



Tabula Rasa & Post Call Anthology
2019

*Tabula Rasa &
Post Call*

*An Annual Anthology of
Literature, Arts, and
Medicine*

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Cover art: © Andy Wooldridge

Printed in the United States of America

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Tabula Rasa, Latin for “blank slate,” is Vanderbilt University School of Medicine’s *journal for medical humanities*. Tabula Rasa is dedicated to the idea that the mediums of pixels, paint, pen, and paper lend individuals the means with which to explore the nature of humanity and enhance their medical experience.

Post Call, likewise, is an anthology of creative works by members of the School of Medicine, Medical Center, and surrounding community which speak to topics beyond the study and practice of medicine.

The journal is published annually, and we invite submissions of original short stories, poetry, essays, interviews, artwork, and photographs from medical students, residents, faculty, alumni, patients, and members of the Nashville community.

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Part One

Tabula Rasa

THE GRAND INTERNIST

Richard Hutson

*a genuine incident (names altered) I remember
well from my years of medical practice.*

I had just finished my own hospital rounds
And went down the staircase to visit an old family friend,
Ms. Mary Oliphant.

She had been a spinster elementary school teacher
Whose children were her young students, all of whom had adored her.
Ms. Mary's parents and siblings had passed away years ago.
A few acquaintances came to see her at home, or in the hospital.

Mary had a damaged, weakening heart and was an inpatient
Once more for re-evaluation and medication adjustment.

I had earlier passed her Internist in one of the hospital corridors.
He was walking briskly, as always,
Pushing a cart full of patients' file folders.
He was attired in his Harris Tweed jacket with leather elbow patches,
Alligator leather shoes, a mauve shirt with starched button-down collar,
And a matching Alexander Julian purple tie with entwined design
patterns.
A whiff of less-than-pleasant but expensive men's after-shave lotion
trailed behind him
As he strode by with quickened pace and great purpose.

{ *Tabula Rasa* }

The Internist had a very new, showy place of a home
With a faux Greek marble statue
Astride a fountain and reflecting pool in the front yard.
In the wintertime he went skiing in Aspen.
Summer months found him snorkeling in Hawaii or Belize.

We nodded as we passed one another in the hallway.
“On my way to see Miss Mary Oliphant!”, said I, cheerily.
“Ah, good of you!”, from him in his best patrician manner.

I fast-stepped it down the stairs to the Medical Floor,
And headed straight for Miss Mary Oliphant’s room.

Mary was seated in a large chair, facing the East,
And the morning’s early sun.
Light came spilling into her room, adding to its quiet beauty and
serenity.

I walked in, and went over to stand behind “Miss Mary” in her chair.
Her eyes were open, I noticed, but unblinking.
“A beautiful morning!, Miss Mary”, said I.
Receiving no reply, I moved closer moved and touched her hands
which were folded in her lap.
They were cold. Her arms were also cold. I checked at her wrists for
a pulse: and found none.
Listened to her heart....but it was still, and silent.

I rushed to the Nurse’s Station, and spoke with the Charge Nurse.
Her eyes widened at my report.
An aide was quickly dispatched to check the patient’s vital signs.

{ *Tabula Rasa* }

Then the Charge Nurse turned to me: “but...but her Internist was just
in
a few minutes ago to see her!”

The nurse found Miss Mary’s chart, and pulled it quickly
from the chart rack...searching for the Progress Notes.
There we both read the Grand Internist’s illegible scrawl,
And his brief “Progress Note”
For his final visit to Miss Mary Oliphant.

It read: “No voiced complaints”.
Vade et Deum.
Rest in Peace, Miss Mary.



AMAZING MAZE MAIZE GATHERING

Andy Wooldrige

THE MOST VITAL DANCE OF ALL

Sneha Lingam

“Sure, I’ll dance with you,” my attending told me when I offered to assist him in twirling to tie his gown. It was nice to be back in the OR on obstetrics and gynecology, to the space I had come to love and respect on my surgery clerkship.

Wise words from my chief resident on colorectal surgery: “If you had to pick one doctor to have around, you would pick a general surgeon, because they’re the only ones who regularly practice both surgery and medicine.” I developed a deep respect and admiration for this path over the two months on my surgery clerkship. Any stereotypes I had previously about surgeons’ personalities were crushed; they have just as much heart as those in medicine and other fields. Rounds are far quicker than in medicine but in a sense just as valuable despite their brevity, for that is when important human bonds with patients are best made. This was the block in which my cohort grew from being peers to being colleagues as well. We formed connections like our fistula FRIENDS. It was a pleasant surprise how much surgery shaped our journey towards becoming holistic, wholesome, and humanistic providers.

The OR is a sacred space full of life, death, conversations both personal and professional, incredible teamwork that makes the dream work, background music, and dance. With the intimacy between patients and providers on the providing team, it’s like you’re all on a date, except the only food is inside all your bowels or coming out with a rectal wash. Surgery is the most vital and intricately choreographed and freestyled dance of all - mostly with your hands, but first a twirl of the gown to scrub in. It’s a dance I’m fascinated to watch but can’t see myself doing for a lifetime. Like making an argument for either side of

{ *Tabula Rasa* }

a debate, I could make an argument for loving anything in medicine, but ultimately lifestyle matters. Surgery is full of crafts; putting in a wound vac is reminiscent of scrapbooking. I rediscovered why I wanted to become a surgeon for the longest time, but I'll let my hobbies remain hobbies. Like every block, I enjoyed surgery enough to miss it!

