

UCSD SCHOOL OF MEDICINE



**THE HUMAN CONDITION XX**  
AN EXPLORATION IN ART AND LITERATURE



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# THAT TIME WE GOT TRAPPED IN AN AVALANCHE

KAVYA RAO, MS4

you at your most  
(sincere)  
me at my most  
(vulnerable)  
we walk in the dark.  
without sight,  
i cannot tell time.

you at your boldest  
(i clutch)  
me at my coldest  
(your hand)  
the lantern goes out.  
without strength,  
i follow your voice.

you at your best  
(you know this)  
me at my best  
(i don't)  
our feet press onward.  
without hope,  
i trust your decision.  
  
for though most promises  
in life are empty,  
the ones you make me aren't.

*TO SEAN*

Nicole Herrick, MS1 - Takotsubo





# PEANUT BUTTER JELLY

TINA LU, MS4

A patient I was following was a pleasant, smiling, slightly plump lady. I would never have guessed that this woman had chronic kidney failure and was on strict dietary restrictions for the last 10 years. Avoiding phosphorus was one of the restrictions. That might sound like just a diet without bananas, but this mineral is hidden in many other foods. One of those foods is peanut butter. My patient, Mrs. Sarah, was devastated when she found out. Peanut butter and jelly sandwiches were her favorite food. Imagine your favorite food. Now, imagine a day where someone says you are never to have ice cream, sushi, bacon, or whatever your greatest indulgence may be. That would be what Mrs. Sarah experienced 10 years ago.

The reason why I'm telling you this story is not to torture you with imagining a life without your favorite food, but because I was able to witness Mrs. Sarah's "happy ending". She had recently undergone a kidney transplant. On rounds the morning after her surgery, our attending notified Mrs. Sarah that she was now able to eat whatever food she wanted, including her beloved PB&J sandwiches. She was extremely appreciative and we left her smiling silently on her bed.

The next morning, I happened to be late to work. I had encountered unexpected traffic and was not in the greatest of moods. However, I repressed my negative thoughts and started rounding on my patients. Mrs. Sarah was the last patient I saw. I walked into her room just as she was holding a piece of bread and spreading peanut butter on it. She was by herself as her husband and children had not come in that day. I decided not to ask about her pain level, or whether or not she had a bowel movement, or if she was urinating yet. I simply asked if I could share this moment

with her. She nodded and continued to finish spreading the peanut butter. She moved onto the jelly. I asked what her favorite jelly was, and she stated it was Concord grape. She was given strawberry jelly by the hospital, but she wasn't complaining. She then gently placed the slices of bread together.

She took her first bite, and a slow smile spread across her face. It wasn't a Christmas-morning or opening-game-of-the-NFL-season smile. She didn't burst into tears out of joy. Instead, she had a genuine, elegant smile as if she was in her own world. At this time, she simply nodded to everything I was saying. I could've told her that the sky was falling and she probably would have continued nodding. That morning, Mrs. Sarah's eyes never left her PB&J.

This encounter spanned no more than five minutes. It, however, was a precious moment that meant more to me than some of my more colorless days. She has since left the hospital, but she has provided me with an image that will stay with me throughout my medical career: one where a fifty-cent sandwich can provide a unique and unexplainable source of genuine happiness.





# SEDUCTIVE TOUCH

ANONYMOUS

People are tactile. It's not just the opposable thumbs or those grasping, prehensile tendencies. We're moved by touching. The pressure and timing of each contact is precisely calibrated - from the jostle of a crowd, to the iron grip of a handshake, from your aunt's peck on the cheek, to the passion of a lover's embrace. Careless touching has unintended consequences. Healers aren't exempt.

He had finished with surgery back in the third year. He knew sterility, incisions, sutures, and wounds. More important, he knew he would never be a surgeon. He was coordinated enough but surgeons irked him. They were made of more indifferent stuff. Surly, early risers, their supreme confidence guided them across the barriers of skin and social convention. They flaunted propriety, trespassing inside, through mangled, diseased tissues, then reorganized their way back to the surface. Surgeons followed a different code. He didn't understand their work and he didn't like them.

He avoided surgical rotations since that first experience, but now he had to perform a muscle biopsy as part of an outpatient clinic rotation. He was anxious. He didn't like cutting people, not even a little. In his hands, steel passed reluctantly through skin; he felt no enthusiasm for it. How had an outpatient rotation led him back to surgery? Hopefully he could avoid the responsibility, and the blame, of cutting and still get a good evaluation.

His attending, a sullen old guy from lipid clinic, chose today for him to assist because three biopsies were scheduled in sequence before clinic. See one, do one, teach one -

the mantra of trainees - rang in his ears. He had no desire to become proficient enough to teach one, he thought, as he stood apart watching the first procedure.

The large stainless steel trocar looked more like a weapon than a biopsy needle. Arrow-thick, its tip looked blunt. Two finger loops let the operator hold the hollow outer shaft immobile while moving the razor-sharp tip of the inner tube up and down with a third loop to cut out pieces of thigh muscle like a guillotine. Despite the device's medieval look, the first patient, William Morton, chatted comfortably as his leg was squeezed and maneuvered. The guillotine click echoed metallically each time a piece of his quadriceps was carved out.

Earlier, his attending had explained the biopsy to him. "We'll use mild sedation, which spares them the risk of general anesthesia. We want them completely relaxed before we begin. You need to make a special effort never to let conscious patients see needles. One glimpse of even a tiny needle and they're thinking about pain. Then, before you know it, they're feeling pain. We're gonna to do this without suffering," he lectured.

His attending explained the mechanics of the biopsy from start to finish: how to keep your body between the patient and the nurse while drawing up local anesthetic, keeping the needle invisible; how to rub gauze against the skin as you inject the local, using touch as distraction from any sense of sharpness; how to make a stab incision with the scalpel so the biopsy needle passed smoothly; how to squeeze the thigh with one hand while pushing the needle into the bulk of the muscle with the other, so the patient

didn't feel it pass deep.

As he grew more anxious, he was relieved that they concentrated so much on patient comfort. Even though he was unsure of operating, he didn't want to be responsible for causing pain.

The biopsy required special palpation skills. You had to feel the difference between sinewy muscle and mushy fat or taut fascia without seeing them in order to find the right spot. Then you had to squeeze the biopsy needle just so to get a good specimen.

As the device clicked crisply, he watched his attending and an assistant coordinate their motions in an efficient pas de deux that produced pea-sized pieces of muscle without Morton noticing. The attending's distractions had the patient spellbound, unaware as the dexterously manipulated tool cut his flesh. In less than ten minutes, the dance was done. The wound was sutured closed and dressed, covered with a towel so Morton wouldn't see it when he sat up. He wondered how many biopsies his attending had done, as he worked to conceal a tremor of anticipation.

The attending was unusually animated as they stepped away - the procedure had turned him into an enthusiastic version of his thoughtful clinic self. "Wasn't that awesome?" he asked.

The student steadied his nerves, weighing whether it was awesome or not. He already knew how to palpate and percuss his way through a physical exam - feeling for vibratory signals like fremitus and crepitation or the fluttering thrills of sick organs from the surface. But this was different. He didn't answer.

"MEDICINE IS LEARNED BY THE BEDSIDE AND NOT IN THE CLASSROOM." - WILLIAM OSLER

"You've got to feel the patient with your own hands," his attending continued. "Don't underestimate the personal investment. Give me your hand."

Before he could comply, his attending grabbed his hand and held it, trembling, in front of his mouth. "Feel the difference between the warm air I puff when my mouth is wide-open compared to the cold when I blow through pursed lips?"

He nodded faintly.

"It took feeling hands to notice that. Without touching we'd never have learned how flow, pressure and condensation connect to explain what you felt. Medicine's the same. You can't just survey digitized lab tests and imaging studies from a distance. A CT scan shows pretty anatomy, but only my hand can feel where it hurts. You have to claw and clasp your way to the truth. Handle the patient or you'll miss diagnoses. Surgery's just a deeper touch than you're used to."

He nodded again, still not certain he shared his attending's enthusiasm.

