Take a look at our new section, “Health Policy,” on page 25. It has evolved from our newly revised motto and mission statement:

Αξίων ὁμολογίας ους αγαπώντας
Be Worthy to Serve the Suffering

Mission Statement: Alpha Omega Alpha—dedicated to the belief that in the profession of medicine we will improve care for all by:
- recognizing high educational achievement
- honoring gifted teaching
- encouraging the development of leaders in academia and the community
- supporting the ideals of humanism
- promoting service to others.

As part of the reassessment by our board of directors of AΩA’s role in modern medicine, we have come to believe that The Pharos must take part in developing and discussing thoughts about the current state and future goals for U.S. health care. Debatable issues of health policy will not end with the Congress passing reform bills in the fall. We have asked Dr. John Kastor, a new member of our editorial board, to edit this section. Be warned—he may well recruit essays from you! Send submissions to us at: Alpha Omega Alpha, 525 Middlefield Road, Suite 130, Menlo Park, California 94025, or e-mail them to info@alphaomegaa.org.

Our initial essay in this series is an update of an essay originally published in The Pharos in Autumn 1999, “Mene, mene, tekel upharsin comes to medicine—redux,” by Dr. Robert H. Moser of our editorial board. Please read it again or for the first time. It is both striking and depressing because, although it was published ten years ago, our country’s system of practice and payment for health care services has not improved.

As President Obama turned to go back into the White House after announcing the nomination of Regina Benjamin as Surgeon General on July 13, a reporter shouted, “Mr. President, there are many senators who hope you will take an interest in reforming health care.” Mr. Obama turned, flashed that smile, pointed at the reporter and said, “Bill, that’s a good one!” The irony and humor spring from the comments that the President had just made before announcing Dr. Benjamin’s nomination. He said, among other powerful challenges to Congress, “Inaction [on revision of health care policy] is not an option. . . . We are going to make this thing happen, because the American people definitely need it!”

Bob Moser identifies and cites the “peripheral health economy (PHE)” as a major cause of excess costs of U.S. health care. The PHE includes everyone who is making money from health care without being directly involved in patient care (e.g., the “core health economy”—doctors, nurses, and health care facilities), including for-profit insurance companies and pharmaceutical/device companies.

One particularly expensive component of the PHE is direct-to-consumer advertising of drugs. First, a disclaimer. I watch sports and Congressional hearings on television. All these events are funded by advertising. There are many ads for which I don’t put the TV on mute, but rather enjoy. A couple of favorites:
- The Budweiser ad, showing a rugged male tossing a stick for the Dalmation dog to fetch, which it does, as expected. But then, one of the Budweiser draft horses, standing nearby, goes rushing off and returns with a large log in its mouth and drops it at the man’s foot. He says, “Show-off!”
- A young stud traveling in Europe sends his girlfriend, back in the States, frequent pictures of himself from his camera phone. She is forlorn with his absence, seeing on her phone his face with the Eiffel tower in the background. She doesn’t hear him singing, “I think that possibly, maybe I’m falling for you.” Then, while sitting on a river bank, she gets another photo . . . and it is of her taken ten yards away! He has returned. Hugs and happiness. I am so impressed with the ad, I have no idea which company is sponsoring it.

In contrast, ads for OTC and prescription drugs are neither entertaining nor benign, and not only can they increase the costs of health care, they can even be harmful to patients. Here are two examples, permitted by federal legislation:
- A muscular older man holds a bottle of Flex Protex-D saying, “In ninety days, if you don’t notice an improvement in osteoarthritis, rheumatoid arthritis, fibromyalgia, gout, or other forms of arthritis, send back the bottle for your money back, and if you call this number now, we give you the first thirty days free!” Of course, this and other OTC remedies are not regulated. No proof of efficacy or safety is required, nor do any exist. All the company needs is to gather in more money from viewers than it costs to buy the TV minutes to hawk its medicine and pay back the tiny number of those who don’t benefit from the placebo effect and have the determination to apply for a rebate.
- One ad for the prescription drug Lipitor, approved by the FDA and proven to be efficacious in lowering LDL cholesterol, is a direct attack on the use of generic alternatives. It urges the man who has benefited from Lipitor to strongly resist his prescription drug plan’s determination that another statin—less expensive but apparently equally efficacious—will be substituted for Lipitor. The costs of this frequently run ad are borne by patients, and are significant.

While debating whether or not to tax the wealthy to cover universal care costs, Congress should examine its past mistakes, including permitting direct-to-consumer advertising of drugs. Such laws increase health care costs and can lead to patient harm as uninformed patients select medicine based on media advertising.
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Robert H. Moser, MD

Correction
Last issue’s editorial stated that 2009 is the 150th anniversary of the birth of Charles Darwin. It is, of course, the 200th anniversary. Thanks to the many, many readers who pointed that out!
The author is a senior resident in Neurology at Baylor College of Medicine in the Houston Medical Center.