The cutest moment: on GI/lap, the caudate lobe bounced to the beat of the background music for a bit.



BEE PHYSICS

Joseph Little

{ *Tabula Rasa* }

MANIA

Catherine Fuchs

Describe it you say?

Technicolor mud flying wheels spinning
foot to floor flooding mind... total control
until not...

Hit the wall monochrome free fall void. Empty.

What will it be today?

SICKNESS AND IN HEALTH

Elishama Kanu

I started my Thursday morning in the Pediatric Surgery waiting room. I had a meeting with my former attending. To wait, I randomly chose a seat diagonal from a woman and boy.

The pair registered only vaguely to me at first. The woman was an older black woman, and the boy, white, seemed in his late teens. As I waited, I overheard snippets of their conversation, which clued me in that the boy likely had intellectual disabilities.

Hmm? I looked back, studying them more closely. What are the odds?

I kept glancing back at the pair, trying to confirm my suspicions. Once. Then twice.

The mother caught my eye the third time, and I tried to smile politely before quickly turning away. She probably assumed I stared because they were interracial, or because of her son's disability. Either reason made me out as incredibly impolite and intrusive.

I tried subtly next (which really has never been my strongest suit). I switched to listening to their conversation for clues about their visit. Perhaps the name of his surgeon or mention of an ostomy.

I looked again at the mother, willing her to recognize me, and I thought that maybe, I saw a hint of recognition in her eyes when she looked back at me.

Mentally, I counted backwards from today, trying to line up my dates.

The boy looked different sitting up, as opposed to lying in a hospital bed. He was shorter than I remembered, and looked a whole lot younger.

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Exactly a year from today, my Pediatrics intern and I had been sitting in the resident workroom.

“Hey, you’re interested in Trauma Surgery, right?”

“Yeah,” I said. At the time I had let everyone know I was considering a future in Surgical Critical Care.

“Can you take a look at this X-ray for me?” N was a patient on our service, who, for the past week, complained of vague, undecipherable abdominal and scrotal pain. We had all but chalked it up to “gas” at this point. This day, he had complained of chest pain, so my intern decided to do his due diligence and order a chest x-ray.

“Sure,” I walked over, eager to be useful. “Oh, you mean that pneumoperitoneum?”

“That’s what I thought,” my intern said, already running off to find our senior resident. In minutes, this boy had gone from being the pesky patient with “painful balls” (his words) to a severe surgical emergency.

Immediately, we paged Pediatric Surgery, and to their credit, they were in the patient room within fifteen minutes. While my residents conferred with our attending, I was left to update the surgery team on N’s hospital course.

“Excuse me,” N said in his characteristic high-pitched tone that belied his age. “Am I going to die?” I hid my face and immediately left the room before I could hear the surgery resident’s response. I did hear N resolutely utter back “Okay, I’m ready.”

N’s bravery turned out much needed. I moved on to my next rotation, but periodically checked on him through my friends rotating on Pediatric Surgery. I learned that over the next few weeks, he had remained intubated and sedated in the ICU. He needed three

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{ *Tabula Rasa* }

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consecutive surgeries, and his abdomen was left wide open for weeks, before they could finally close him a month later.

Finally, after a month and a half in the hospital, he was discharged home with regularly scheduled follow up visits with his surgeon.

And now, exactly a year later, I sat in front of him and his mother. Should I inform them that I was there just one year ago? That I had helped catch his diagnosis and had followed him, even long after I had left, to make sure he had survived? He was my miracle too, I wanted the mother to know.

How could I convey that I still thought about him, even just a week or two before this day? That his care was one of the defining moments on my path to medicine.

The comparison struck me between this healthy young man and the sick, bed-ridden kid who had mentally represented him all these months. The two now juxtaposed, I struggled to superimpose this N over that of one year ago.

“E, come on back!” Dr. O beckoned me beyond the doors. Silently, I gathered my things and gave one last awkward smile to the mom before running off. What a gift it was to see him again.

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{ *Tabula Rasa* }

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MUSTER

*Audrey Campbell*

I have lined up all of my systems against an earth tones backdrop.  
There they stand, not at attention, really--that's impossible.  
The Nervous System can't help the occasional twitch, the tic.  
My Digestive Tract rolls and lightly gurgles; here and there a little pop.  
The Circulatory System has brought in rhythms, sounding vaguely  
tribal,  
counter-pointed by the Pulmonary In-and-Out long lick.

Lymph Nodes hang in long grapey bunches oozing White Cells now  
and then. The Nodes nudge and jostle my Cluster of Endocrines  
huddled together; my Thyroid, Adrenals, Islets of Langerhans,  
my Pituitary and shriveled Ovaries, magnifico of long ago.  
They whisper to each other of adventures, passions, sins.  
My skin is draped loosely over a hanger, faded freckles dropping off.

The Renal System, Kidneys floating loftily above their Bladder,  
sailed belatedly in, no apologies. Now and then each Kidney casts sly  
yellow cat-eyed glances at the Adrenals, smirking slightly,  
as though some secret has passed between them that might matter.  
They weave in and out, clown fish amongst arterial anemone tendrils  
dangling from my Pericardium in tangled sanguine curls.