"Why don't you prepare the second patient while I finish here?" his attending said, directing him to the next procedure room.

He introduced himself to Jose Lister, a 70 year old property manager. Lister's story was straightforward.

"That statin pill made me too weak to stand." He looked at the student as he spoke, making sure he got the details right. "Say, how many of these here biopsies did you say you've done?"

"Oh plenty," he mumbled, staring down hard at the clipboard of patient information, immediately regretting his cowardice. Lister

continued, paying no attention to him.

“Anyway, even though I feel better off the damn pill, my blood tests are still off, so they want a biopsy.” He shifted his backside on the gurney as he spoke.

“Yes sir, we need to be sure it was the statin and not some other muscle disease raising the muscle enzyme levels in your blood,” he said. “Actually I haven’t done this kind of biopsy before and I’m just helping my attending.”

Lister didn’t seem to care.

His attending came in and told him to scrub. They made sure Lister saw them wash. Making a production out of sterility helped some patients relax. He injected local anesthesia while his attending distracted the patient, talking about his property business and rubbing a gauze sponge vigorously on the skin near the injection site. Then his attending handed him the scalpel.

He stared at the scalpel wavering in his hand and then at Lister’s immobile thigh where he needed to make the stab incision. The fine hairs on Lister’s leg were matted by antiseptic solution, their follicles tethered in geometric patterns. Tiny creases formed as the skin coursed over the curve of the thigh. The bright procedure light exposed small veins reticulating in random violet patches while fat glowed yellow from where it nestled in subcutaneous tissues.

Squeezing the thigh with his left hand, the dangling blade was poised in his right – the sharp point directed deep. He knew the anatomy perfectly. It would pass through skin, then through subcutaneous fat with its web of capillaries, and pause just above the tough fascia and muscle layer. He reassured himself there were no major arteries or nerves nearby. But would the local anesthesia keep Lister

from feeling anything, he wondered? He was startled when the leg tightened in his hand - Lister and his attending discussing a troubled rental property.

He wasn’t the sort to run with scissors. He obeyed commands not to point sharp objects at others - not to push, punch or hurt. Now childhood warnings haunted him. “Don’t touch!” was all he could think as he looked at the blade. What if something unexpected happened when he cut into Lister?

He remembered the first time he had made a skin incision in the OR, carefully drawing the blade across the indicated site to find he had only pressed hard enough to make a thin scratch. He didn’t want to cut people. Every civilized fiber in him yanked the tremulous blade back from its target. At least in the OR the anesthetized patient hadn’t seen his feeble attack. Lister was awake, talking with his attending, a conscious witness to any medical student blunder.

He knew they needed tissue to understand what was wrong with Lister, so he focused on the skin again and tried to relax. His hand steadied. He pressed the scalpel into the thigh and the skin parted to reveal a perfect incision. No gush of blood, no scream of pain, just a small nick and Lister still talking about his renters.

The next thing he knew he was fumbling to get his fingers into the proper rings of the biopsy needle to slide the guillotine up and down. The contrast between the cold hard steel in one hand and the pliant, warm thigh in the other was disconcerting. Stay lateral, all the big vessels are medial, he reminded himself. He was one caress of the femoral artery away from a spurting vascular catastrophe.

It didn’t feel right to be poking deep into

Lister with this pointy thing, and he probed gingerly. The first three passes missed the beefy goal, producing only small globules of fat. As his attending chatted with Lister about an interesting resale property, he knew he was failing the most important part of the task - screwing up his evaluation. But no one noticed his clumsy groping as they chatted on. The needle vibrated erratically, amplifying his hands’ tremor. The opaque surgical gloves turned translucent, soaked by sweaty palms.

His attending stopped talking for a moment and showed how to push the needle deeper. With redirection, he felt it slide into something resistant and firm. He squeezed to produce a metallic click, and withdrew the needle to deliver a perfect piece of muscle into the waiting specimen jar.

The biopsy on the final patient went like the first two, except the student did everything, this time with steady hands that knew their task. He had learned enough to teach one too.

His face radiated victory as he felt a surge of exhilaration. His attending had been right: this was awesome. He was reluctant to relinquish the needle after the addictive rush of procedural success. Maybe he had been too quick to judge surgery.

It was time to go. The clinic was full of waiting patients. But he wasn’t ready to leave. Something pulled him back to the recovery room. He got permission to stay behind and check wounds as his attending went on to clinic.

He examined Morton’s vitals and wound briskly. The dressing was clean and dry - just as his attending had left it - and Morton had no questions. He reproduced the show of hand-washing and moved on.

When he reached the two patients he had biopsied himself it felt different. He needed to ensure there was no bleeding or sign of infection and that they were comfortable. He checked their vitals meticulously for fever or shock and found none. He felt the thighs carefully for the tense swelling of hematoma, again relieved to find nothing. Then he rechecked both the vitals and the wounds in case he had missed something.

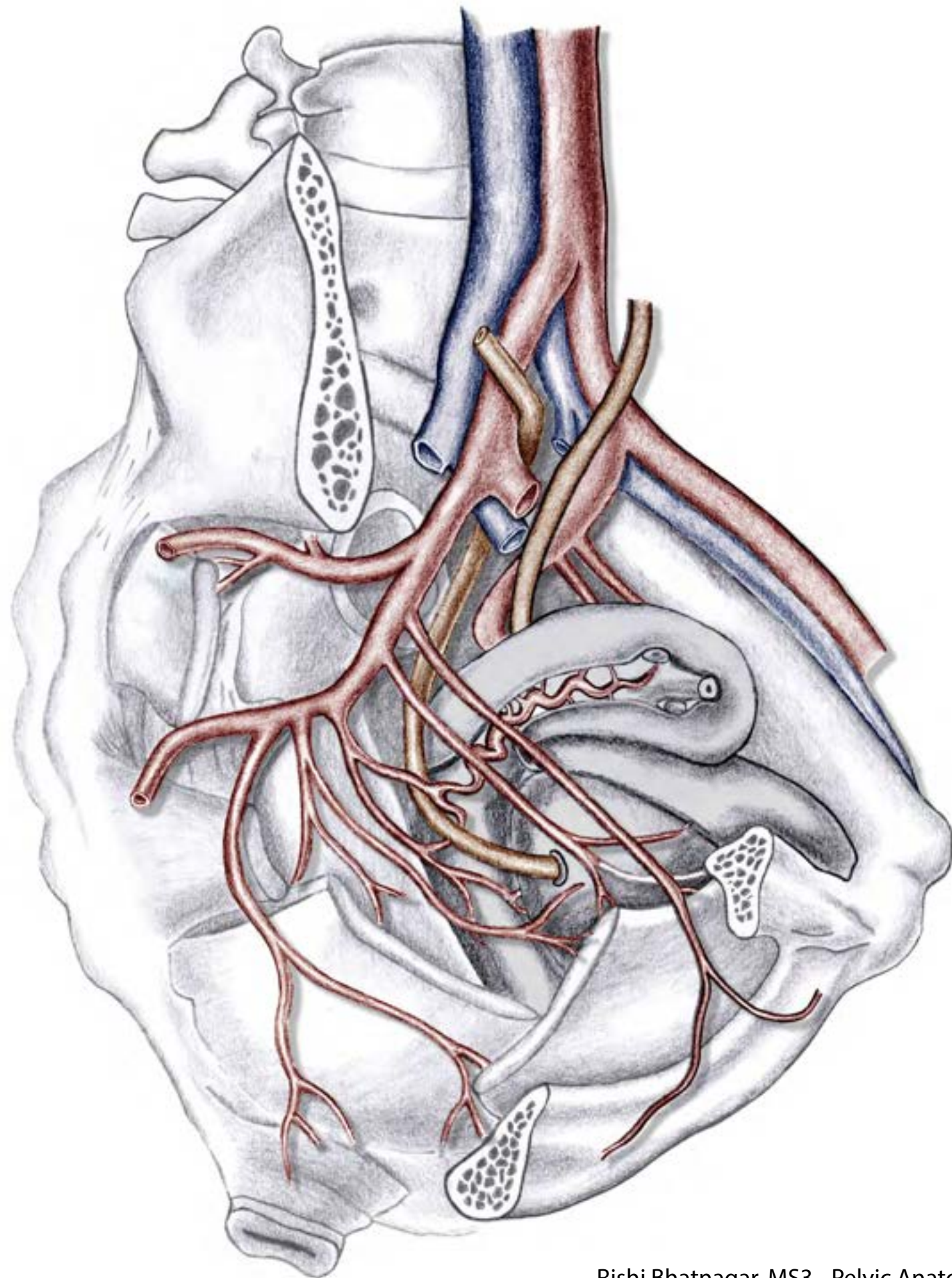
They were recovering without complication, so why was he hovering? Desperate to get tissue without pain, he had invested himself. When he cut them, he was touched back. Probing beyond the mutilation taboo somehow forged a bond.

