Penn State Health
PHYSICIAN

WRITERS GROUP

Selected Publications

PennState Health

SPONSORED BY PENN STATE HEALTH
DEPARTMENT OF MEDICINE

Provenance

As a boy of 8, I remember him standing at our kitchen stove in his overcoat heating a glass syringe and hypodermic needle in a sauce pan of water. He hummed a tune and watched me from the corner of his eye as the water began to boil. He filled the cooled syringe from a vial that made a squeaking sound as the needle pierced the rubber top. He then marched past me with urgency to my parents' bedroom where Grandma lay moaning. After injecting her arm he sat by her bed watching her drift into a comforting sleep. "I'll be back tonight. Try to get her to take some soup," he called over his shoulder as he quickly exited into the still dark and cold early morning.

My hardworking grandmother had been brought to our five-room home from the hospital for terminal care. Her physicians could find no specific illness to blame for her intense back pain and leg weakness, but their instincts told them it was something very bad. That winter, E. P. Sutter, MD, made daily or twice daily visits to her bedside. She slowly and unexpectedly began to improve. By spring she was able to walk and then to return to the farm, to Grandpa and to the chores. Thirty years later, my mother recalled how Doc's consistent care of Grandma gave us hope during that long winter.

Doc Sutter came to our Appalachian town for unclear reasons. The story went that he had completed his residency at a distinguished university hospital in the Midwest. There were rumors that the death of a patient during surgery had toppled him into a deep depression, causing him to voluntarily give up an established surgical practice. I suppose he might just as well have come because he was attracted by the sheer beauty of the place—a village located at the junction of two rivers and cradled between two mountain ranges with the white spire of the Baptist church thrusting above the landscape. Whatever his reasons, he settled there with his wife and two children to serve the rest of his life as physician, surgeon, obstetrician, psychiatrist, social worker, and public health officer for a town of about a thousand proud citizens.

He was a mustached man of average build. I remember that he seemed always to be moving from one desperate situation to the next with coat tails and hair following. In his haste he would occasionally sideswipe a parked car or flatten a stop sign. We learned to park a healthy distance from Doc's car. His *vivace* tempo slowed to *andante* when he stood at the bed of a sick patient or attended patients in his office. Here all was calm as he sat squarely facing the patient and mostly listening without outward expression or judgment. He would repeat the same incisive question two or three times with different inflection or emphasis not because of failed hearing or memory, but to give the patient time to confess that, in fact, he had imbibed a bit too much the night before or, perhaps, had forgotten to take his blood pressure pills. Doc's diagnoses were rendered with such authority and confidence that his patients were certain that theirs was the best, most competent physician to be had at any price. Of course they were correct, and the price was quite a bargain. If the patient could afford it, an office visit was rarely more than $10. If he couldn't . . . well, Doc Sutter was known to have a soft heart and little aptitude for bookkeeping.

Out in the waiting room a dozen or so wheezing and coughing folk riffled through ancient editions of *National Geographic* and *Life* with the assurance that their turn would come sometime that day. It was the late 1950s, and most of the men of the community worked in the coal mines or the nearby metal-refining factory that produced copious quantities of fumes and dust, weakening the sun and giving the day a constant hazy glow. Looking around the waiting room it was plain to see that these were sick people who had delayed their visit to Doc's office about a week or so longer than they should have. The community's prevailing attitude regarding health maintenance and preventive medicine could be summed up as "You die when your time comes!" Occasionally a patient's time would begin coming in that room.

It seemed to me as a child that the real magic went on behind the doors of Doc's examination and treatment suite. I was fascinated by the glitter of chrome-plated instruments lining white glass-fronted cabinets and the odors of alcohol, benzoin, and drugs that permeated every inch of the place. He dispensed an array of colorful pills in small white envelopes bearing careful instructions in Sanskrit. More often than not his patients did improve.

The doctor was not an overtly religious man as defined by the standards of the community. The only time I remember seeing him in church was on one unforgettable Sunday morning in early fall. The Sunday School Superintendent, a fine and godly man whose generous heart had been weakened by years of fatty food and one too many heart attacks, finished his Sunday school attendance report, turned blue, and dropped dead.

A millisecond later there was a sudden shrill and booming sound of such intensity that it seemed to lift the con-

A Piece of My Mind Section Editor: Roxanne K. Young, Associate Senior Editor.

gregation off the pews. Was this the beginning of the Armageddon for which we had been counseled to prepare? Actually the sound was coming from the Wurlitzer, where the man's wife, our church organist, in seeing her husband fall had slumped forward onto both the keyboards with a foot firmly planted on the swell pedal. Doc Sutter was summoned into this maelstrom. A night of delivering more than the usual number of babies had given him a tired, frazzled appearance. He quickly examined the body and then turned his attention to the distraught wife. His presence began to restore some tranquility to the sanctuary. The pastor hurriedly dismissed the congregation and urged the congregation to prayerfully return to their homes.