My Musculoskeletal System, lies snoozing, atrophied beyond  
recognition.  
Wisps of Hair (now graying) and Nails (looking quarter-moon  
surprised)  
sway gently in a nonexistent breeze. I clear my throat:



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{ *Tabula Rasa* }

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“I have called you together”, I say, “to make inquiry, to be blunt.  
I should like to know who among you plans to be first at ill disguised  
desertion of my whole? Which traitor will turn coat

and run, deserting duty exactly when I need you most?  
Who among you is my unlucky domino, who will cause the rest to fall?  
Speak up, you rascals! Tell me, though I do not want to know!”

They gather in a circle, each a pale and fading ghost.  
I hear them chuckle, see them dance. Each draws for the short straw.

## JUST LIKE THE MOVIES

*Lex Erath*

On my very first day of clerkship year, I reported to the VA hospital aggressively early, assuredly over-caffeinated, and downright terrified. It is not an exaggeration to say that when I first stood up to shake the intern's hand, I was visibly trembling with nerves. The night before, I had carefully filled each of my short white coat's pockets with absolutely anything that my classmates and I had heard might be useful on the wards; we were desperate, and took the advice of absolutely anyone, ranging from the well-informed (the upperclassmen) to the dregs of society (the trolls of SDN). On that particular day I had on my person nine pens ("Always have a pen in case your attending needs one!"); two hand warmers ("so your patients don't recoil from your touch!"); and three reference manuals whose authors seemed to have a loose interpretation of the term "pocket-sized." All this had the unfortunate effect of bowing my shoulders forward if I forgot to be vigilant about my posture (that is, quite often) and of throwing me off balance if I rose to my feet too suddenly, giving me a positively orthostatic appearance. If the me of today had encountered this pitiful creature lurching down the hospital hall, I would have sent off a bolus of LR and an Ativan, stat.

Luckily, I had drawn the nicest intern on the planet and he made easy conversation as we headed to the team room. There I faced my second great challenge of the day: meeting two other interns and the upper-level resident. I had heard that remembering names was Very Important, and so as I was introduced to the three kind humans in that room I immediately began an inward chant of Bryan-George-Alyssa-Bryan-George-Alyssa with a sort of manic focus that precluded me

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## { *Tabula Rasa* }

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hearing anything of actual use from the team's pre-rounds discussion. I did absorb enough to realize, with truly indescribable relief, that I would not be called upon to present any patients that first day. Upon discovering this my heart rate sank to the low 200s, and I was once again able to comprehend the English language.

Come time for actual rounds, I followed the rest of my team out into the hallway to meet our attending, certain that everyone else could hear my knees audibly knocking together like I did. I had been assured over and over again by my classmates, older students, and random Internet blogs that "pimping" was not usually as bad as you thought it'd be; attendings were no longer allowed to roast you over a spit at regular 24-hour intervals, and anyhow whipping and brass knuckles had both been outlawed years ago. But of course, you don't remember the 99 pieces of evidence to refute your fear; all you can focus on is the one anecdote that confirms your worst nightmare. For some reason, that morning I was utterly convinced that my attending would at some point demand a 15 minute on the spot presentation on the pathophysiology of whatever disease our patient had, and really the only question left in my mind was whether it would be diabetes, COPD, or heart failure (we were at the VA, after all). In retrospect this was an unusually stupid fear; me babbling on for a quarter hour about the pathophysiology of any of those conditions would be of interest or use to absolutely no one, and moreover would likely endanger a significant portion of their brain cells.

The attending- we'll call her Dr. G – turned out to be perfectly lovely, and took care to introduce herself and welcome me to the extremely large team. We numbered eight in total: myself, the two interns, our upper-level, the attending, the night intern, our pharmacist, and a

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pharmacy student. I felt slightly comforted by the white-coated phalanx we formed, certain that our sheer size (along with my pale skin) would allow me to fade unnoticed into this faceless wall of white.

We all trooped into our first patient's room and assembled in a loose semicircle around his bed. The night intern began to present his H&P while the patient, a veteran in his 70s, glanced around at the sea of white coats with mild interest. I arranged my features in what I hoped was an expression of intellectual curiosity and listened intently, pretending not to notice the patient trying to catch my eye. And then, just over a minute into the intern's presentation-

"You!" boomed the patient, shooting upright and pointing directly at me, "Why do you look so terrified? It's me here in this hospital bed!"

There was a split second of absolute silence, just long enough for my entire face to flush tomato red, and then the entire team burst out laughing, along with the patient. I laughed weakly and meekly explained that this was my first day. Part of me remained shell-shocked as the intern wrapped up the presentation and talked through his plan- was this an episode of *Scrubs*, or was this my life? As we walked out of the room, the night intern fell into step beside me, still laughing. "I can't believe he said that to you," he chuckled, "like something out of a movie!" Yes, I couldn't quite believe it either. One tiny part of me realized this story would make excellent cocktail party fodder one day, but that day felt very, very far away.