He placed a reassuring hand on Lister’s shoulder and answered questions about wound care. He was still a fourth-year student, but he could see that the long path before him would sometimes include deep touches like these, touches that bound him. The thrill of a successful biopsy was understandable, but this bond of responsibility was a surprise.

He stepped back from Lister’s bed, searching for the right parting words. Patients were waiting, but the magnitude of his transformation demanded something special. More details about wound care wouldn’t do: redundant and too mundane. Hoping for good pathology results sounded ominously uncertain. He struggled with how to express the new connection.

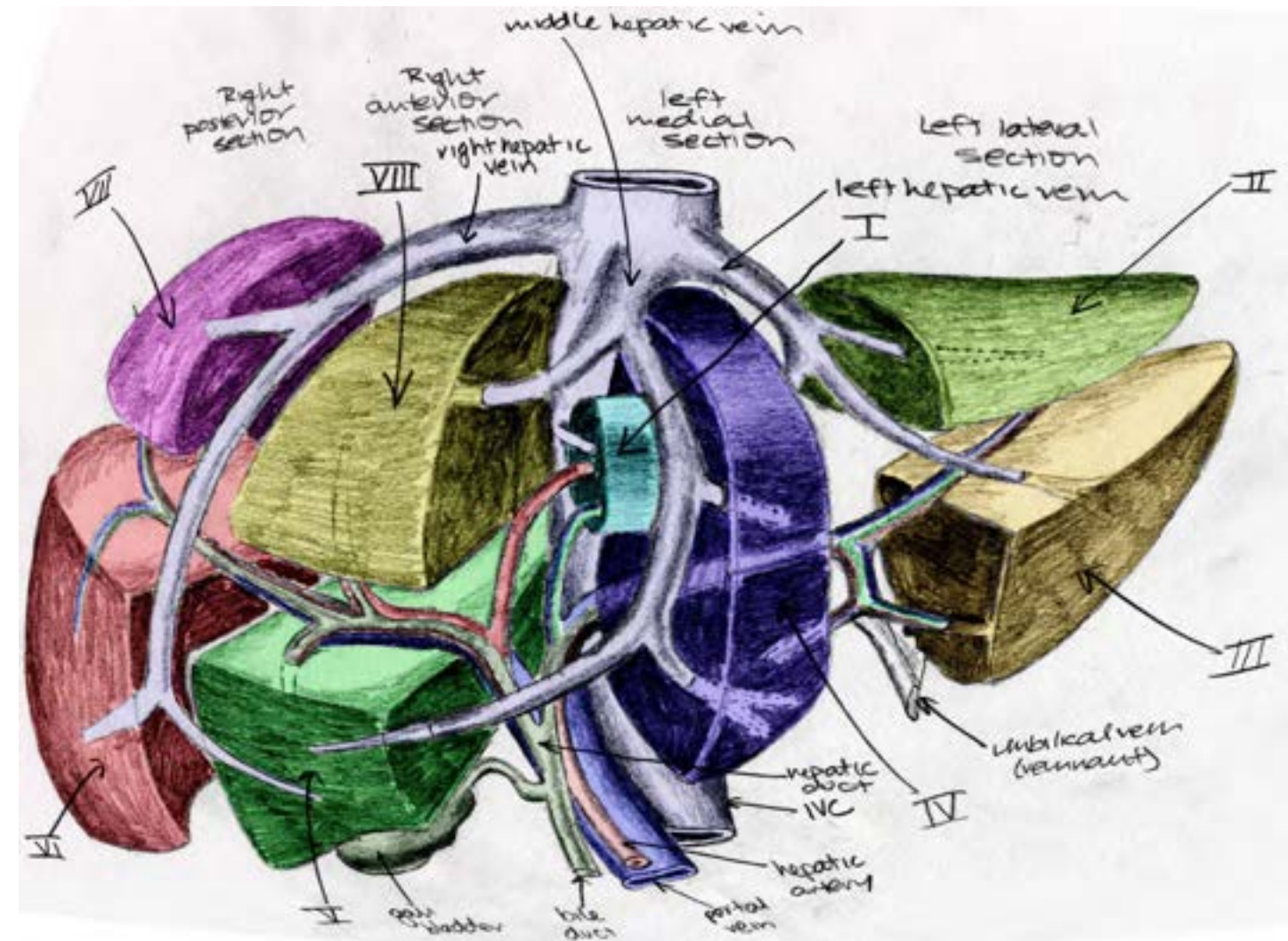
After a long pause to consider, he silently grasped Lister’s hand in a firm clasp, then he turned and hurried off to clinic after his attending.





Rishi Bhatnagar, MS3 - Pelvic Anatomy

Rishi Bhatnagar, MS3 - Liver Anatomy



## A SHEL SILVERSTEIN SYNDROME

CHRISTOPHER BECK, MS3

One in a million, it's not all that rare,  
B'ware if your patient starts growing out hair  
With darkening skin, the Derm's common signs;  
While papilledema is on Ophtho's mind.

The numbers are whack; I think Endo should check  
His glucose, his thyroid, and hey what the heck,  
Perhaps the Heme/Onc team could lend us an ear,  
'Cause a plasma cell tumor is something I fear.

And from the exam, yup, confirmed by CT,  
He does have the slightest organomegaly;  
CBC's back and there's thrombocytosis -  
Oh yea, and a bit of met acidosis.

And we checked his VEGF, crap, it's awfully high:  
At least four times normal, and between you and I,  
I'm thinking his weight loss, fatigue and edema  
Can't be explained away as emphysema.

The SPEP showed nothin', but bone scan unveils  
A lesion that might be the cause of what ails:  
Left humeral head, some osteosclerosis -  
I think that a biopsy might make the diagnosis.

But the life-changing symptom, the key is, you see:  
He's got an ascending polyneuropathy.  
He's weak from delts down, I mean can't move at all;  
The symptoms began in the feet and grew tall.  
They started with feelings of tingling and pain  
But now motor's gone, too, which just might explain

Why CIDP was our earliest thought;  
But the symptom constellation proves like as not  
That we're dealing with something a bit more extreme  
That requires San Diego's best neurology team.

And this here's a hint, it's your very last clue -  
What mode of lit'rature 'xplained it to you?







# SINGULARITY

ANONYMOUS

Who would dare point  
To the shooting stars in the sky,  
Magnificent in their glory  
But blinding in their glow,  
When the city down below  
Shines with a more ethereal light?