Doc's other well-publicized encounter with organized religion came when he was asked to serve as personal physician to Ramsey Price. Reverend Price was the head preacher at the Pentecostal church in the neighborhood. Some churches in this denomination believe that the handling of snakes, poisonous and otherwise, is prescribed and ordained by the Bible. Doc was called on to treat Reverend Price's rattlesnake bites with such regularity that Rattlesnake Antivenin, U.S.P. became a staple item in Doc's office refrigerator. "Ramsey," Doc inquired in a low and serious tone, "you do know, don't you, that a rattlesnake can't tell the difference between a preacher and the next man?"

As I look back I wonder how Doc maintained his sanity. He had no physician colleagues with whom to confide and share on-call responsibilities. He rarely took vacations and had little time to attend medical meetings. Yet I never heard that he complained about his work load. About once a year, when the burden of the sick weighed too heavily or after the death of a favorite patient, he would slip away quietly into an alcoholic stupor. Illness and disease went on hold. The otherwise conservative Protestant townsfolk seemed to understand Doc's almost regularly scheduled affliction and coped the best they could with the help of his nurse until he returned to the office. After about two weeks, more or less on schedule, Doc would resurface freshly shaven and neatly dressed as if nothing untowar had happened.

He seemed pleased when I proudly announced my dec sion to begin premedicine at the state university. He did nc dwell on the odds that were plainly against my succeedin but rather recalled the excitement of learning biology chemistry, and comparative anatomy. Although he neve allowed himself to say it, I believe he had hoped that might return home to practice medicine with him or pe haps take over as community "Doc" when he retired. Whe he learned from my mother several years later of my plar to specialize in hematology, he quipped, "Oh, yes, h should certainly specialize . . . perhaps on the left eye or th right nostril!" Nonetheless we remained good friends, and valued the wise counsel he gave on my subsequent trips t the hills.

The year that I completed subspecialty training was th year Doc Sutter died at age 67. In the telephone call fro my mother bearing the bad news, she asked, "What wi become of this town without a doctor who cares?" It ha happened so quickly. He had ignored the nagging pain i his right side until his wife had insisted on calling th ambulance. The surgeon, to whom he had referred man patients, found a gangrenous and perforated gallbladde and peritonitis. Sepsis, shock, myocardial infarction, an cardiac arrest followed. He received the panoply of tech nology that medicine had to offer: CPR, mechanical vent lation, and new-generation antibiotics—all therapies tha he would have known about only through his reading. I those final hours, I wonder if he wanted for himself th kind of physician he had been for so many others.

J. O. Ballard, MD
Hershey, Pennsylvania
jballard@psu.edu

Additonal Contributions: The author thanks his colleague, Kimberly Myers, Ph,I of the Pennylvania State College of Medicine Department of the Humanities, wh kindly reviewed this essay and provided helpful suggestions. The names of th characters in the essay are fictitious.

Leather Bottle Stomach

When I learned your diagnosis,
I pictured a leather bottle filled
With tarnished liquor, sour and old.
I imagined it hung crossed and crooked
On a tattered strap across
The rough neck of a gray-haired man.

His skin, stained saddle brown
And coarse from labored days in the sun,
Was unlike yours, soft and pale.
Yours, fragile and seeking peace
In this now sunless room
Where I wait for you to wake.

His time was endless, bottle hugging hip,
His shape solid against the sunset.
But your time leaks from the tube draining your stomach—
Your leather bottle, that we held just hours ago
While you slept
Hoping for an easy ride.

Elisabeth Hyde
Hershey, PA 17033

Acknowledgment: The author thanks Kimberly Myers, PhD, of the Penn State College of Medicine, for her encouragement and suggestions throughout the writing process.

Current Author Address: Elisabeth Hyde; e-mail, ehyde@hmc.psu.edu.

A PIECE OF MY MIND

The Lower Seven-Eighths

Joseph Gascho, MD
Division of Cardiology, Penn State University College of Medicine, Hershey, Pennsylvania.

I ate only one meal in a restaurant during my five-day visit to Paris in the fall of 2011: lunch at Les Deux Magots. It took an hour. Not because I am a slow eater and not because I was in awe of the ambience but because I had tic douloureux, better known as trigeminal neuralgia. I'd take a bite, and excruciating pain would shoot up above my right eye. I thinned my sandwich by removing the top piece of bread so the bite would be smaller. I found that I could best eat by taking food to my hotel room, chewing slowly and gingerly, thinned as much as possible, while lying on my back.

After I returned home, the pain got worse. It would sometimes hit when I was interviewing medical students or lecturing to residents, and I'd have to leave the room. Sometimes blinking my right eye brought it on. Once it came on out of the blue; I had no clue why, and it lasted for what seemed like an eternal five minutes. I switched neurologists and quadrupled my medications. The pain was controlled, but the cost considerable. I once forgot the name of my grandchild. I needed naps in my office. I stopped biking because I was afraid of losing my balance. Viagra-unresponsive erectile dysfunction plagued me. I cried at the least emotional insight.