That afternoon, I was walking down the hallway when a voice called out to me- "Doctor!" It was the same patient from the morning. Face already flushed with renewed embarrassment, I went in to see what he

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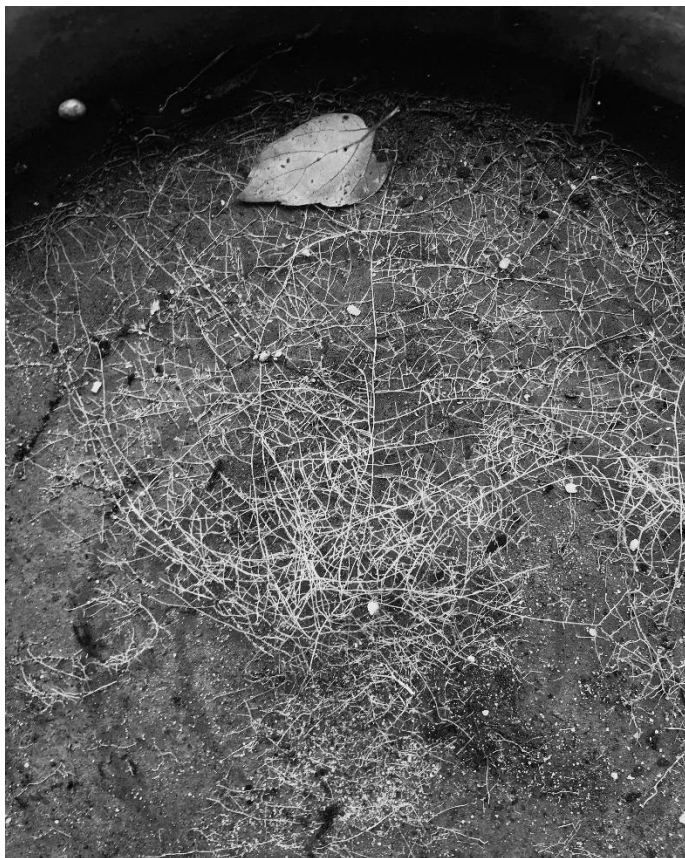
wanted, finding slight relief in the fact that if he was going to make fun of me some more, at least I was alone this time.

“Just wanted to ask- how did your first day go?” he asked, kindly, and I could sense a genuine friendliness as he pointed me to the chair next to his bed. The ice thus broken, I told him it was going well, and we talked for maybe half an hour as he shared his story and I filled him in on medical school (and how he didn’t really have to call me “Doctor” just yet). As I stood up to go, he offered me one last piece of advice.

“You’re never gonna forget me cause of how I embarrassed you on your first day” – true – “so let me tell you something: you’re gonna be a great doctor one day.”

My face turned red again, but this was a nice sort of embarrassment.  
“Thank you, sir.”

“Thank you, Doctor.”



## UNDERNEATH THE PETUNIA POT

*Andrew Wooldridge*

## ISOLATION PRECAUTIONS:

A Shakespearean Sonnet

*Andy Wooldridge*

A man, dying alone, intensive care  
Lungs infected, tattered, rotting, and spent.  
Solemn, a team of doctors gathers there  
Assessing needs and wants in vain attempt.  
So unfolds theater of the absurd,  
Armoured in yellow gowns and purple gloves,  
An incongruous flustered flock of birds,  
Purple-tipped wings, canaries scratch and shove.  
Our skills bereft, we scavenge for purpose,  
When, like a knight courting a damsel fair,  
In comic flourish, kind, and chivalrous,  
He kisses our gloved hands, in humble gesture.  
He fosters dignity and affection:  
Precautions against his isolation.

## JOY

*Manasa Bhatta*

In one view of the world, the VA Hospital is an equitable haven for the weary and wounded that somehow shines brighter in political campaign ads than it does in real life. In another, it is a room with four walls that has unfortunately become home, minus the photos of family and childhood memorabilia. A veteran sits amidst it all and words like flat affect and PHQ-9 get thrown around outside his door. I wonder where the veteran would find Joy if he were to look for it and if in a place of sickness the very essence of emotions can be altered. I begin searching for it in the hospital. I am looking for childhood whimsy - for round balloons that carry us with the wind, for grandmas bringing by cookies, for colorful amusement park games. I am instead met with hanging saline bags, contact precautions, and beeping bedside monitors.

I see love, and fear, and peace, and anger, and happiness but Joy - the short-term moments that inspire wonder and bring smiles to faces – proves to be a scarce resource. I see common themes in Joy but find that like a medical condition that presents differently in different people, Joy is inconsistent and variable. It is around more frequently when spouses are visiting and is especially present when grandchildren are around. It sometimes appears during conversations with doctors and nurses, but this seems rarer.

Many would say a career in medicine brings fulfillment. Some would say it bring happiness. A more unclear question is how often one experiences moments of Joy in the hospital. During morning rounds, we visit several debilitated patients, patients with complicated social histories, several with altered mental status, many who complained



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about the care they received at the VA, and some with brand new cancer diagnoses.

Throughout all this, Joy peeks its head out occasionally – in the form of headphones and a playlist of Elvis songs brought to a man by his wife; in a man’s ability to inspire laughter with mere hand gestures after losing his voice from squamous cell laryngeal cancer; in the first bite of food after being NPO all day; and in a phone call to a man’s family when it is revealed he can leave the hospital in time to be home for Thanksgiving.

The veteran remains stoic and terse, until one day I find him watching college football. UT Knoxville is winning, and it is maybe a small victory in the scheme of the NCAA season, in the scheme of bustling hallways of personnel serving rooms full of disillusioned veterans. But in a dark room with no light except the glare of a television, the shape of a subtle but distinct grin has formed with his mouth, and his teeth reflect an emotion and vibrancy that illuminate dull, discolored grey walls.



## SUNSET ROCK IN WINTER

Samuel T. Rosenbloom

## LUCKY

*Jessa Fogel*

“How was your night?” I asked the young woman sitting beside me on the bus ride home. She was an American medical student, I was an aspiring one. Both of us were returning from an evening of volunteering at a mobile clinic run by medical students at the University of Cape Town in South Africa.