And as the fair people  
Are encased in the artificial womb,  
Surrounded by great pillars of man  
And endless deserts or too crowded rooms

They think to themselves  
What peace, what brilliance  
They have brought about to the ground  
God in the machine, and stars  
Bounded to the limited, barren earth

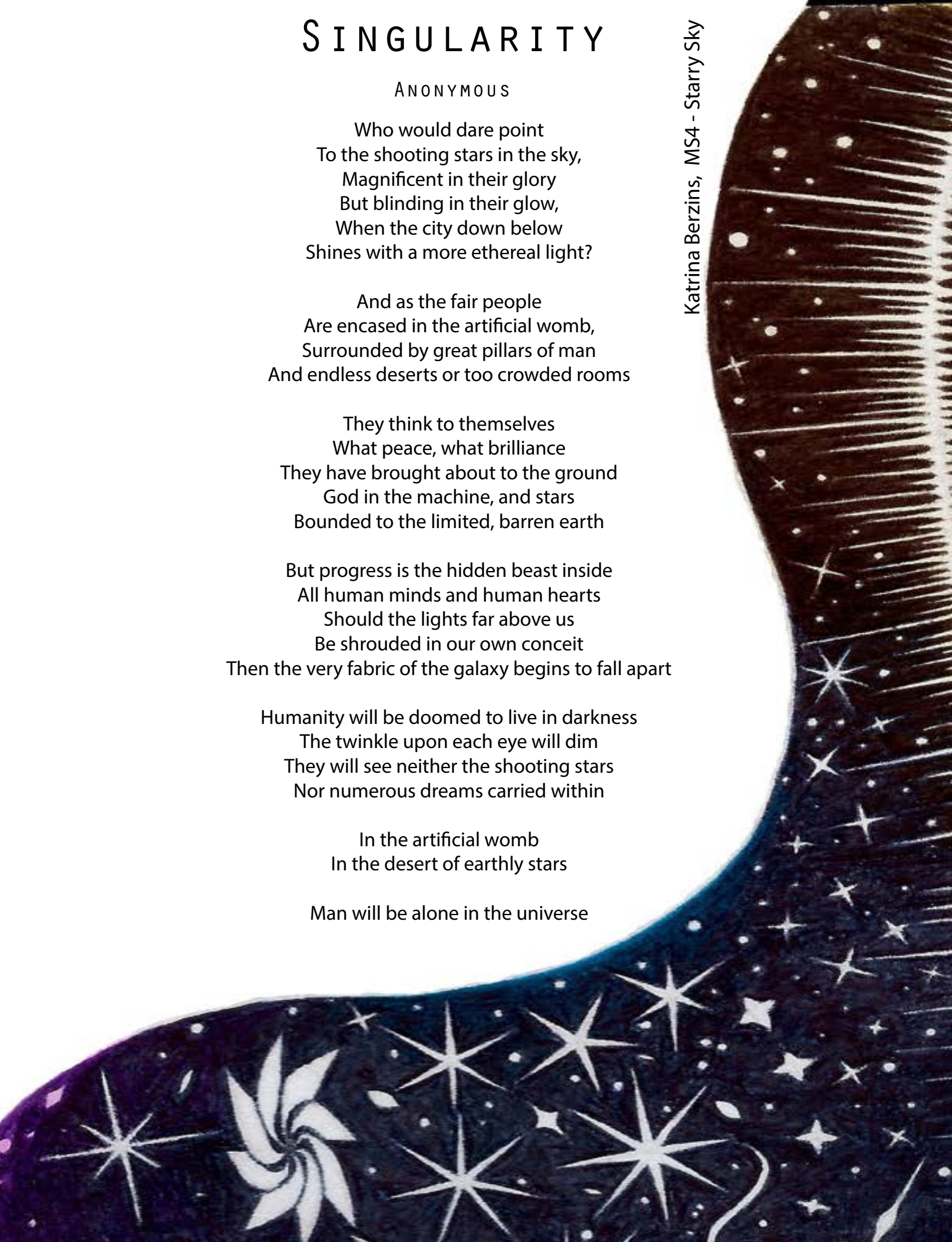
But progress is the hidden beast inside  
All human minds and human hearts  
Should the lights far above us  
Be shrouded in our own conceit  
Then the very fabric of the galaxy begins to fall apart

Humanity will be doomed to live in darkness  
The twinkle upon each eye will dim  
They will see neither the shooting stars  
Nor numerous dreams carried within

In the artificial womb  
In the desert of earthly stars

Man will be alone in the universe

Katrina Berzins, MS4 - Starry Sky



Katrina Berzins, MS4 - White Tree





Melissa Zhao, MS2 - The Tree of Life

## EXTERNAL MEDICINE

BRIAN NUYEN, HHMI FELLOW

I fantasize about rounding with a rock. A black rock. A rock so black it sucks the vision from your eyes. WHOOOOPH! Like that.

We round with our rock and go to this pregnant woman with fulminant hepatitis, her mouth dilated in pain. She puts just one finger on it, and the rock sucks everything away. It takes out her cancer, her warzoned liver, her addictions. It takes away how Dilaudid makes her itchy. It takes away her bed sores. It takes out her dehydration, her constipation. Her powdery nausea, her sour sweat. Her abusive husband. Her leaden guilt. Her burning embarrassment that four grown men are staring at her hairy belly and prodding it at 7 in the morning. Her fear and knowledge of impending death.

It gives her back her own dignity, strength, and goodness. It is enough.

We round among all our patients, and they all touch this amazing black hole of a rock. But don't forget, we can touch this rock too.

When we touch it, it takes away our disappointment. The hot, humid shame of our shortcomings, the sore deceit from those patients who abuse us. How the Olympics of our bitter woes is an arms race of who gets to go home first with their idealism intact. It takes away the needy, snarling critic inside us that has accelerated us to our achievements but in this hospital can be our worst enemy. It takes away the wall of lost translations, the wall that will always exist as forever there will be a gradient of suffering, between the person lying in the bed and those who stand around it.

It gives us back our own dignity, strength, and goodness. We are enough.

I fantasize about rounding with a rock.





# AMA

TEXT OF GHHS' SOLIDARITY DAY SPEECH BY LINDSAY KIYAMA, MS4

I met a man who had a pancreatic mass, and if you don't know yet, you'll learn soon that it's bad news.

And everything hinged on getting this mass diagnosed. Was it cancer? We didn't know for sure. But likely. Was it resectable? Not in his unstable, malnourished condition. Would it respond to chemo? We needed the tissue biopsy to tell.

His main and immediate problem: he couldn't breathe. His lungs were filled with fluid, likely from the cancer, and he was miserable. He was too hot and extremely tired, both from the fatigue that accompanies cancer and his struggle to breathe. He was thin as a rail - couldn't eat. He had lost close to 50 lbs over the last six months, lacking all appetite. He had been having terrible back and abdominal pain, likely from this mass. And he was grumpy. I'd like to tell this heart-warming story of a sweet old man with whom I bonded before his passing, but he was grumpy and rude, and far too young to be terminally ill.

But he loved his dogs. He and his wife were salt of the earth kind of people - the people who don't want to be caught up in fancy medical jargon and the fast-paced world of an academic hospital. They had just got a new puppy who was being a little scoundrel at home, learning to behave from their two older dogs. I saw the pictures, laughing at this awkward pup who looked strikingly similar to my childhood dog. And suddenly, by trading stories about dogs one afternoon, I became some kind of shining light during their hospital stay. Someone who wouldn't just take his vitals or ask him about his pain and breathing, but someone who had time to talk to him like a human. They actually called me that: "Their Light."

So as his condition fluctuated and declined, and as we attempted and failed to stabilize his

breathing and nutrition enough to obtain a cancer diagnosis, I would continue to pre-round at godforsaken hours in the morning, round on him with the resident team, and much later with the attendings, and occasionally stop by when I had time to just check in. And each time, he and his wife would make a big fuss about seeing me and, in a parental way, exclaim about how I was there so early and stayed so late, working too hard.

And I found I was also excited to see them each day. They felt like family. I was on an away rotation and had no friends or family close by. I almost felt guilty at how I would be excited to visit and spend time with them. On this long, arduous surgery rotation dealing with pancreatic cancer and other very sick patients, I enjoyed knowing I could at least brighten someone's day just by walking in the room, as cheesy as that sounds.

Then one afternoon when I came in to find him sleeping, his wife and I were chatting and she said, "you know he loves to see you because he loves your smile. But he also said, when you are in with all the big guys, you are soooo serious."

He had noticed that I was my usual peppy, positive, smiley self when I came to see him alone, prerounding, but was all too serious when I was with the team: attending, chief, residents and NP. I would stand in the back, despite knowing this man better than anyone on the team, observe the discussion between surgeon and patient, and leave. Though I am a positive, friendly, nice person hoping not to conform to the stereotypical surgical personality, I didn't realize I had been doing just that while rounding with my team: I was conforming to the seriousness and gravity with which we treat pancreatic cancer. And how we treat our terminally ill patients.



treat our terminally ill patients. How we treat all surgical patients. And he was calling me out!