I scoured everything I could find about my condition, not in the same intellectual manner that I would for an unusual disease a patient of mine might have, but as a prisoner that must study a secret journal about maps of underground tunnels to freedom. One option for treatment of the faulty trigeminal nerve is to jab a long needle up through the face and through a hole in the skull to inject glycerol around the nerve. Another option is to radiate the nerve with gamma rays. The most invasive treatment is neurosurgery. Through a quarter-sized hole behind the ear, the surgeon delicately pulls aside a chunk of cerebellum, picks a dicey route around the seventh and eighth cranial nerves, finds the trigeminal nerve using an operating microscope, and puts a Teflon pledget between the artery (whose pulsations irritate the trigeminal nerve) and the nerve.

> The entire experience made me think more about how I recommend treatment to my patients. I am less swayed by what I think they know.

I chose the surgery, "microvascular decompression," as it's called. Although surgery was riskier than the other options, it was least likely to result in anesthesia dolorosa, a very painful condition resulting from permanent damage to the trigeminal nerve for which there is no effective treatment. I remember waking in the operating room, asking if the compressing artery had been found. Reassured that it had, I fell asleep. Postoperatively, I was quickly weaned off the high doses of medicines. I have had no recurrence since the surgery.

Hemingway, a famous patron of Les Deux Magots, had an idea that has come to be known as the iceberg theory, that seven-eighths of the reality of any given event lies beneath the surface. For me, the scientific description of the cause of trigeminal neuralgia and the scholarly attempt to describe the pain was the top of the iceberg, the part that could be written down. But there was much more to the condition than pain, and that was the more sinister seven-eighths. With the surgery behind me, I remained debilitated by anxiety that the pain would return. Even now, 5 years later, if I wake at night with a twinge of discomfort in my right eye, I'll lie awake worrying that the tic has returned. I weigh in my mind what treatment option I would choose if the pain returns: another brain operation (wouldn't that be risky, going through the scars of the previous cutting?) or the "zap" (too much radiation might cause terrible facial pain that medicines couldn't stop; not enough would leave me with pain) or the needle (hope the hand that wields it is steady, doesn't hit the carotid artery). To my colleagues, I probably seem back to my usual self; they don't know I took Paxil for more than a year after the surgery.

Some good has come from all this suffering. I am now more aware of how pain dominates my patients' lives and drives their decisions. In my cardiology world, I focus much more on trying to prevent heart attacks and sudden cardiac death than managing the actual symptoms my patients live with. As a patient, pain and the anticipation of pain were more pressing concerns than the risks cited for my operation: death, stroke, a chronic leak of cerebrospinal fluid, and permanent hearing loss. With my patients, I now realize that there may be times when these concerns trump even the fear of dying. For me, what was once head knowledge is now heart knowledge.

Pain also affects autonomy. Although I had scientific training and easy access to the latest literature on trigeminal neuralgia, I had trouble weighing the risks and benefits of each treatment option. At first, I was in too much pain. Then, when the medicines dampened the pain, I was too blunted cognitively to make rational personal decisions. I sometimes thought my doctors assumed I had the scientific insight of a neurologist or that they wanted to be careful not to insult my knowledge as a colleague. They didn't seem to understand that what I wanted was a recommendation: zap, or

Corresponding Author: Joseph Gascho, MD, Division of Cardiology, Penn State Hershey College of Medicine, 500 University Dr, Hershey, PA 17033 (jgascho@pennstatehealth.psu.edu).

Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

needle, or cut. *Of course* I could choose what treatment I wanted, but the basis for making that decision seemed flimsy. The entire experience made me think more about how I recommend treatment to my patients. I am less swayed by what I think they know. A fellow cardiologist as a patient may require as thorough an explanation of his condition as the chef. I also empathize with a patient who says he's anxious, and I accept at face value reasons for anxiety that I once belittled.

I sometimes wonder if the etiology of trigeminal neuralgia is a metaphor for life. Tic douloureux is thought to be caused by an artery lying too close to the trigeminal nerve and hammering away for long enough that it damages the myelin sheath of that nerve. When the nerve receives the sensation of chewing or the touch of a kiss, those signals mutate into severe pain. So it is with life, perhaps. The pressures and stresses—little and big—pound away, to the point our nerves fire our brains with physical pain or mental anguish. Perhaps Hemingway had a kind of emotional trigeminal neuralgia. He took his own life, as did some people suffering from trigeminal neuralgia, before effective treatments were available.

Now and then I imagine myself sitting at an outside table at Les Deux Magots savoring a crème brulee after the main entrée, eating and drinking with gusto and with no anxiety that pain will hit suddenly. Up walks Hemingway and sits down, orders an absinthe. We talk about icebergs—the part you can see and the part you can't.