“It was okay,” she replied. “I didn’t see anything too interesting, but this girl over here got lucky with a TB patient,” she gestured to the other student sitting across the aisle from us, who nodded her assent. Lucky?

I’d always thought of luck as finding a heads-up penny on the street while avoiding cracks in the sidewalk. Or four-leafed clovers and horseshoes. Rabbits’ feet. The blue Nike sports bra I wore under my jersey for every cross-country race in high school. Lucky.

Nothing about tuberculosis had ever struck me as being remotely lucky. Neither the coughing up blood, nor the fever and night sweats, nor even the alienating stigma by fearful societies seemed anything like finding a four-leafed clover. Although I’m sure she never intended it, the student’s comment seemed thoughtless, even callous. And for all I know, she thought about her words later and regretted them, rephrased the comment a thousand times in her head, but never got the chance to say it.

But for me, the comment was an invitation to reconsider how I could witness disease more intentionally. There had to be a way to learn with

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{ *Tabula Rasa* }

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passion and enthusiasm without reducing your experience of approaching a sick patient to simply “luck.”

Because it isn't. Observing the suffering of another human being is painful, bringing emotions that we may not want to acknowledge. Allowing ourselves to feel empathy for patients hurts, but considering ourselves “lucky” to see a disease only invites us to brush off that pain, to become a little less connected to the people we're supposed to be caring for.

When I see a sick patient, I want to appreciate that this person has allowed me to witness their most vulnerable moments, not just feel excited that I recognize their ailment from a lecture or textbook. I want to thank them for recognizing that at this point in my training I have little to offer them, but far more to learn. To all the patients I've seen, and to all the more I will, I don't feel lucky to see you. I feel grateful.





# *Part Two*

*Post Call*





## CURIOSITY

*Richard Hutson*

The curiosity of our cats may be their own reward.  
But we upright, bipedal creatures  
Must have answers.  
We seek tangible rewards.

The sooner we learn, the better,  
That mere curiosity is not sufficient  
For our receiving either reward or consolation.

Nor is the universe obliged to bestow  
Upon our ceaseless peeking and prodding  
Either the answers for questions we deem important,  
Or the wisdom to guide our seeking,  
Nor even to grant us satisfaction  
And fulfillment from our endless searching.

We listen to the Universe,  
And believe that we hear  
A ceaseless singling tumult....  
Thinking, thereby, that we may be hearing  
The music of a distant celestial song.

Perhaps.  
But we may merely be listening  
To the pulsing of a red fluid within our brains.



## SNOOPERS ROCK SUNRISE

Samuel T. Rosenbloom

## ANGELA AND THE ARK

*Audrey Campbell*

It was the type of day that drives grandmothers crazy; dreary drizzling rain, rendering outdoor activities impossible and indoor activities quickly boring for five-year-olds. As a final resort, Kendrick and I fled to the car, and headed for lunch at Mc Donald's and, I hoped, a healthy skirmish with other children (with desperate caretakers) over all those colored plastic balls. Even the car ride became an unbearable kerfuffle. The intensity of the rain increased to a drenching downpour and quickly evolved into a deluge. We were forced to retire to the roadside until visibility returned to the fogged windshield.

"Tell me a story", Kendrick demanded.

"About what, Kendrick?" I asked. (preoccupied)

"A bible story. I like those best, and don't call me Kendrick, remember?" she said. "My name is Angela." Kendrick was currently experiencing terrible remorse and a mild identity crisis over her parents' lack of moniker insight. She yearned with all her little heart for a more lovely name, and given her unbridled enjoyment of a distressingly thick book, entitled something like CHILDREN'S BIBLE STORIES, I suspected her choice of Angela had biblical origins.

I moaned an inward moan. My memory of all those little stories on the lesson leaflets swam before my eyes in an unending litanous parade. For a fleeting moment I even recalled the felt covered board with figures a long suffering 'teacher' stuck to the board as yet again David slew Goliath, etc. Obviously some wretched person had

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collected all those leaflets and put them into a book. Click. Something clicked.

“Well, OK,” I said. “How about the good old story of Angela and the Ark?”

“NOAH.” Kendrick said. “NOAH and the Ark.”

“That’s not the real story.” I asserted. “The REAL story is Angela and the Ark.”

Kendrick’s eyes narrowed. “Tell it.” she said.

So, I did:

Once upon a time there was a good little five-year-old girl named Angela. She lived in a wicked city named Gomorrah, or something. All the people went around cheating each other out of food or jewelry or crayons. Or, they stole each other’s bicycles or chased their little brothers with sticks. God looked down from the sky and saw all these evil people going about doing wicked stuff. It made her very angry.

“HIM.” Kendrick said. “God is a boy.”

It made HIM very angry. God looked around over all the people in the city trying to find one GOOD person. Of course, the one very best person was ANGELA.

“NOAH.” Kendrick corrected. “It was NOAH.”

Not in the real story. In the real original story, it was Angela. So, God told Angela He was going to make it rain a lot and drown all the wicked people; so much rain that the water would finally cover the hill on which Angela lived. But God was only angry with people, not with all the other animals, and He didn’t want them drowning, just the evil people. Angela wondered how God was going to save only the other animals, and God said that was where Angela came in. He said Angela would have to build an Ark on the top of her hill, and get

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a boy and girl of each type of animal in the Ark before it started to rain.