So I smiled more. While we so completely medicalized this man. With treatments and tests, attempts at biopsies, a trip to the ICU for worsening respiratory status.

He had multiple chest tubes placed that only temporarily improved his breathing.

A course of high dose steroids.

An NG tube down his nose to force nutrition day and night.

Constipation due to all the pain medications.

Consultations with GI, pulmonology, oncology, respiratory therapy, physical therapy.

Monitors, blood draws, breathing masks

Weaker and weaker and angrier and angrier he became towards the PT for trying to get him out of bed when he felt too weak or breathless; towards pulmonology for walking in, messing with his chest tubes and not even introducing themselves; towards GI for not willing or able to do his biopsy or neurolysis to help with his pain; and at our team for being too vague about the plan for him. Promises broken and the hope of progress dashed day after day.

It was hard being in the hospital. But I did my best to keep smiling. Despite all this smiling, for the first time, I saw one of my patients go from a person to another alien in the ICU: too many tubes, lines, drains, and monitors. I continued to see him everyday and tried to brighten his days with a smile, even in the presence of the "big guys."

But then, I had to leave for two days. I'd been the first person to see him every day Sunday through Sunday, but I was going to an interview, and, for the first time since his admission close to three weeks prior, I would not see him morning, night, and sometimes in between for two-and-a-half days. They wished me good luck on my interview and I told them I would see them when I got back on Friday.

When I came back, he was gone. I was shocked to hear that he and his wife had left AMA from the ICU. I presume, in those

two-and-a-half days, they were sick of being treated like another ICU alien. But I can't fully know what prompted them to leave. They left knowing he was sick, but also that they may have to foot the bill for the whole hospital stay including multiple days in the ICU, adding up to maybe tens of thousands of dollars, given that they were leaving "against medical advice." They left without medication to help his pain, meds and tubes to help him breathe, supplies to help his nutrition. They just left, before I could get back.

I reconvened with my chief resident and my team the morning of my return and they filled me in about his impatience, frustration, and culminating decision to leave. The one thing he and his wife requested of the chief before they left was, "Tell Lindsay we are sorry."

It became clear to me that, perhaps more than a medical work up and a diagnosis of a pancreatic mass, this man and his wife appreciated humanism in their medical care.

For once, I felt lucky to be a medical student - to have the time to, as the cliché goes, get to know this man as a person, and not only as a patient. But I shouldn't have stopped there. I did know this man better than anyone, yet I deferred to my team because of their medical knowledge, my inexperience, and the hierarchy, allowing myself to present his systems-based assessment and plan for his multiple medical issues on rounds and then stand stoically in the back for the surgeon-led discussion with the patient. I had brought up the idea of a goals-of-care discussion with my team, but not loudly enough. Did he want this biopsy? Would he have wanted chemo even if

He did not follow-up with anyone at the hospital after he left, despite our attempts to call and email. But I did find out that he has since passed away. He had left "against medical advice" meaning he did not listen to the doctors. However, in many ways, isn't it against medical advice for doctors not to listen to the patient. Everything seemed to hinge on the

biopsy of this mass, a diagnosis, when his real desires and needs were left undiagnosed.

He wanted to be home to die and I feel guilty I hadn't had that discussion with him.

Nor had I acted on my instinct that home was really where he'd rather be.

Maybe I could have changed things towards the end. To make his end more about what he wanted.

But he did tell me one thing clearly, and that I can change: I try to smile often, even around the big guys.



Elizabeth Roderick, MS3 - Hawaiian Waterfall





Elizabeth Roderick, MS3 - Shadows

## DO NOT SAY GOODNIGHT, OLD FRIEND

DANIEL BRESSLER, MD

An homage to Dylan Thomas

Do not say goodnight, old friend  
Although the hour is getting late  
Let's linger past the midnight bend  
We've still grand questions to set straight

Do not say goodnight, old friend  
I know the dark is beckoning  
But there are fences yet to mend  
Blown down in days past reckoning

Do not say farewell, old friend  
We must appoint a future visit  
Just for now we'll both pretend  
The world goes on and bears us with it

Please don't say goodbye, old friend  
Although this night's been long approaching  
Suppose that we have years to spend  
In raucous boasts and soft reproaching

Do not say adieu, old friend  
It's just a phase you're going through  
What temporal laws can we suspend?  
What amnesty applies to you?

Do not say sweet dreams, old friend  
Immersed into that separate river  
Tumbling seaward to descend  
In secret streams of strange forever

Do not say goodnight, old friend  
Yes you're tired and reconciled  
But can't this final cycle blend  
The crusty man and bouyant child?

Do not wave me off, old friend  
Let's take another walk together  
And with the world's sad news contend  
Amidst this unpredicted weather

Do not say you're done, old friend  
Stay at least until tomorrow  
Attach another day-on-end  
From Time's account divert or borrow

Don't throw in the towel, old friend  
The world will shrink without you in it  
How little still I comprehend  
Come teach me yet another minute

Do not concede defeat, dear friend  
Maintain a proud and stern resistance  
Only finally to attend  
Not to your loss but fate's insistence





# IN-FLIGHT EMERGENCY

DEVESH VASHISHTHA, MS2

It was the so-called “last summer” between the first and second years of medical school. I was quite exhausted after a full year of exams, and I decided to spend the summer months getting some good old-fashioned rest and relaxation. I spent time with my family and I also planned a trip to Trinidad for a week-long retreat in Indian spiritual philosophy.

The day of the trip came in late July, and I left home in good spirits. I had already been on break for six weeks, and I was looking forward to leaving California for a bit. The journey to Trinidad was in two legs, the first being from San Diego to Houston and the second from Houston to Port of Spain. My first flight passed without much difficulty.

The second flight, however, was far more interesting. I was sitting on the right side of the plane, towards the back. I remember feeling somewhat drowsy, and I took a series of naps for the first couple hours of the flight. I was listening to music and staring at my desktop background when I noticed a commotion going on to my left. Across the aisle from me, there was a man sitting with his wife. They seemed to be from Trinidad but of Indian origin, and the airline hostesses were leaning over the woman, asking frantic questions. Thinking it could be a medical emergency, I unbuckled my seat and stood up.

“Hello? I’m a medical student. Is there anything I can do to help?”

Without a word, the hostesses made room for me. I stepped into the row, and was rendered speechless for a few seconds. There could be little doubt about it. I was seeing a seizure for the first time in my life. She was a heavysset

woman, with bright-red lipstick, and her entire upper body was shuddering. Her eyes were rolling in her sockets and saliva was coming out of her mouth.

I stood there, mesmerized by what was in front of me. My mind started reeling...

“What should we do?” asked one of the hostesses. The husband looked expectantly at me. Other passengers in the plane had turned their heads and were staring openly, unable to contain their curiosity. Then it hit me. At that moment, I was the most senior medical authority in the situation. At that moment, I was responsible for this woman’s life. I paused a moment and thought. What was the right course of action for a seizure? I couldn’t remember learning anything about this. I closed my eyes and remembered something - during the first few weeks of medical school, we had all received CPR training. The first thing I needed to do was check if her heart and lungs were working. This would help me rule out the need for CPR.

“I’m going to check her pulse and breathing. See if you can get me a doctor.” The hostesses nodded and one of them left to make a request for any physicians who were on-board.

I checked the radial arteries at the wrist first. No pulse. I then went to her carotids in the neck. Thankfully, I could feel a pulse there. I watched her chest and saw that she was breathing okay, although her husband was shaking her neck back and forth. I told him to hold her head still and upright, and then I looked back at the hostess. They still hadn’t made a request for any physicians on-board.

“Get me a doctor!” I yelled frantically. I had checked that the woman was not dying, but my knowledge of what to do with seizures was severely limited. I remembered something about waiting them out but I didn’t want to take any chances. What if she was having an acute neurological problem? She could be dying and I had no idea what to do.