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Additional Contributions: I thank Kimberly Myers, PhD, Penn State Medical College, for her helpful feedback on this piece, for which she received no compensation.

POETRY AND MEDICINE

Initials

Kimberly R. Myers, PhD, MA

You staked your claim
with a Sharpie
of purple ink
like a friend memorializing
feeling in the soft flesh
of aspen

marking the site
against future absence,
a promise you'd be back
to take me—
parts of me
to be precise.

And after the scalpel
after the drains
—after you, even—
they remained

a pointed reminder of what was
and what would never be again.

Author Affiliation: Penn State College of Medicine, Department of Humanities and Medicine, Hershey, Pennsylvania.

Corresponding Author: Kimberly R. Myers, PhD, MA (krm16@psu.edu).

Section Editor: Charlene Breedlove, Associate Editor.

Acknowledgement: I thank Gordon Kauffman, MD, surgeon and friend, for participating in "Both Sides of the Scalpel," a larger writing project of which this poem is a part.

Submissions: Poems may be submitted to jamapoems@jamanetwork.org.

What I wanted to hear

Routine ER page. He says it's a COPDer.

This will be easy—nebs, steroids, O_2. Home in a day.

"What about the murmur?" I ask

"No worries, it's innocent."

Just what I wanted to hear.

Admit to floor; return to bed.

3 a.m. nurse is calling. Looks worse.

"I can't breathe."

Smell of fear. Lunge for my arm. Dead.

Autopsy: pinpoint aortic stenosis.

Fixable.

Michael J Green

Penn State College of Medicine, Departments of Humanities and Medicine, 500 University Drive, Hershey, Pennsylvania, USA

Correspondence to Michael J Green, Penn State College of Medicine, Departments of Humanities and Medicine, C1743, 500 University Drive, Hershey, PA 17033, USA; mjg15@psu.edu

Competing interests None.

Contributors MJG is the sole author of this poem.

Provenance and peer review Not commissioned; internally peer reviewed.

J Med Ethics; Medical Humanities 2010;■:1. doi:10.1136/jmh.2010.006619

ON MY MIND

Still

George F. Blackall, PsyD, MBA
Department of Pediatric Hematology/Oncology, Penn State Milton S. Hershey Medical Center, Hershey, Pennsylvania.

Alisha died quickly. Her skin color rapidly changed to gray once the ventilator was removed. Her eyes remained open, staring at nothing. I said goodbye to her and then talked with her parents outside her room. We spoke of Alisha, how they would face this new life without her. When they were ready to go in and see her, we hugged. I remember feeling the weight of her stepmother as she sobbed, her knees buckling and her arms not wanting to let go.

Looking back, Alisha never really had a chance. Diagnosed at age 13 years with acute myelogenous leukemia, she went from her pediatrician to the emergency department to the pediatric intensive care unit (PICU) within a few hours. Her white blood cell count was higher than 300 000/μL and she was struggling to breathe. Within a day she was intubated. Nothing was breaking her way.

As the psychologist on the pediatric oncology service, I was consulted to help her family cope with these stunning circumstances. Her father was a tall, robust man with a penchant for blue jeans, sneakers, and flannel shirts. He worked as a customer service representative for a cable television company in their telephone call center. He had a calm, engaging personality that helped him to be successful in a job that he loved. While Alisha's birth mother was no longer involved in her life, her stepmother had adopted her and they had a loving relationship. Alisha had 2 younger half-sisters and was the ringleader. While she was at times a taskmaster (homework had to get done), she was also quick to organize outings and suggest a trip to the ice cream store.

It took roughly a month for Alisha to get off the ventilator and be transferred to the oncology unit, where I got to know her. She was about as low maintenance as any patient could be. Always cooperative, polite, and thoughtful, she welcomed a nurse with a needle as graciously as a guy with a pizza. She would talk about her concern for her family long before she expressed any worry about herself, saying things like, "I am worried about my dad. He's a bit overweight and all of this stress isn't good for him. Will you talk with him?"

When she did talk about herself, it was brief and focused: "Can you help me with this pain?" We would discuss her worries, and just as quickly as she raised them, she would sit upright in bed and fold her arms. Her bald head and large eyes motionless, she would stare at the far wall. Her jaw was firmly set, yet she looked tranquil. The first time she did this, I was confused and did what confused and inexperienced psychologists do: I peppered her with questions. She never answered and her soft eyes stayed fixed on an imaginary point. The second time this happened, I figured out that it was her way of letting me down easy, my cue to leave and return another day.

Eight months passed while Alisha endured the standard acute myelogenous leukemia therapy. She was hospitalized more than usual because her troubled lungs never fully recovered from the PICU. Her clothes hung on her previously athletic frame and her movements became deliberate. Even her smile seemed to weigh down her face. At times, her growing frustration was expressed in terse comments. At one point she got rebellious, refusing to eat, hiding food in the trash in an effort to quell the barrage of demands for her to get some nourishment. Finally worn out, she returned to the PICU, her lungs no longer able to sustain her.