“Really, it was Noah.” said Kendrick.

Wait and see; Angela worked very hard. She got her hammer and saw and nails and started building the Ark. The wicked persons from the town came up her hill to laugh at her and point their lazy fingers and make fun of her. “Hoo-ha,” they shouted. But Angela went right on building the Ark and painting it pink, which was her favorite color.

After a year or so, the Ark was finished and God looked at it and thought it might do. “Go get the animals.” God told Angela, and she lined them up to get them in the Ark. A boy and girl of each kind, like God told her. When she got to the monkeys, they tried to pull her hair. “Get in there!” she yelled. Well, unfortunately just behind the monkeys were two ferociously hungry tigers with long shiny teeth. Mistakenly, they thought Angela was yelling at them. They weren't used to it. They felt insulted, and, being hungry anyway, and since, after all, it was lunch time, they ate her up.

“WHAT?” shouted Kendrick.

They ate her up and smacked their lips. God was a little surprised. Remember, Angela was the only good person he could find to build the Ark. He asked the tigers to erp her up, but the tigers wouldn't. What to do? God looked around and decided He would have to find the next best person. He started checking all the evil people. Finally, He found a man named Noah who had a long white beard and looked a little like Santa Claus. God decided Noah couldn't be all bad with a white beard like Santa's, and he told Noah the whole story about poor little Angela. Noah asked if anyone tried to get the tigers

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## { *Post Call* }

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to erp her up, but God said it was hopeless, and that Noah would have to fill in for Angela.

“Oh, alright.” said Noah. He loaded the Ark with the rest of the animals and, sure enough, it started to rain. The rain went on for forty days and also for all forty of the nights until finally the Ark floated off the top of Angela’s hill, and the people in the wicked city were drowned, and good riddance.

After the rain stopped, Noah sent out a dove to see if it could find land anywhere at all. A few days later, the dove flew back to the Ark with an olive branch in its beak. “Peace,” it cooed.

“It did not.” said Kendrick. “Doves can’t talk.”

This one could. “Peace,” it cooed. Next, Noah in the Ark followed the flying dove and found the land from which the bird had taken the olive branch, and all the animals were very glad because, by that time, they all had to go to the bathroom. They rushed pell-mell out of the Ark onto the land in a hundred different directions at once. But the worst part was that Noah was the only person left who knew the whole real story, and he decided to take credit for saving the animals all by himself. He never even mentioned poor little Angela. THE END

There was a long pause. The rain was stopping and the windshield started to clear.

“That’s not the REAL story.”, Kendrick said, “Because that’s not the way it says in my Bible story book.”

“Of course not.” I said. “Of course it’s not told the right way in your Bible story book because Noah was the only person left to tell the story, and Noah wanted to take all the credit.”

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{ *Post Call* }

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“Besides,” said the still skeptical Kendrick, “The tigers should have erped her up.”

“I know, but they didn’t.” I said. “Let’s go to McDonald’s, Angela.”

“Kendrick.” she said. “My name is Kendrick.”

## HALLWAYS

*Bruce Jennings*

*“Footfalls echo in the memory  
Down the passage which we did not take  
Towards the door we never opened”  
T. S. Eliot, “Burnt Norton”*

Demeter wandered over continents  
until she forgot her daughter.  
Kindred spirits, both of you;  
connoisseurs of restlessness for its own sake.

Was she with you all those times?  
Pacing down the hallway, forgetting what you wanted  
before you could track it.  
Forgetting your son.

My memories replayed since your death  
keep you moving even now and will not let you rest.

Is it for you I mourn,  
or for the loss of the long, broad  
hallways of my childhood,  
paved with Armstrong tile,  
waxed until they were mirrors of marriage?

Down the hallways you walked with mud-caked shoes,  
I rode my tricycle in circles.  
Through the living room and kitchen,



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{ *Post Call* }

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down the long straightaway to the stairs,  
around again, pumping knees, in rhythm  
with your laughter,  
staying ahead as you half-ran behind.

One never knows  
where shame is going to light, or when.  
I am ashamed by the little thing  
your apartment has become  
and left breathless by the length  
of your journey in it.

Debt repaid in part that day,  
on the move myself and driving,  
I glance up at the mirror looking backward  
and see you moving away.

## THE MUSEUM

*Henry Quach*

I glanced down at my watch, eager to start exploring the history museum, but my teacher was spending a lot of time telling us to be mindful of the exhibits. He concluded by saying that the eccentric, rich businessman who founded our town just over a hundred years ago may have hidden a large treasure in this museum. This had, after all, been his favorite of all the places he'd funded. I knew it was a ploy to get us interested in the museum, but my mind immediately latched onto the idea of a treasure, and I could think of nothing else.

Once free to explore, I picked up a flier from the front desk and learned that the building was shaped like a large brick rectangle, with three floors and a basement. Interestingly, each of the museum's corners aligned with a cardinal direction, so if you were in sight of the building, you could always tell which direction was north. The museum's motto, engraved on the outside of the building, was, "Treasure can be found anywhere, but the Earth holds the greatest riches."

"Earth holds the greatest riches." Maybe that was a clue to the "treasure's" location. I decided to start my search "under the Earth", in the basement.