Finally, I heard a voice over the intercom: “we have a request for any doctors on board. There is a medical emergency in row 37. Would any doctors please report immediately.”

I looked around and saw that nobody had stood up, although everybody’s eyes were on me. I stared at the back of a seat, biding my time. The woman’s body continued to convulse, her eyes continued to roll, and her mouth continued to drool. Her husband did his best to hold her neck upright and wiped her mouth with a napkin. Her lipstick left a smudge.

Just as I was losing hope, a large, balding man stood up from near the front of the plane. He had frizzy patches of orange, unkempt hair and thick, grimy glasses. I would have had trouble believing he was a doctor, although he was making a bee line for my row. He looked over the situation once and asked me what was going on. I explained that this woman was having a seizure, and that her heart and lungs were still working. He nodded and I got out of the way, letting him take over. The first thing he did was ask for a first aid kit, from which he pulled out an ammonia smelling salt to help the woman wake up. When this didn’t work, he asked for supplemental oxygen and requested that her husband hold the mask.

He looked over at me, and said the only words I would hear him say for the entire flight. “She should get up soon. We will just wait.”

And that was exactly what we did. The doctor went back to his seat, and I sat back down in mine. The hostess came by my row and thanked me for my help. She referred to me as “doctor,” and I didn’t bother correcting her. I waited, on edge, hoping that this doctor knew what he was doing. Was he even a doctor? I decided to be patient and put faith in him. After all, what choice did I have?

After a very long ten minutes, I noticed movement to my left. The woman was beginning to wake up! I watched as her husband closed his eyes, perhaps thanking God for this good fortune. The hostesses came over to confirm that she was okay. I breathed a sigh of relief and went back to listening to music. The doctor who had helped looked back at one point, and I flashed him a thumbs-up. We had successfully cared for our in-flight patient!

A couple of hours later, the plane landed. I exited the airport and called for a taxi, and as I waited, I replayed the events of the flight in my head. I had helped in a medical emergency! I stepped into the cab and introduced myself to the driver. His name was Thomas, and he spoke with a beautiful, lilting Trinidadian accent.

“So, you gonna be a doctor, huh?”

“Yep, at least that is the plan.”

“The plan? No, sonny. You gonna be a doctor. This is very important you know. Doctors help people. You gonna help people too.”

“I guess so. Medical school is pretty exhausting, Thomas.”

“You gonna make a good doctor. Keep studying.”





# THE HEALER'S STRIKE

VISHNU PRATHAP, MS3

"The doctors have gone on strike. They refuse to even enter the hospital."

When my mentor warned me about the strike to increase physician salary, I was shocked at this blatant violation of the Hippocratic oath. I could not fathom doctors jeopardizing patient well-being for higher wages, especially in a young nation with a population fraught with disease. But as I worked among these medical professionals for the next month, I learned that I had judged their actions without understanding the daily hardships that physicians endure and the numerous broken promises of a government that should be their ally.

Upon my arrival, however, the protest abruptly ended. Official news reports claimed that physicians, unwilling to continue condemning their patients to suffer, decided to abandon the strike and resume their duties. Nothing seemed amiss in the daily bustle of the hospital; the unrest that seeped through the city in prior weeks appeared to be a forgotten memory. I was astonished to find myself surrounded by smiling, cheerful residents.

In my first week, I befriended a resident, Michael, from a city further in the north. He dreamt of returning there after his training and reuniting with his wife and young son. He volunteered to guide me around the city, teaching me how to live like a local and tolerating my incessant questions. When I probed into the strike, however, he grew somber and quiet. I

quickly dropped the subject.

Later, I turned to my mentor to understand the politics that drove physicians to strike. I learned that the nation's main government hospital receives referrals from smaller district hospitals throughout the country, overwhelming its limited capacities. In a desperate effort to answer this demand, the Ministry of Health requires all physicians to work here during their residency training. Unfortunately, the government refuses to fairly reimburse these overworked doctors, instead offering wages that would not cover even the cheapest rent in the city. Many residents, including Michael, shoulder multiple extra shifts at private clinics to simply survive. This appalling salary forced Michael to leave his family behind and live in a tiny flat in the city's outskirts, working towards completing his training and his dream of rejoining them.

Physicians have voiced their unhappiness with this system for the past several years. In response, the government has consistently made and broken promises to improve working conditions. Finally, fed up with the injustice, doctors throughout the nation united in protest, hoping to drive necessary change. Eager for that change and its an improvement in his family's living situation, Michael joined his colleagues in this strike. Rather than actively protest, however, he seized the opportunity to travel north for a rare visit to see his family.



The government resented this challenge of authority and refused to negotiate. After one month of deadlock, the Ministry decided to demonstrate its power through punishment. It canceled the residency program entirely, denying all residents the opportunity to become board-certified physicians. Furthermore, it marked certain residents as ringleaders who sought to destabilize the government, and banished them to work in rural districts, prohibiting them from returning to the capital to continue their training. Fear of further reprisals drove doctors to return to work wearing masks of compliance, although they fumed in quiet frustration over the continuing injustice.

As my time there approached its end, I finally decided to break my self-imposed gag on discussing these politics. I asked why they chose to remain in a country whose government oppresses them, and refuses to help them address the many health problems that ravage its citizens?

Many residents smiled softly at me before replying, as though the answer was painfully obvious.

“Because this is our home. We are needed here.”

The answer seems so simple. But after considering the hardships these doctors endure, I finally grasped the extent of their selflessness. The strike was not a greed-driven act for higher wages. The selfish course of action would have been to abandon the nation and its suffering innocents, and to use their skills to live comfortably somewhere more profitable. Rather, the strike was an act of healers who longed to stay in their homeland and nurse its sick and dying. They sought to create an

environment that encourages doctors to continue to work here, thereby ensuring the future of this young, growing nation.

Sadly, the Ministry does not understand or appreciate this selflessness. It believes that physicians are its employees who must obey without complaint. After I left, they dealt another ruthless punishment to a supposed dissident: Michael. After learning that Michael had traveled north during the strike, they accused him of organizing protests in other parts of the country. Without any evidence, they used him as a scapegoat and banned him from practicing medicine at any government institution. His residency was effectively terminated in his final year, months away from completion.

I was outraged to learn how the government callously nullified years of effort and sacrifice. More than anger, though, I felt fear. Nearly six months later, the government had still not reinstated the residency program and continued to mete out harsh punishment to alleged wrongdoers. These doctors may eventually tire of this abuse and decide to leave, whether from the need to support their families financially, or simply disillusionment. This nation would then fall prey to the affliction of so many other developing countries: brain drain. I only hope that the government rectifies its errors soon and averts this dire future. Otherwise, the ones who ultimately suffer most will not be physicians or wealthy government officials, but the millions of poor and sickly citizens who need care, but lack the means to receive it.



Elizabeth Roderick, MS3 - La Jolla Shores Sandpipers

## VALENTINE'S DAY POEM - VOLUME 3

BRIAN CHAMPAGNE, MS4

Supine in the call room bed, scrubs are wrinkled and hair's a mess  
Thoughts of you cycle in my mind, like a B-cell that's overexpressed  
Remembering your smile, makes me shiver and feel a little ill  
Will this insomnia go away? Is this trazodone a sugar pill?  
The day we first met was like granulation tissue on a lesion  
Budding like *Candida albicans* until my heart reached full cohesion  
Just the sound of your voice makes my TMs shake with glee  
You invite me to lead morning report and I can only agree  
In scrubs after a 24 hour shift? ...You still look desirous  
Your personality and transference are infectious like a virus  
With you things just flow, like Colace in the digestive tract  
If you were in this cold dark room, I'd cover you like the Affordable Care Act  
Instantly, you made me weak. Is this a stroke or a TIA?  
Seeing you, I'm tense and euphoric, like a 4th year on Match Day  
We could be calcium and phosphate bonded inside a kidney stone  
Being apart just wouldn't make sense, like Epocrates without a smartphone  
But still you ignore me daily. And I can't figure out why  
I've paged you winky faces. Is there something else I can try?  
Between admits and DC summaries, I'm chasing you as best as I can  
But for now I'll just keep presenting to you and you'll keep changing my plans







# THE FORGOTTEN HALLELUJAH

JAIME PINEDA, MD

I remember the joy before it was joy,  
And the ongoing hallelujah of life as play.  
I remember the moment it ceased,  
And the dawning of separateness.  
I remember the ceasing of play and forgetting of the hallelujah.  
Life then became a doing,  
Filled with work and survival.  
Forty years in this wilderness, alone yet surrounded.  
Then, another small dawning of awareness.  
Of wisdom, of life as being.  
And now I see the ocean waves and hear what was forgotten.  
I see and hear the birds of paradise shouting with glee,  
As deaf and hurried travelers rush to their jobs.  
It is all around just like before but different.  
I cry for joy for though I never left, I know I am back home to where it all  
began.  
I sing the forgotten hallelujah.