When she was dying, her parents asked me to be with her as the intravenous lines, catheter, and ventilator were removed. As I entered the room, I found a gaunt figure with sunken eyes, Alisha's beautiful brown skin now dull. I remember the medical resident talking to her as she removed an arterial line. I had thought that this particular resident was a bit cold and crass until that night. At one point she said, "Okay, Alisha, I'm going to take out this line. I hope it doesn't hurt." The concern in her voice and the gentleness with which she applied pressure to the wound changed my opinion of her. When it was all over, we stood there in a kind of benediction.

Some time later, I went back to my office and stared at the picture of Alisha and me that had been taken a few weeks earlier. She had been named the honorary "Dairy Princess" in her hometown and had come to the hospital to show us the beautiful hat and sash that accompanied the tribute. She insisted that our picture be taken together that day. At the time I thought it was great fun. That night, I realized it was a great gift.

Leaving my office, I moved down the dim hospital hallways. The normally busy thoroughfares were quiet and empty. As I walked out into the night, I stopped suddenly, noticing cars driving by in the distance. I was mesmerized by their headlights and wondered, "Where are they going?" Standing in the cool night air, I noticed a flagpole, 2 benches, a plaque, and a sweeping landscape offset by the road on the horizon. The wind blew and a metal clasp on a hoist struck the flagpole rhythmically. One after another, the cars came and went. Disembodied, I felt like an observer of the world moving by me, yet also somehow wholly connected to it. I wanted to freeze the moment in my mind so I could remember its fullness. For that instant, I was still.

Corresponding Author: George F. Blackall, PsyD, MBA, Department of Pediatric Hematology/Oncology, H-085, Penn State Milton S. Hershey Medical Center, 500 University Dr, Hershey, PA 17033 (gblackall@hmc.psu.edu).

Published Online: September 2, 2013. doi:10.1001/jamapediatrics.2013.2267.

Conflict of Interest Disclosures: None reported.

Additional Contributions: I thank the members of the Penn State College of Medicine Physician Writers Group, including Kimberly Myers, PhD, Eileen Hennrikus, MD, Michael Katzman, MD, and Scott Winner, MD, for their invaluable input on earlier versions of this article.

Hektoen International
A Journal of Medical Humanities
Art
Ethics
Healthcare
History
Literature

Miracle

Gordon L. Kauffman
Hershey, Pennsylvania, USA

Poet's statement: While I was participating in a short-term surgical project to Malawi, a nutritionally depleted, malaria-ridden, young boy from Mozambique was brought to the hospital. His abdomen was distended and his abdominal examination revealed peritonitis. The only familiar face in the hospital was his mother's. While preparing him for surgery, I looked at him carefully, as he did me. His eyes and body language reflected terror, understandable at his age with severe pain and unfamiliar surroundings. During surgery the typhoid perforation was identified and closed. After a rocky postoperative course, he recovered. Knowing death is a frequent visitor in his society, the nurses and physicians dubbed him "Miracle."

Miracle

In this desolate place they call him Miracle:
Wasted, defenseless, and ravaged,
His distended abdomen draped by skeletal arms.

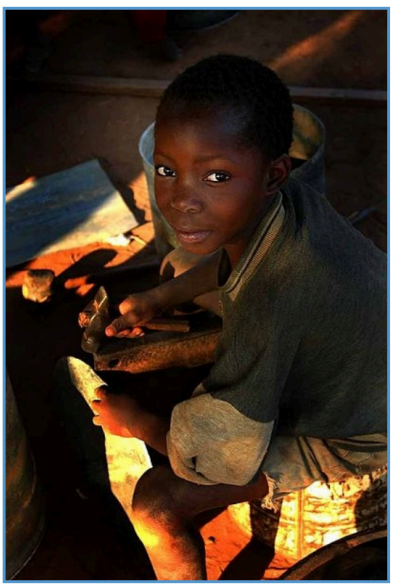
Typhoid may lurk in that belly.
He winces with every movement,
Catches with every breath.

Brown iris halos float in vast white scleras,
Dilated pupils refract vulnerability
At these wholly unfamiliar visions and odors.

When has he seen such white sheets
Or smelled iodine?
When has he seen tiled floor
Or blood on it?
That day watching his sister die . . .

Anesthesia, incision, inflammation,
Raw blood- and bile-stained viscera.
I explore until juice oozes from the puncture,
Repair it, watch saline irrigations run clear.
It is finished.

Now, from cool cotton sheets
His breathing easy,
Softer eyes glance at me.
A legitimate claim to his new name.



Photography by Steve Evans

GORDON L. KAUFFMAN, JR., MD was born in Grand Rapids, Michigan and received his Doctor of Medicine degree and general surgery training at the University of Michigan. In 1985 he joined the faculty at the Penn State University College of Medicine as professor of surgery and physiology and chief of the division of general surgery. Attracted to the strong humanities department at Penn State University College of Medicine, Kauffman was an inaugural member of the Penn State Hershey Physicians Writers Group. Photography and writing have since become creative outlets for his endeavors with surgical projects in developing countries.

