent Katz  
University of Rochester School of Medicine and Dentistry  
The Effects of Inflammatory Mediators on Capsular Contracture in the Mouse Model  
Howard Langstein, MD, FACS, and Regis J. O’Keefe, MD, PhD, mentors  
David S. Guzick MD, PhD, councilor

Kareem Khozaim  
University of Cincinnati College of Medicine  
The Effect of FGC Severity on the Risk of HIV/AIDS Infection in Western Kenya  
Hillary Mabeya, MD, and Lisa Ann Haglund, MD, mentors  
Richard J. Stevenson, MD, councilor

Paul H. Kim  
Wayne State University School of Medicine  
Evaluation of Collagen Triple Helix Repeat Containing-1 (Cthrc1) Gene Expression in Human Articular Cartilage under Stimulated and Non-Stimulated conditions with Inflammatory Cytokine Mediators  
C. William Wu, PhD, mentor  
Mark B. Edelstein, MD, PhD, councilor

Emily King  
Oregon Health & Science University School of Medicine  
Effects of elevated angiotensinogen expression on fetal programming in mice  
Terry K. Morgan, MD, PhD, mentor  
Michele Mass, MD, councilor

Joshua M. Lader  
New York University School of Medicine  
Atrai dysregulation of ATP-Sensitive potassium (KATP) channel mRNA and protein subunits occurring with hypertension: a recipe for atrial fibrillation  
Gregory E. Morley, PhD, mentor  
Steven Abramson, MD, councilor

Elizabeth Le  
University of Maryland School of Medicine  
Utilization of a novel antibody for detecting soluble 4-1BB and creation of a humanized IgG with therapeutic potential  
Scott E. Strome, MD, mentor  
Bruce E. Jarrell, MD, Gary D. Plotnick, MD, Yvette Rooks, MD, councilors

Maxwell B. Merkow  
Columbia University College of Physicians and Surgeons  
Validation of optimal cerebral perfusion pressure in brain-injured patients  
E. Sander Connolly, Jr., MD, mentor  
John C. M. Brust, MD, councilor

Ryan D. Moore  
Vanderbilt University School of Medicine  
Exostoses of the External Auditory Canal in Whitewater Kayakers  
Robert Labadie, MD, PhD, mentor  
John A. Zic, MD, councilor

Robert Kyle Parker  
Indiana University School of Medicine  
Mapping of esophageal cancer utilizing geographic information system (GIS) technology in the high-risk, endemic area of Kenya  
Russell E. White, MD, MPH, FACS, mentor  
Aslam R. Siddiqui, MD, councilor

Whitney Erin Parker  
University of Pennsylvania School of Medicine  
Modeling Tuberous Sclerosis Complex in Neural Stem Cells  
Peter B. Crino, MD, PhD, mentor  
Jon B. Morris, MD, councilor

Kate Pettigrew  
University of Hawaii at Manoa John A. Burns School of Medicine  
Transport Times and Patient Outcome in Hawaii  
Hao Chih Ho, MD, FACS, mentor  
Mary Ann Antonelli, MD, councilor

Anthony Razzak  
University of Illinois at Chicago  
Genetic Expression Profile Comparison of Omega-3 Fatty Acid and Gemcitabine Treated Pancreatic Cancer Cells  
N. Joseph Espat, MD, MS, mentor  
Charles A. Owens, MD, councilor

Jillian Lee Rogers  
West Virginia University School of Medicine  
Developing a Gene Expression-Based Prognostic Model of Breast Cancer Recurrence  
Nancy Lan Guo, PhD, mentor  
Melanie Fisher, MD, MSc, councilor

Alexander Salton  
UMDNJ-New Jersey Medical School  
Progenitor Cell Co-culture in Thick Scaffolds for Vascularized Bone Engineering  
Stephen M. Warren, MD, mentor  
Robert A. Schwartz, MD, MPH, councilor
2008 Student research fellowships

Sophia F. Shakur
Johns Hopkins University School of Medicine
**Nitric Oxide and the Prevention of Cerebral Vasospasm in the Haptoglobin**
2-2 Genotype
Rafael J. Tamargo, MD, mentor
Peter E. Dans, MD, councilor

Andrea Shaw
State University of New York Upstate Medical University College of Medicine
**Non-Typhi Salmonella Bacteremia Studies at Kilimanjaro Christian Medical Centre and Mawenzi Hospital**
John Alexander Bartlett, MD, and John A. Crump, MD, mentors
Lynn Cleary, MD, councilor