John is hooked up, some modernization of a marionette, to various parts of his ICU room, slowly becoming more machine than man. A father of five girls and a dedicated husband, he is a former semiprofessional athlete still lithe despite his medical fall from grace, an author, and a minister of a large Protestant church whose masses of visitors have to be rationed by the nursing staff. Originally he turned for the better after his initial cerebral aneurysm rupture, clipping, and allotted window of time for vasospasm to decrease, then was transferred to the floor and treated for aspiration pneumonia while awaiting further rehabilitation.

As a senior resident member of a busy Neurology program, I am working with the primary team that rarely consults for other patients from our Neuro ICU. To the disappointment of my family, who wishes I would visit more often, it is easy to find myself still pushing twenty-plus hours a week beyond the eighty-hour workweek. But there is the residual code of pressure that covertly asks residents to spend whatever time is necessary to get the job done to prevent others from bearing the burden of your unfinished business, as if patient care can ever be truly finished. And there is the reward of experiencing people. I want to be a part of the human condition in a very available way, to see it at its most “pointed, dart-like, definitive,” stealing words from Virginia Woolf. I enjoy the hours, trying to finish this unfinishable business, of being available to experience the grit of the human condition in medicine.

Many of the hours-beyond-allotted time are spent explaining specific neurologic damage to patients’ families, who come in various shifts with various levels of comprehension, what residual function to expect. We give them information so that important permutations of “what if” can be answered and because knowledge about what’s happening is a medicine in and of itself. But despite all the time and care one puts into patient care, it’s hard to find time to actually sit with one patient in the ICU, to hold his hand, to think about him in a personal way as a family member might, to stare at his face for a minute of silence in thoughtful repose.

John was intriguing, a dynamic individual, and he taught me the dominoes game Forty-Two during free half-hours of the day and call, up until what I thought was to be the day of his discharge. But then he re-bled, and more surgery led to intraoperative complications, fractalizing into more systemic complications and a prolonged ICU stay, resulting in small battles won, but a losing war.

My mother used to tell me about the death of her mother, how she was at her side holding her hand at that moment, and saw death fall about her. She saw the leaving of her mother in an intangible yet spiritual way. At her sister’s premature death soon thereafter, as well as at her father’s, she was also present but did not see any change. She wrestled from then on with the guilt of thinking that their deaths had seemed no different than an animal’s death at that pivotal moment, that moment, like the death she had seen in a fallen deer’s eyes at that pivotal moment the one and only time my father talked her into going hunting. She never said it directly, but I had the impression that she felt she had lost something in those encounters. At some level, I have always searched myself and my patients’ lives for these same intangibles. At some level, I think we are all curious about ancient and transcendent themes that cannot be modernized by modern medicine: love, joy, redemption, honor, guilt, betrayal, loneliness—and the moment of death. These appear to congeal often poignantly in the ICU when healing of the body begins to fail.

At 2:30 AM, deep into John’s hospital course, the nurses paged me because he asked for me. Multiple organs had been failing without recovery over the last few weeks, and he had failed another trial of extubation that morning. He was lined up for a tracheostomy within the next few days. His mind, however,
was alive and remarkably lucid. I put down my delayed dinner, brushed my teeth, quickly combed the straight brown hair inherited from my mother, and walked over to John’s room, bleary-eyed within the forever fluorescent sunlit world of the Neuro ICU.

He asked me on his dry-erase board to withdraw care. No, he didn’t want to wait for his family to come, or for me to call them; he had already said his goodbyes. He had fought the good fight, had run his race. No, he wasn’t in physical pain. He’d been thinking about his diminished state for a few days, how his own father had not wanted any machine support either. No, he wasn’t depressed. He loves life. But he loves peace more. He was competent. But I made his hand grow tired writing things down so I could stall for time. No, he didn’t want to talk to clergy, and his respirator honked and chirped in complaint as he attempted a feeble, doleful laugh.

Silence.

He looked at me with the saddest eyes I’ve ever seen, and he started to cry. I tried to speak optimistically, to convince him to wait for his daughters, and he knew it. His fear was palpable, but burdenless. He felt cowardly, but to me he was brave for being able to admit the heavy emptiness of his heart. He knew this was a statement beyond my abilities, beyond my specialty—an inappropriate consult. He erased the statement with his bed sheet sloppily, and scribbled half-illegibly, “I'm sorry.”

I didn’t know how to give it back to him. No one ever taught me in medical school or residency how to restore someone’s sense of salvation. I was at a loss for words, so I just sat with him. I remembered an article I had read in a magazine in the hospital cafeteria, an uncharacteristically serious article by Steve Martin about the death of his father. In it he tells about a hospice worker who told him as he came to say his goodbyes to his father, “This is when it all happens.”