Highlighted in Frontispiece Fall 2011 – Volume 3, Issue 3

Fall 2011 | Hektorama | Poetry

The Clock Doctor

There it was, a yellow (and yellowing) Post-it, ultimately requiring tape to remain attached, fixed to the base of the clock that sits on my desk at work and on which I had written in blue ink "The Clock Doctor." Those same words appeared on my "To Write" list each year from 2001 through 2009, although the story never got written. But now, spurred by an invitation to join a physician writers group, I have tried to re-create the memories evoked by this clock and recount how its life was saved by the Clock Doctor.

This was not just any small desk clock, but one that marked my training to be an infectious diseases specialist and physician-scientist. I was given this clock at a farewell reception near the end of my fifth year of ID fellowship, a rather extended period even for someone planning on an academic career that would combine patient care, research, and teaching. Coupled with 3 years of internal medicine residency, these 5 years of fellowship meant that I was completing my 8th postgraduate year of training. And although I had funding for a 9th year, life was ticking by and it was time to move on, because in many ways—the noneconomic ones being the most powerful—it was hard to accept that I was 8 years out of medical school and my yearly salary (in thousands) was still less than my age.

In fact, lacking a relevant certificate to hang on a wall, the small plaque on the base of this clock stating my name and "I.D. Fellow, 1984–1989" is the only formal documentation I have of this lengthy training. Although I also have my laboratory books and publications and no one has ever questioned this fact on my curriculum vitae or biosketch, I suspect a similar lack of documentation is shared by others who extended their fellowship to gain research experience. That this parting gift was presented to me in the senior staff dining room also added a touch of bittersweet irony, reminding me that my extra training was still not sufficient for me to be considered strongly for the faculty position for which they were recruiting. And so, with my new clock carefully packed for the big move, I left the place that had shaped me as a physician and scientist and person—the place that had presented so many wonderful mentors and where my my first two children were born—for a different faculty position in another state.

And boy, did that clock look wonderful on my new desk, linking me to the past even as I made new acquaintances and interacted with new colleagues, staff, patients, and students. There's something to be said for a clock that does not have a second hand. Only rarely have I seen its minute hand move, a stark contrast to the other clocks (both external and internal) that confront me every day—the ones that incessantly use up the seconds and minutes and hours of each day and leave insufficient time to fulfill the never-ending list of commitments and responsibilities that easily exceed one person's allotment of time.

Given the hold this clock had on me, it was quite alarming when—after several years—it stopped working, despite my changing the battery, scraping the connections, and trying yet another new battery. Certainly the clock store in that nice shopping plaza could handle this repair! But they matter-of-factly said it was not worth fixing and merely suggested I purchase one of their clocks. Instead, even as I quietly mourned, I opened the Yellow Pages the next day and came upon a listing for the Clock Doctor.

"Sure, bring it in some time this evening," he told me over the phone.

So after work and dinner, I said good-bye to my wife and children, and—following my hand-written directions—drove more than 20 miles to a rural house on an unlit country lane.

I knocked at the door and there he was, the Clock Doctor, a reassuring country doctor if ever there was one. He welcomed me into his basement shop that was filled with assorted tools and clock parts and offered me a seat.

After a few moments he asked, "What seems to be the trouble?"

I proceeded to tell him the tale of my clock, which of course was irrelevant to what was wrong with it; it just had stopped working. But as I have learned over the years, every patient has a unique story, and so did my clock. The Clock Doctor listened attentively.

When I mentioned the clock store in the city, he alluded to their lack of bedside manner and said, "I bet that fancy place just wasn't interested. Doesn't surprise me. Here, let me take a look at it."

He held the clock gently in his hands, moving it carefully to examine it from all angles, and softly pronounced, "I'm afraid that it seems to be beyond repair."

I let out a long sigh.

"You know," he said, "I've been to that medical center of yours several times." It was the same tone he had used for the clock store in the city. He then told me his own story of mysterious symptoms, visits to specialists, and the diagnosis he ultimately was given.

A Piece of My Mind Section Editor: Roxanne K. Young, Associate Senior Editor.

I listened closely, tried to answer all of his questions, and reassured him about our doctors and the care he received. After some silence, he picked up my clock again and said, "Well, maybe there's something we can do. But this is going to hurt. Do you think you can handle it?"

"I think so," I whispered and leaned in to watch.

Lowering his lamp, he removed some screws to separate one of the glass plates from the frame, but he was unable to separate the boxed mechanism that seemed to be permanently attached to the rear of the clock. He asked again, "You sure you can handle this?"

I nodded yes.