Ann DeBord Smith
University of Chicago Division of the Biological Sciences Pritzker School of Medicine
**Towards an online matching mechanism for kidney paired donation**
Giuliano Testa, MD, FACS, mentor
Holly J. Humphrey, MD, councilor

Mark Tait
University of Missouri-Columbia School of Medicine
**The effect of growth factors on the fibrochondrogenesis of fibroblast-like synoviocytes cultured three dimensionally in agarose hydrogels: applications for meniscal tissue engineering**
Derek B. Fox, DVM, PhD, DACVS, mentor
Thomas Selva, MD, councilor

Rhett Taylor
University of Alberta Faculty of Medicine and Dentistry
**Osteoid Osteoma: Percutaneous Interstitial Laser Photocoagulation vs Open Surgery**

Robert G. W. Lambert, MB, BCh, FRCR, FRCPC, mentor
Adrian B. Jones, MD, councilor

Scott M. Thompson
Mayo Medical School
**Surgical Anatomy of the Musculocutaneous Nerve, the Common Motor Branch and Clinical Application**
Alexander Y. Shin, MD, mentor
Judith Salmon Kaur, MD, councilor

Elizabeth Cottrill Weiss
University of Arkansas College of Medicine
**Advanced Antimicrobial Therapy in a Staphylococcus aureus Biofilm Murine Model**
Mark S. Smeltzer, PhD, mentor
Anne T. Mancino, MD, councilor

Emily Whichard
University of California, San Francisco, School of Medicine
**Evaluating a Comprehensive Community-Based Tuberculosis Control Program serving Internally Displaced Persons in Eastern Burma’s Chronic Conflict Zone**
Andrew R. Moss, PhD, and Allison Joy Richard, MD, mentors
A. Sue Carlisle, PhD, MD, councilor

Shelton Wiley Wright
University of Alabama School of Medicine, University of Alabama at Birmingham
**Immunoprotective role of a T regulatory response to Helicobacter pylori infection in children**
Phillip D. Smith, MD, mentoor
C. Bruce Alexander, MD, councilor

2008 Alpha Omega Alpha Helen H. Glaser Student Essay Awards

The twenty-sixth annual Alpha Omega Alpha Helen H. Glaser Student Essay awards were made in April of this year. This year’s winners are:

**First prize,** $2000: Jesse D. Woodard (ΑΩΑ, 2008), Class of 2009 at the University of South Carolina School of Medicine for his essay, “Marat’s Terror.”

**Second prize,** $750: Gabriel Thompson Cade of the Class of 2011 at the University of North Carolina at Chapel Hill School of Medicine for “Remembering to Forget.”

**Third prize,** $500: Gregory H. Miday, MD, of the Class of 2008 at Ohio State University College of Medicine for his essay, “Drinking in Earnest: Alcoholic Paradigms in Hemingway’s For Whom the Bell Tolls.”

Honorable mentions, $250 each: Muyibat Adelani, MD, of the Class of 2008 at Vanderbilt University School of Medicine for her essay, “Access to a Healthy Lifestyle: Not as Simple as an Apple a Day,” and Anne Lincoln of the Class of 2010 at the University of Pittsburgh School of Medicine for her essay, “Improving the Conditions of Confinement: End-of-Life Care in Prison.”

2008 Pharos Poetry Competition winners

The second annual Pharos Poetry competition awards were made this year in May. This year’s winners are:

First prize, $500: Jenna Le of the Class of 2010 at the Columbia University College of Physicians and Surgeons for her poem, “My Eye Doctor.”


Third prize, $100: Radhika Sreeraman of the Class of 2011 at the University of California, Davis, School of Medicine for her poem, “Bridge.”

Honorable mentions, $75 each: Nancy Lo of the Class of 2011 at Drexel University College of Medicine for her poem, “Aura”; Leah Gilbert of the Class of 2009 at the University of North Carolina at Chapel Hill School of Medicine for her poem, “Seeds”; Sarah Rose Hartnett, MD, of the Class of 2008 at the Uniformed Services University of the Health Sciences for her poem, “An Intern Begs His Suffering Patient for Mercy at 3 AM”; Yummy Nguyen of the Class of 2011 at the Uniformed Services University for the Health Sciences for his poem, “Day in a Golden Year.”
When on service
I must sit and listen
Through audible kaleidoscope
To glassy eyed interns
Mirror colorful stories
Of patients admitted
The night before
Trying to shape them
Into medical symmetry
From history and exam
Rotating and trusting
Each shiny piece of information
To frame the diagnosis and plan
Most pleasing to my eyes.