The basement contained a World War I exhibit, though an entire corner of the room was empty. Upon closer inspection of the empty corner, I found three equilateral triangles rising up from the ground like the letters on a keyboard. Each triangle was attached to the other two by two corners, creating a larger equilateral triangle with an inverted empty triangle in the middle.

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## { *Post Call* }

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A museum employee explained to me that this was a symbol of the Japanese Hojo clan. In modern culture, people often refer to it as a Triforce, defined by the *Zelda* video game series. However, she assured me that this sculpture long predated the first *Zelda* video game, released in 1986.

In fact, she said that the Hojo symbol was one of the three permanent museum exhibits, the others being the soccer ball sculpture on the second floor, and the pyramid sculpture on the third floor.

Maybe I was wrong about the treasure being in the basement. I needed to examine the other sculptures.

I went up to the second floor and as promised, there was a large stone soccer ball in one corner of the exhibit. It felt completely out of place in the caveman exhibit, but it looked cemented to the ground and impossible to move.

On the third floor, there was a stone sculpture of two pyramids in one corner of the Gold Rush exhibit. The pyramids were connected by one edge and stood side by side. However, one was an Egyptian pyramid while the other was a Mesoamerican Pyramid. Those were the three permanent exhibits: the Hojo triangle symbol, the soccer ball, and the double pyramid. All were made of stone. Was that the clue? "Earth holds the greatest riches." Stone comes from the Earth. But then where was the treasure?

I did some online research on my phone and found connections between the sculptures. The Aztecs did play a ball game, though it is thought to be more like racquetball than soccer. In one of the *Zelda* video games, the protagonist goes to a large golden pyramid to find the Triforce, though this has nothing to do with the Hojo clan. And Minamoto Sanetomo, whose mother was part of the Hojo clan, is credited with promoting a kickball-like sport in Japan.

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## { *Post Call* }

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Unfortunately, none of these connections brought me any closer to finding the treasure.

What on Earth was I missing?

I visited each of the sculptures again. And then again. I had no idea what these clues could mean. All I knew was that I was getting quite tired traveling between them. Although the museum had stairs and elevators, each of these sculptures was in a different corner of the museum.

Suddenly, I had a thought. Maybe it was important that these sculptures were in different corners.

I remembered that the corners of the museum aligned with the four cardinal directions. I retraced my steps and discovered that the Hojo triangle was in the south, the soccer ball in the west, and the pyramids in the east.

After some searching on my phone, I learned that cardinal directions are each associated with a specific element: fire, air, water, and earth. Earth was associated with the North, so, I searched the whole northern corner of every floor but found nothing.

I continued reading and discovered that each element is associated with a different 3D shape, which together are called the Platonic Solids. Fire is associated with the tetrahedron, a four-sided pyramid. Water is associated with the icosahedron, which is a twenty-sided object. Earth is associated with the eight-sided cube, also known as a hexahedron. And air is associated with the octahedron, another eight-sided object. But instead of a cube, the octahedron resembles a diamond, or perhaps... two square pyramids with their bases attached and their tips pointing away from each other. Two square pyramids? My eyes widened as recognition set in. I furiously typed away on my phone as everything fell into place.

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## { *Post Call* }

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The sculpture of the pyramids upstairs, if folded together, would form an octahedron, the symbol of water and the western direction. The soccer ball, while not a perfect icosahedron, is a modified version, known as a “truncated icosahedron.” Thus, it represented air and the eastern direction. And the Hojo triangle was a flat 2D structure consisting of four separate triangles. But if the three outer triangles were folded up to a point, it would form a four-sided tetrahedron, representing fire and the southern direction. That left only earth, associated with the cube and the northern direction.

Just then, at the brink of my epiphany, my teacher blew his whistle and called all of us outside to board the bus back to school. My mind raced as I tried to figure out where the Earth cube could be. And the moment I left the building, I saw it. Many older buildings, especially those associated with masonry, began their construction with a single special stone.

This stone was important, both symbolically and functionally, as it determined the layout of the rest of the building. This stone, called the cornerstone, is often a rectangular prism. But sometimes, as was the case here in the museum’s northern corner, the cornerstone is a perfect stone cube – the symbol of Earth.

“Treasure can be found anywhere, but the Earth holds the greatest riches.”

Now the only question is how to retrieve the riches within.



## PREPARING FOR WINTER

Stephen L. Hines

## THE WEIGHT OF ASSIGNMENT

*Bruce Jennings*

Assignments come into your hands  
expected or not,  
bidden or not.

Assignments must be grasped by hands  
strong or not,  
dry or not.

Assignments come upon you  
noticed or not,  
legible or not.

They emerge out of heritage to encumber  
with the pressure of memory  
and the promise.

They bring belonging no matter when they come,  
if you are by yourself,  
you are not alone.

When ten lift a heavy object, it is not ten liftings but one,  
even though the one lift exists only  
through the lifting ten.

At my grandfather's funeral, though only ten,  
I held the weight of assignment  
as a pallbearer.

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{ *Post Call* }

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I stood as straight as I could at the handle,  
left side middle, between uncle and father,  
for that day the bearing of those of us  
who bore him mattered.

There were no rolling carts then, no mechanical things  
to come between and relieve  
my hands and the lifting.

Even a grandson with thin biceps has a place  
in the future of the living family  
and in the ordering of death.

Although the handle was cold, my hands were sweaty,  
and I remember watching more  
than being watched.

Gazing across the coffin, looking for the silent sign to tense,  
listening for the rustle of cloth as the first arm moved,  
I lifted with the unison.