He then took a pair of needle-nose pliers and started to pull and twist and break that little box apart, bit by painful bit, until there was nothing left. Several times my shoulders scrunched up and I audibly winced, but he looked at me with a reassuring smile. My trust in him never wavered, even when the inevitable "Oops" occurred—which is still evident as a small radial crack in the rear glass plate just before the 11 o'clock position.

Having reduced my clock to little more than a face and two hands, he leaned forward and stared at what he was holding, as if looking in a mirror. "Hmm, let's see how we can put this back together. Here, this might work." He picked up a new mechanism box and attempted to attach it, but a gap prevented it from stably engaging the hands at the center of the face. He stopped for a moment and I could see the gears working in his head, as he desperately tried to improvise to save the all-too-silent patient on the table. He then reached for a couple of oversized, 2-inch, metal washers as wide as the mechanism box and glued them in place to fill the gap. Just like that, the clock worked! It was back in sinus rhythm, ready to link me again to the past and prepare me for the future.

As I was leaving his home office that evening, I asked how much I owed him. The Clock Doctor just smiled and then replied, "No charge. Professional courtesy."

Michael Katzman, MD

Author Affiliation: Division of Infectious Diseases, Department of Medicine, Penn State College of Medicine, The Milton S. Hershey Medical Center, Hershey, Pennsylvania (mkatzman@psu.edu).

Acknowledgment: The author thanks the Clock Doctor (now of Mechanicsburg, Pennsylvania) for permission to share this story, as well as the instructor (Kimberly Myers) and other members (George Blackall, Eileen Hennrikus, and Scott Winner) of this year's Penn State College of Medicine Department of Humanities' Physician Writers Group for their advice and encouragement.

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

> One of the greatest satisfactions one can ever have comes from the knowledge that he can do some one thing superlatively well.
>
> —Hortense Odlum (1881-1970)

Night Call

The phone ringing at midnight
Propels the startled cats off our bed,
Catapulting me from a green landscape.
Still vaguely present here or there
With chilly sweat and thumping pulse,
I hear the familiar story.

His fifth and final admission now, as before:
Fever, low counts, faint pulse . . . slowly dissolving . . .
Muscles relax . . . memory fades . . . and I'm walking
Through a daytime countryside, dappled with morning sun.
Ahead of me on the path, a man stops and turns to catch my eye.
With a nod and a smile, he's on his way and then as quickly, gone.

She invades my reverie again: "Doctor, you understand?"
Like a camera sharpening focus, I awake and promise to come.

Headlights probe the black and sticky night.
I remember his thumbs-up as he listened to my advice
While impudent cells were reclaiming his blood.

The rough road to remission no longer passable,
Relief and sleep are what we seek.
I'm not sure why I go.

To be there.

James Ballard, MD
Penn State College of Medicine
Hershey, PA 17033

Current Author Address: James Ballard, MD, Department of Humanities, H134, Penn State College of Medicine, 500 University Drive, Hershey, PA 17033.

Routine Procedure

Warm-up

Upstairs
First-year hands cut hesitantly
Into cool rubbery tissue,
While downstairs
Warm flesh parts quickly
Under hot lights.

Stenosis

White coats aggregate,
Obstruct the flow of patients
Through the narrow halls.

Contact

White sleeves stain yellow
At the cuff, marred where flesh
Touches the clean cotton.

Erica Bates

Author Affiliation: Penn State College of Medicine, Hershey, Pennsylvania (erica.t.bates@gmail.com).
Poetry and Medicine Section Editor: Charlene Breedlove, Associate Editor. Poems may be submitted to jamapoems@jamanetwork.org.

Tumors and Transformations

Scott Winner, M.D.

It happened 21 years ago, near the end of a night on-call. Around 5 a.m., the emergency department physician paged radiology and requested an ultrasound on a 41-year-old male with right upper quadrant pain. I walked down the hall and entered the exam room. A man lay on his back on a gurney and a woman leaned on the bed's railing. An ultrasound machine and a small black stool were beside the bed. I introduced myself.

"I'm Dr. Winner. I'll be doing your ultrasound. Where's your pain, sir?"

"Right here." He pointed below his right ribs.

"Okay. Let's get started."

I shut the door and flipped off the lights; the room darkened. As our eyes adjusted, I said to the woman, "So are you his better half?" Her lips turned up slightly and she nodded yes. I pulled up the patient's shirt exposing his abdomen.

"How long have you two been married?"

"Nine years," the man replied.

I squirted acoustic gel on his skin. He arched his back and said, "Whoa! That's cold."

"Sorry about that. I should've warned you."

He sneered at me. I changed the subject.

"So, do you have kids?"

The patient turned his head toward his wife. She stared at him. I regretted asking. The patient looked back at me and said, "Our 2-year-old son died 2 weeks ago."

"Oh . . . I'm sorry."

The woman folded her arms on her chest.

"What, uh, what did your son die of?"

"He had cancer of the liver. Hepatoblastoma."

For a moment, the three of us sat together, silent and breathing. The only sound in the room was the low hum of the machine.