Nicole Herrick, MS1 - Indian Primary School



# THE LITTLE HOPPER

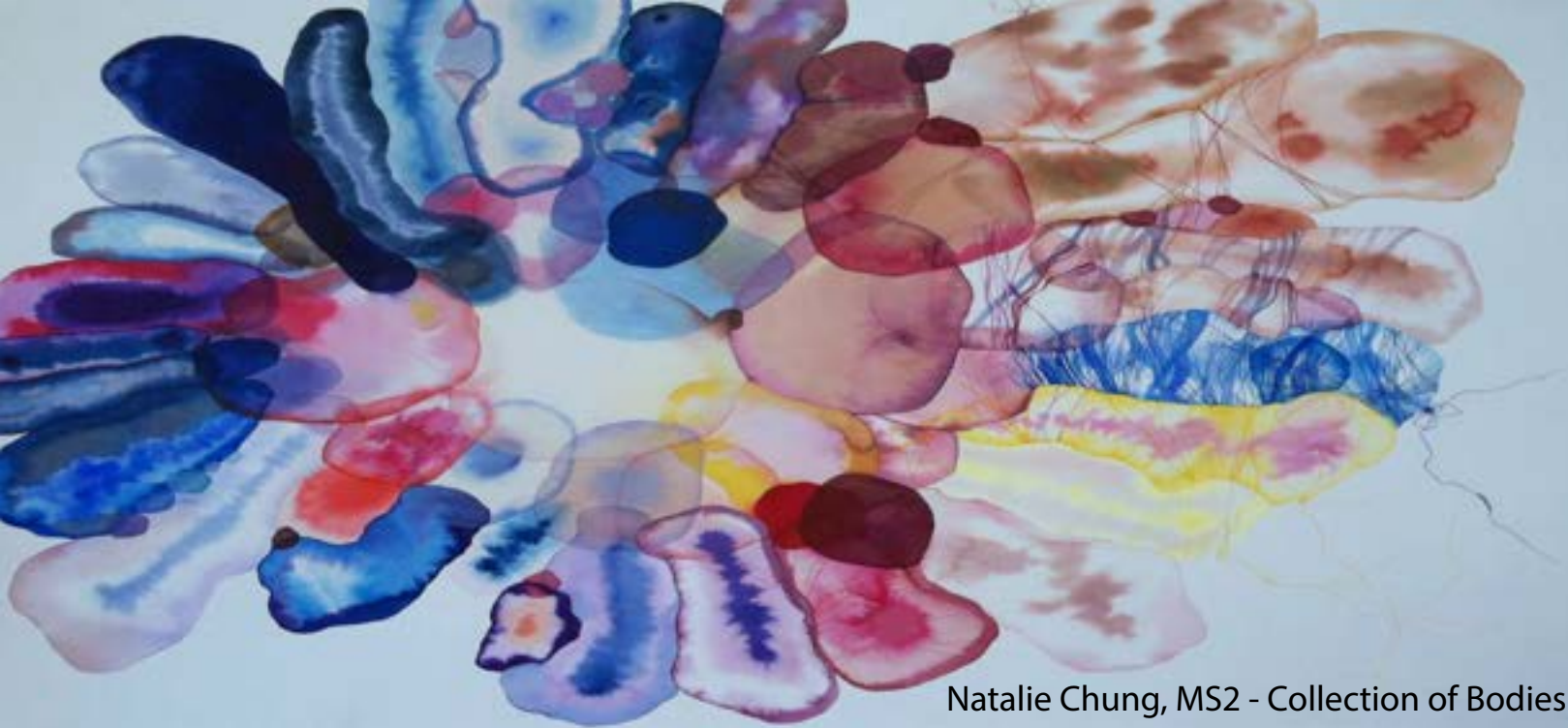
FARHANA ALI, MS4

When asked why he hops, the grasshopper responds,  
Why would I walk when there's so much to see?  
Be it up on a rock, or on the ground beneath me?  
I can get from here to there,  
and prance in between;  
I can go there from here, having adventures,  
you'll see!  
It is much too slow to walk,  
And I'm too impatient to stroll about.  
There's an itch inside of me,  
That makes me want to jump and take height,  
Oh it'll give me falls, but will also give me flight.  
So I hop through the day,  
Taking joy along the way,  
And if you'd like, my friend,  
I can also show you how to spring away!

Lindsey Youngquist, MS2 - Lalitour Water Spouts, Nepal







Natalie Chung, MS2 - Collection of Bodies

## HOW WHITE COATS BECOME REAL: ECHOES OF THE VELVETEEN RABBIT

GREGORY R. KENNEDY, MS4

A short story inspired by the writings of Margery Williams

It was early fall and the incoming medical students rejoiced at the start of their orientation week, excited to start learning and finally take part in what they had been working towards for so many years: “saving lives.” Little did they know of the arduous journey that they were to embark upon. Sure, the students had heard both magnificent and horrific stories from various mentors, but they still lacked the faintest idea of what was to come. Bright-eyed and enthralled, the students listened to the kernels of wisdom bestowed by the deans, which were intended to alleviate anxiety and prepare the students for what lay ahead.

For the deans, this was just another year, another orientation, another ceremony, another class of promising students. After multiple seasons of applicants and selection committees, the students had begun to blend

together. Propped against the wall of the dimly lit lecture hall, the deans sat attentively, glancing back at the pupils in an effort to politely silence the chatter. Occasionally, their glance would pause as they gazed longingly at the students, reminiscent of their own orientation decades ago. Now, they were seasoned veterans with coats that reached for the floor, but instead hung gracefully at the calves to avoid the grime and contaminants that pollute the ground. Silently, the deans sat, hoping that they had made the right decisions and that this class would continue to uphold the morals and values of their institution.

As the orientation continued lecture after lecture, an entirely different story unfolded across town. There, in a tailor’s shop, hung a rack of brand new white coats beaming with all colors of the spectrum and beautiful

blue embroidery outlining the institution’s insignia. Their cotton threads untainted by germs and stains alike. All of the short coats were excited, for today was the day. Today, the students would be visiting from the school and they would meet their new owner! They would meet the person that they would be attached to for the next four years, providing comfort, status, pockets, and warmth in the coldest of nights.

One white coat was particularly nervous, for she had seen many groups of students come and go. But, she had never been picked, for she was the smallest of the white coats and none of the students could squeeze their broad shoulders into her occlusive sleeves. She feared that today would be no different than the rest, seeing the hoard of students smiling and laughing as they rummaged through the rack of coats, searching for their perfect size. She was afraid that she may be tossed aside, left to play with the dust bunnies that hopped along the floor with the breeze.

With a warm September gust, the doors flung open and the store was flooded with students giddy with joy. The frail tailor tried to coax the group to calm down, but his meager shouts were not able to dampen the excitement. To the white coats’ horror, they were pulled in all directions as the students struggled to find the proper size. The small coat watched as her friends were snatched up by the ravenous crowd and brought to the front of the store.

One by one the coats disappeared, until there were only oversized coats and the little coat left. The little coat could sense the despair of the oversized coats as the students left, for they didn’t want to suffer the same fate of the little coat, doomed to sit on a shelf and collect dust until next year. The little coat did her best to comfort and reassure the large coats, but their sullen expressions persisted.