SILHOUETTE PALETTE

Andy Wooldridge

lap swimming

*Joe Little*

poolside signs bark their orders:

fast                      medium                      slow

while swimmers enter with their secret truths:

loss      angina                      chemo

off the wall I race

to memories of competition

but soon my eyes are closed

and I am paced

by the drumbeat of a single kick,

by the rhythm of hands cutting currents

until children appear and

race on mossy paths

to the calls of owls

and, finally,

only water

and my breath



## GENEVA LAKE

Raymond Zhou



*About the  
Authors &  
Artists*

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*Dr. Richard M. Hutson (Dick)* is a VMS graduate, Class of 1966. He was born in Western Kentucky, and attended Murray State University in his home town as a pre-med student. After a Rotating Internship and Family Practice Residency he practiced Family Medicine in Paducah, KY, retiring in 2000. He and wife Jane, a classical pianist, moved to Fort Collins, CO in 2004 where they are enjoying and exploring the Rocky Mountain West. Dick's other interests include Fly Fishing, Hiking, Photography, Watercolor Painting, Archaeology, and a wide array of good Literature and Music.

*Dr. Joseph Little, III* graduated from Vanderbilt Medical School in 1977 and then completed his pediatric residency at Vanderbilt Children's Hospital in 1980. After working for the National Health Service Corps he has been in private practice. His photography and writing are informed by his patients and their

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families, his family and friends, and time spent reading about and observing the natural world - especially at his family property, Basin Spring.

*Andrew Perez* enjoys reading classical literature and poetry. He has tried his hand at writing poetry several times with varying success. He will be starting residency in Interventional Radiology at the Medical College of Wisconsin this summer.

*Henry Quach* is a fourth-year medical student from San Diego, CA. He attended UC San Diego for his undergraduate degree in Biology, where he also took a fiction writing class that inspired him to create and share stories. He enjoys being a leader of the Literature, Arts, and Medicine student organization as he truly believes that medicine and humanities can only support and strengthen each other.



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*Audrey Campbell* resides with her husband, Dr. W. Barton Campbell, Professor of Cardiology at Vanderbilt. She holds a Master's Degree in Education (Nursing) from the University of Rochester, New York. She is the author of *The Radnor Lake Anthology*, *Reflective Alchemy*, *Quantum Leaps Out of Bounds*, and several photo and children's books and plays; all of which, she thought at the time she wrote them, were masterpieces.

*Dr. Samuel Rosenbloom* is the Vice Chair for Faculty Affairs and an Associate Professor of Biomedical Informatics with secondary appointments in Medicine, Pediatrics and the School of Nursing at Vanderbilt University. He is a board certified Internist and Pediatrician who earned his M.D., completed a residency in Internal Medicine and Pediatrics, a fellowship in Biomedical Informatics, and earned an MPH all at Vanderbilt. Dr. Rosenbloom is a nationally recognized investigator in the field

of health information technology evaluation. His research has focused on studying how healthcare providers, patients and caregivers interact with health information technologies when documenting medical and health-related activities, and when making clinical decisions. Dr. Rosenbloom has participated as a mentor for numerous students, including PhD candidates from Biomedical Informatics, medical students performing research projects. He has been an advisor to medical students, and is a Faculty Affiliate Advisor for the School of Medicine's Chapman Advisory College.

*Dr. Bruce Jennings* is a bioethicist and a faculty member at Vanderbilt School of Medicine in the Department of Health Policy and Center for Biomedical Ethics. While “The Weight of Assignment” has to do with ties and complex relationships within a family, I believe it may also touch the existential experience of

clinical practice and clinical responsibility as well.

*Alexandra Erath* is a second-year medical student originally from Framingham, Massachusetts. She wrote her first piece, “The Cat Who Ate Dog Food and the Dog Who Ate Cat Food” at the tender age of four and the quality of her writing has only decreased since then. She apologizes for your not having the chance to read her earliest and finest works.

*Henry Quach* is a fourth-year medical student from San Diego, CA. He attended UC San Diego for his undergraduate degree in Biology, where he also took a fiction writing class that inspired him to create and share stories. He enjoys being a leader of the Literature, Arts, and Medicine student organization as he truly believes that medicine and humanities can only support and strengthen each other.

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*Jessa Fogel* is a first-year medical student at Vanderbilt University. She graduated from Dartmouth College in 2017 with a major in biology and a minor in International Studies. Prior to attending medical school, she pursued a year-long community health fellowship with the nonprofit organization Project Horseshoe Farm in Greensboro, Alabama. She enjoys running, reading, traveling, and spending time outdoors.

*Dr. Stephen Lee Hines* refers to himself as a “full Vanderbilt product” since he attended Medical School and completed his Internal Medicine Residency training at Vanderbilt as well. After 21 years of private practice in Nashville, he transitioned in 2004 to his current role as core faculty member in a community-based Internal Medicine Residency Program at Methodist Dallas Medical Center. In 2012, he added Board Certification in Hospice and Palliative Medicine and now also serves as an

interdisciplinary team physician for home-based hospice patients. He writes on topics relevant to self-care and palliative medicine, he maintains a blog. He is a proud parent of two grown children and a proud grandparent of three exceptional grandchildren. He lives and works in Dallas, TX.

**Sneha Lingam** is a second-year student at Vanderbilt University School of Medicine. Outside of school, she enjoys dancing, singing, reading, cooking, and photography.