I leaned forward, picked up the ultrasound probe and placed it on his belly. Bowel gas and blood vessels flashed on the screen. I moved the probe in search of his liver and said, "Okay, sir, take a deep breath in and hold it." He did so, and his liver came into view. My breath stopped. For a few seconds, I just stared, then I angled the probe up, down, right, and left. The husband and wife were watching me.

She asked, "Do you see something?"

"You can breathe, sir." He exhaled, and I pulled the probe off his skin. The screen went blank. Gazing at the machine, I said, "I'm just getting started."

I fidgeted with the machine settings for no particular reason. I shifted in my seat. I placed the probe back on his skin and studied his kidneys, spleen, pancreas, aorta, and gallbladder. All were normal. I moved the probe back to his liver. There were masses everywhere. I measured some of the lesions and saved the images. I did not talk or look at the man or woman as I worked. I couldn't. I knew something intimate and heartbreaking. This patient had just watched his child die of a

liver tumor. And all the while, they had been dying together — father and son.

I put the probe down and covered the man's skin with a clean, white towel.

"I'm finished."

"What did you see?" the patient asked.

"Sir, you have, uh, your liver has lesions in it."

"Is my gallbladder okay? They thought it was my gallbladder in the emergency room."

"Your gallbladder is normal. You have liver masses."

"You mean like cancer? You think I have cancer in my liver?"

"We'll need to get a biopsy to prove it, but yes, sir, I do. I'm sorry."

The woman reached between the bed rail bars and touched her husband's bare waist with the back of her hand. I asked them if they had any questions, but neither answered. I stood up, paused, and left the room. The orderly was waiting in the hallway; I told him the patient was ready for transport. I called the emergency department doctor and gave her the results of the study. I went back into the hallway and saw the man being wheeled away, his wife's silhouette walking behind. They turned a corner and disappeared.

My shift ended, and the morning crew arrived. One of my physician colleagues asked me about my night. My patient's ultrasound films were still hanging on the viewbox in front of us. I showed him the images of the patient's liver masses and started to tell him about the couple's 2-year-old son, but my voice cracked. My colleague gently placed his hand on the nape of my neck. We stood there, shoulder to shoulder.

I left the hospital and drove home. I undressed and stepped into a hot shower. I put my head under the water and let it soak my scalp. When I closed my eyes, I saw vivid images of the father's tumor-laden liver.

I was raised to believe that hard work and effort could solve any problem. *The Little Engine That Could* was my favorite childhood book, and I internalized the book's mantra — "I think I can." I was never the smartest kid in class, and it took me two attempts to get accepted to medical school. When I graduated and earned my M.D., my father gave me a framed quote by Calvin Coolidge, which read in part, "Persistence and determination alone are omnipotent.

The slogan 'press on' has solved and always will solve the problems of the human race." My response to setbacks and suffering was to try harder, to work harder. I did not know how to pray or meditate. On the Sunday mornings of my youth, my mother went to the Presbyterian church on West Water Street while my father and I slept in.

Prior to that night on call, I had seen many sad cases, among them a teenager shot in the head, an orthopedic surgeon sitting and sobbing next to his sick child, and a fetus dead in the womb. To cope, I occupied my time and mind with exercise, work, and tasks while the sadness of these cases dissolved somewhere inside. But for the father and son with cancer, there was no room, no space within me.

In the days following my experience with the patient, I tried to persist and press on, but I had entered an unknown world, one that I did not understand. My long-held beliefs and ways of being seemed inadequate. I went for a run but found myself walking and ruminating. I lost interest in studying medicine. After reading my 3-year-old daughter a book at bedtime, I stayed with her until the cadence and sound of her breath assured me that she was safely asleep.

A week after that night on call, a week after my center of gravity shifted, I am at work thinking about the father with cancer. I check the medical record for the pathology report of his liver biopsy. The result: adenocarcinoma. My gut aches. I notice that he is an inpatient in room 221. I think about visiting the patient, although I have no earthly reason to do so. There is no procedure to perform, no note to write, and no checklist to complete. But this is an impulse, one that I don't understand and can't ignore. I take off my white coat and hang it on a chair. I walk to the stairwell and climb. Looking down, I notice depressions on the surface of each step from all those who walked this path before me.

I arrive on the second floor, walk by the nurse's station, and enter the hallway. Human voices rise and fade away as I travel. I'm searching for something. I find the patient's room, and my pace slows. The door is open, and I enter his room. A few steps past the threshold, I stop. The physical world fades and thoughts fall away. What I encounter is ancient, transcendent, fearful, beautiful. The patient rests in bed. Family, friends, and the chaplain surround him. They all hold hands, heads bowed.

Disclosure forms provided by the author are available at NEJM.org.

From the Milton S. Hershey Medical Center and Penn State College of Medicine, Hershey, PA.

DOI: 10.1056/NEJMp1716548

SPONSORED BY PENN STATE HEALTH
DEPARTMENT OF MEDICINE