*Morning Rounds*

---

Dr. McGuffin (A11A, Marshall University, 2002) is a member of the Department of Internal Medicine/Pediatrics at Marshall University. His address is: 59 Derby Lane, Huntington, West Virginia 25705. E-mail: mcguffin3@marshall.edu.
Index by title

2007

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2007

2008

2008

2008

2008

2007

2007

2008

2008

2008

2008

2008

2008

2008

2008

2007

2008

2008

2008

2007

2008

2008

2008

2008

2008

2008

2008

2008

2008

2007

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2007

2008

2008

2008

2008

2008

2008

2008

2008

2008

2007

2007

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008

2008
Symmetry

Everywhere, I look for that perfect, lost shape—
Dali’s mustache, the Joker’s feline grin, the letter v,
 a streetlamp fountaining into two globes. A vase
with winged arms, the caduceus’ twin snakes,
an archer’s bow, the Libra scales, a crucified body.

The doctor says: One ovary is all you’ll need. Just wait.
But my mother (fertile well past fifty—A good sign
for you) brings a mirror to what I must sooner face,
already on my body: a listing column of vertebrae,
mismatched breasts, unpaired feet, a greener left eye.

Paula Brady

Ms. Brady is a first-year medical student at the Columbia
University College of Physicians and Surgeons. This poem
won second prize in the 2008 Pharo Poetry Competition.
Ms. Brady’s address is: 66 Riverside Lane, Riverside, Connecticut
06878. E-mail: pcb2112@columbia.edu.
In the ICU at Christmastime

White sheet twisted around an ankle, unsensed, but alive, and recorded every hour. Body of noises not its own—whir of fluids, ventilator puff. Returned to the womb, not by cord, but catheter. Floating, enveloped not by membrane, by a different darkness. Hoping for a story of birth, we analyze, intervene, and retreat to the hallway where nurses have smothered each wall in red, gold and green.

Sarah Cross, MD

Dr. Cross (AΩA, University of Chicago, 2009) is a resident physician in Obstetrics & Gynecology at Yale-New Haven Hospital, and a member of the editorial board of the Journal of Medical Humanities. Her address is: 145 Willow Street #3, New Haven, Connecticut 06511. E-mail: sarahcross@alum.swarthmore.edu.
Autumn's darkness descends in this season of their lives.
My patients brace for winter—the chill of cancer snaps the night.
I observe in slow motion, these lives that cycle by,
And I am weathered by their struggle as they fight to stay alive.
After work I sometimes weep at the suffering I've seen,
Trapped somewhere between my weakness and the beauty of intimacy.
I ask myself each night, "Should I leave or should I stay?"
Knowing self-preservation begs us to look the other away.
But I take off my white coat, hold their hands and let them cry.
We talk of futures, passions, families—whatever wakes them up inside.
They're so much stronger than they seem, these patients who inspire,
With vivacious human spirit adding kindle to the fire.
Together we warm up winter; hope's ember sparks the night,
And I'm humbled by these lions, their courage and their might.
Promises of spring gently bear them through the cold,
As seeds of love are planted for what the future holds.

For her it's walls of cards, all begging her to stay.
For him, walking laps helps push the pain away.
For her, it's a quilt, sewn with a sister's love.
For him, it's peace in the spirit that's above.
For her, she holds on to touch her baby's hands.
For him, it's pure stubbornness that makes him take a stand.

Green sprouts of love grow from roots that anchor lives,
Giving hope to those who live and peace for those who die.
We may use labs and research to calculate their chances,
Yet some defy the odds giving medicine its magic.
Books can only teach us the science of human art,
But experience will show you, hope sets patients apart.
I relish in these gifts, the observance of these lives,
And I take note of seeds that help my patients fight.

Leah Gilbert

Ms. Gilbert is a fourth-year medical student and candidate for a master's of public health in Maternal and Child Health at the University of North Carolina at Chapel Hill. This poem won honorable mention in the 2008 Pharos Poetry Competition. Ms. Gilbert's address is: 159 Springberry Lane, Chapel Hill, North Carolina 27517. E-mail: leah_gilbert@med.unc.edu.