We did not wait for John’s family to come in the morning. After a long time in silence, I gave him a hug, feeling more family member than doctor. I told him about the comfort measures and what I would do. He listened patiently.

Morphine ran, lines and tubes were withdrawn.

It wasn’t my first death, and hasn’t been the last. I was riding the line between stoic physician observer and saddened humanist. There was something about this man, this dynamic individual, and I alone at 3:00 AM in the Neuro ICU, the aviary of machinations beeping from other rooms around us. It was happening. The human condition. It felt like truth. This is as much all that is poignant and valuable in the medical profession as cure.

At that moment, as death fell upon him, heavy in me like a spoonful of neutron star, I saw a change. A definitive change. I hadn’t seen it before, and haven’t seen it since. But one minute he was there, and then he, the...he underneath, was no more. It was at a very specific moment in time. It wasn’t a change of facial expression. It wasn’t a monitor. I don’t know why I saw it with him and not others. Maybe I was just more open to being aware of the moment, a combination of sleep deprivation and stripped-down conversations about God. Maybe it was and always will be just a piece of my imagination or subtle unconscious physical change in him that some primitive aspect of my brain picked up on. Maybe it was just the change in me.

The author’s address is: 9831 Fitzroy Dallas, Texas 75238
E-mail: sthomaskirk@gmail.com
I don’t know how to start.
I’ll start it this way.
Friday coming home on the bus I felt a little dizzy, a little chill.
I took my temperature and I had a fever. 99.2.
It started to go up very fast to 99.4.
I got into the bed–forget about it, I said. But then it got to 99.8. And then 100.
But I didn’t have a cold, and I’m in the house since Friday.
I’m sitting here, I have a chill, although it’s 85 outside.
So I put a hot water bag on. I used a vaporizer, too.
I know I’m making a whole to-do.
But I had a pain in my left arm.
And then my right arm.
Is it possible...
could it be cancer?

From Seeing Patients: The Sketchiest Details by Alan Blum, MD

From his earliest days as a medical student, Dr. Alan Blum (AΩA, Emory University, 1985), Gerald Leon Wallace MD Endowed Chair in Family Medicine at the University of Alabama, has captured thousands of patients’ stories in notes and drawings. The sketches and jottings bring back the essence of a conversation, a detail of personality, and the fragmentary clues patients give their doctor about the experience of illness. Dr. Blum’s address is: 26 Pinehurst Drive, Tuscaloosa, Alabama 35401-1148. E-mail: ablum@cchs.ua.edu
Tic Douloureux

A jerking pain in my aging face
kept recurring in the same place,
like a sword thrust into my head
leaving memories recalled with dread.

A wire, worn through raw
short circuits at the flaw
shooting stabs from my cheek
where it joins my lip to peak
in my jaw, spending out in my chin
like a church bell’s aftertone
or a quivering arrow shot
into a plank, or touching a pot too hot.

Opening my mouth to eat or talk
will fire that piercing shock.
My face, on guard, a featureless mask
as if immobilized in wax.

A spot next my nose, if touched,
or on my gum inside brushed
by my careless tongue,
too late I regret the wrong.

There were spells in spring or fall
when leachlike it hardly quit at all,
but when it did, as it might sometimes,
the welcome relief was peace sublime.

Close friends recognize the tic.
Disguise is futile when I am sick.
Dare I speak, I have to stop,
my words cut off like a hatchet chop.

Stubborn I was in my conviction
until the dentist’s contradiction
that extracting teeth would do no good.
The problem was back inside my head.

Medicine, at last, has learned the truth
about the cause of tic douloureux.
A blood vessel’s redundant curve
is compressing my trigeminal nerve,

There is no solution in capsule or pill.
What is needed is neurosurgical skill.

H. Harvey Gass, MD

Dr. Gass (AΩA, University of Michigan, 1941) is retired from practice as a clinical professor of Neurosurgery at Wayne State Medical School. His address is: 6155 East Longview Drive, East Lansing, Michigan 48823. E-mail: sgass@msu.edu.
Betrayal

One corner
One propped door
Make an enclosed triangular niche
created by the tiny body nestled within, recuperating
with a Sponge-Bob battle scar adorning his arm.
Broadcasting muffled hiccups sobs.
Not trapped. But protected. Safe
from mom’s ultimate duplicity
in the ultimate hour of need.
His first “big boy” shot.

Vaishali Gajera

Ms. Gajera is a member of the Class of 2011 at the Florida State
University College of Medicine. This poem won honorable mention
in the 2009 Pharos Poetry Competition. The author’s address is: 2105
Chestnut Forest Drive, Tampa, Florida 33618. E-mail: vjg07@med.fsu.edu.