Evening came and the neon “OPEN” sign

flickered out. Slowly and with great care, the remaining coats were packed away by the tailor. The little coat did her best to hide her sadness, knowing the quiet torment that they were all to endure for the next 365 days. She had been on the shelf for five seasons, packed away where light neither entered nor escaped.

“Better luck next year,” she told the others as they fell fast asleep, dreaming of the day that they would meet their owner. The little coat sat still in the darkness, reflecting upon the day. “Will I ever be picked?” she wondered silently, as not to wake the others. Filled with pity, she wished she had been created with more thread and material, so that she would fit more students. But, she stopped herself, realizing that if she were larger, she would not be special and that her new owner would be just another student. Peacefully, she drifted off to sleep, hoping that someday she would be able to comfort and care for a student.

Early the next morning, the coats were awoken by the familiar buzz of the doorbell. “Just a minute!” exclaimed the store owner from the stock room. Yet, when he approached the counter, there was no one to be seen. The tailor looked around, confused, until he heard a soft voice say “Excuse me?” Peering over the counter, the tailor saw a young girl in her twenties looking up at him with inquisitive brown eyes.

“Yes, young lady, how may I help you?” he replied.

“I’m sorry to trouble you, Sir, but the white coat you sold me yesterday is too large. I was wondering if you had any smaller sizes?” the young lady requested. With that, the tailor grinned and went to the back of the store to see what he could find. The movement startled the coats, as light flooded the box. Sifting through the large coats, the tailor was able to find just what he was looking for. The little coat was both surprised and startled to be grasped by the collar and taken from the box.



"Here you young lady. Try this out," the tailor said, extending the little coat towards her. The little coat winced as the girl slid one arm after the other into her sleeves, and braced for the worst as the girl flexed and rotated her scapulae to assess the fit. To everyone's surprise, the jacket was a perfect fit! The girl happily made the exchange and left the store, her new jacket bundled tightly against her thoracic spine. The little coat was filled with joy! She wanted to learn everything about this wonderful girl whom she called "owner."

That night she was hung up in a large closet with many other curious articles. Dresses, skirts, blouses, winter jackets, and suits left to suffocate in plastic bags for safe-keeping. The other garments, filled with jealousy, scoffed at the white coat.

"What are you doing here, you silly little coat?" asked the blue blouse.

"Look at all these pockets!" cried the black miniskirt, recognizing that she had none.

"Get a load of this embroidery! Fancy!" laughed the purple pants.

"Who wears white after Labor Day anyway?" the elegant grey dress stated condescendingly, her coat hanger tilted high into the air as she spoke.

The little coat didn't know what to say: she had never seen garments unlike her. Falling into contempt, she became ashamed of her bright white and blue embroidery. The jeers continued until a ragged ski jacket silenced them all with a howl.

"Hush, all of you! Leave this little jacket alone, for she is special and possess powers that you and I cannot imagine," the old snow coat demanded. "Now, come little one," the old jacket beckoned, as the little white coat came closer.

The old jacket recounted how he was made fun of by the other garments, year after year, except during winter. In the cold months, he was snatched from the closet to provide the girl protection and warmth. But, every year,

spring came and he was returned to the floor of the closet, tattered and a little worse for the wear.

The old jacket wasn't pretty, for he was covered in hot cocoa stains, frayed along the edges, and coming apart at the seams, exposing his soft insides. Despite his tattered appearance, he had been in the closet longer than any other garment. The young girl loved the old jacket, for he reminded her of the mountains in the winter. It had been years since the old jacket had seen snow, but she still kept him around, ready for a blustery day.

"So you see?" asked the old jacket.

"See what?" replied the little coat.

"You are destined to do great things; you are going to be with the young girl in both her happiest and saddest times. She is going to count on you to hold her most prized belongings. She is going to wrap herself up in you when she's cold. And you will be a symbol of the hard work and sacrifices she has made as she continues her education," explained the old jacket.

"You are her white coat, and it will be a great responsibility!" He continued, "You mustn't get lost, and, most importantly, always remember to keep your sleeves clean and avoid germs." The little coat nodded, overwhelmed with responsibility. "If you do these things, you will find love, just as I have. And it is through love that we are able to become real."

At that, the old jacket bade her goodnight and suggested that she get some rest, for there was talk of a great ceremony tomorrow and the ruby dress was excited to be extricated from her bleak department store bag.

Before the little coat had awoken, she found herself wisped away from the closet and on a journey to rejoin her fellow coats. When she arrived to the rack behind the podium, the other coats were surprised to see her.

"Well look who it is, fellas, If it isn't our scrawny little friend!" the largest coat exclaimed. "Does this mean they let a child into medical school?"

The little coat was so upset that she lost her composure and retorted, "Shut it, you fool! Just because my owner isn't some big hairy ape, doesn't mean you can make fun of her." Had the other coats not been bleached white, they surely would have blanched from such an abrasive comment.

The large coat laughed, "Well, it looks like someone is getting a little too big for her bust size. If today weren't such an important day, I'd knock you off the rack... Watch your back, Shorty," he warned.

"Likewise," the little coat sneered through the silence. The argument was interrupted by an administrative assistant labeling each coat for identification during the ceremony. The little coat could not have been happier to bear her owner's name across her right breast pocket, a paper medal of honor.

It was almost time! The coats straightened themselves on the rack in preparation and to avoid embarrassing follies by the head dean. It was a magnificent sight, for the sun beamed down upon the students and families dressed brightly in late-summer attire. Students were paraded in front of their loved ones waving and beaming with grins. Behind the students sat parents, families, and loved ones stealing every moment with their cameras like the paparazzi.

The little girl looked more beautiful than ever in the ruby red dress and matching heels. Her family cheered as she confidently strolled across the stage. Her eyes settled on the white coat. She extended her right arm towards the empty sleeve and spun to introduce her left arm. Awkwardly, the dean did his best to retrieve the second arm, but was left floundering, hunched over. With a deafening tear, the little coat felt a sharp pain in her

right shoulder as the left arm slid in gracefully. The dean blushed with humiliation as he apologized for the mishap. The young girl was embarrassed, but she confidently posed for the picture and waltzed across the stage.

The little coat was stunned and writhing in pain with every sway of the girl's arms. As she passed by, she could hear the other coats giggling at her mishap. The little coat wanted to cry badly, but she knew she had to hold it together. She couldn't reveal her weakness to the other white coats.

Back at her seat, classmates examined the damage. The hole was 4 cm in length, exposing flashes of flesh with every movement. Some budding surgeons offered to repair the coat, but the girl politely declined, thanking them for their generosity.

Following the ceremony, the girl's family raced over to congratulate her, each of them grasping and examining the beautiful coat. None of them took notice of the tear, for it was a minor blemish for such a lovely article of clothing. Tears of joy ran down her mother's cheek as the family posed for an endless number of photos. The coat was home and felt like a welcomed addition to the young girl's family. Her parents were so proud that they could hardly contain themselves.

After a lovely dinner, the young girl retired to her newly furnished apartment. Examining the tear, she retrieved a thimble, needle, and snowy white thread. With a few flicks of the wrist and a tug here and there, the two loose ends of the coat came together. "There! Good as new," the young girl said with a grin and gently tossed the coat on the bed.

Snuggling up for bed, the little coat could feel the warmth of the young girl. It was now that she realized what the old jacket meant, for she was loved which made her real. The young girl was to have a challenging 4 years ahead of her, but at least she had her coat to see her through.



# ON AND ON

ARVIN WALI, MS1

## HC 2015 STAFF

Clouds compile and thunder looms  
 Tempts our courage with impending doom  
 Sail on Sail on! My jolly crew!  
 They laugh they laugh as the waves all crash  
 Our spirit roars as our armies clash  
 With eyes brighter than the lightning's flash  
 This is it, this is our chance  
 To guide our ship, and make our dash  
 As we race towards our home at last

On and on, our ship moves on  
 Homeward bound, adventures found  
 Stars and moons and mountains pass  
 We race towards our home at last

No stormy seas that can't be seen  
 By the watchful crew inside of me  
 We grab our helm, and grab it fast  
 We race towards our home at last

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