Illustration by Laura Aitken.
It’s late. No, it’s early. I’ve just finished dictating a history and physical for the patient I admitted earlier this evening. It’s my fourth year of medical school and, beginning with an acting internship in the ICU, I hit the ground running. Tonight is my first time on overnight call and this is my first experiment with dictating, rather than writing, an H&P. I glow with the responsibilities newly entrusted to me.

Walking down the ICU hallway, I can see Matt and Jorge, the on-call residents, at the doctor’s station, intently working at their computers. I ask, “Is there anything else I can do?”—med student code for, “Can I go to sleep, please?” Matt, the senior resident, looks up; his eyes are bloodshot. “You’ve done well today,” he says. Unlike me, he’ll be doing paperwork all night, which strikes me as one of the biggest transitions I’ll have to make into residency. “Why don’t you catch a few hours before morning...
rounds?” I thank them and hurry off.

In an alcove at the end of the hallway are the call rooms, where the doctors and students on call theoretically come to catch a few hours of sleep. But I imagine it’s predominantly med students that use the rooms. Placing my magnetic badge up to the sensor, click, the door unlocks. I walk in. The call suite looks like a college quad—a small hallway connects three small rooms with a shared bathroom, linoleum floors throughout. There are no other students on call, and I just left Matt and Jorge, so tonight I can have my pick; I choose the first. Click. It’s fairly cozy in here—there’s a lamp, a couple of drawers, a computer, and a micro-refrigerator.

I’m feeling pretty positive about myself now. Earlier this evening I impressed Matt, and myself, when I successfully tapped a patient’s spinal fluid on the first attempt. It only took me an hour—I was told it would take at least two—to dictate the H&P for my patient. And to think I was nervous about how this rite, really an initiation of sorts, would go!

Sitting down on the plastic covered mattress, my primary focus is getting comfortable, which means getting out of these scrubs. Shoes, socks, scrubs, and t-shirt all come off; just underpants now. Just in case, I strategically lay my clothes across the floor, figuring that, if there is a code, I’ll save time getting dressed so as to arrive in time to get out of the way. I slip under the sheet—it feels good to lie down.

But that feeling quickly subsides. The thermostat must be set five degrees cooler than the forecasted low—I’ll have to get another blanket if I’m ever going to get some sleep. Luckily a surplus of clean linens is one of the few guarantees in a hospital. I’ll just grab a blanket from the stack I saw in the hallway.

Click.

Somewhere in my head, a needle scratches across a record. I am standing in the hallway of the call suite, extra blanket in hand, wearing nothing but underpants. I am on the wrong side of a locked door.

In disbelief, I violently tug the door handle. Is this a bad dream? This isn’t real—I’m an actor on one of those ridiculous TV programs about attractive, promiscuous, prodigy doctors, and the commercial break is coming right up. I begin to perspire. Why does each individual room need its own *@^!& lock? My heart is racing. If this electronically-locked 400-pound door opens, I promise to spend more of my scarce free time with my family. My stomach is filled with lead. There goes my life—I will never live this one down. My extremities are icicles. Get a grip, Jonas. You are locked out of the call room, standing here in the hallway in your underpants and there’s no way you’re getting back in there without some help. But first, I need something to cover my body.

Hanging on hooks in the hallway are
several full-length white coats belonging to doctors who have already gone home. But even in my naked desperation I know I can’t possibly put one on. Full-length white coats are worn by real doctors—students have to wear short ones. By putting on a long coat, not only would I be feigning a higher level of knowledge and responsibility, but, even worse, nobody would even be able to tell I am wearing underpants. I’ll look completely naked! It simply won’t work.

There are a few cabinets in the hallway. Scurrying through, they appear empty, except—salvation!—a worn-out navy blue sweatshirt. Now I’m getting somewhere. I’ll just wrap this blanket around me so . . . put the sweatshirt over it . . . voila! frat boy on his way to a toga party in Buffalo in the dead of winter.

Peeking my head into the ICU hallway, I can see Matt’s reflection off the glass walls of the patients’ rooms. He’s still working at the computer where I left him only moments ago. Do I yell out his name? No, definitely not. I don’t want to alarm the staff or patients. Remember, this is the ICU—surely everyone will think a patient is coding.

Deliverance comes, as it so often does for med students, in the form of a nurse. Charting a patient’s vital signs, she’s probably within speaking range. “Excuse me, there?” my voice cracks. Nothing. Again, “Excuse me, uh, pardon me, ma’am?” Still nothing. Oh, how I wish I’d learned her name earlier in the evening! A little louder, “Hi, there, over here. Thanks. Hi. Can I ask you a favor? Thanks. Could you get Matt for me? Could you ask him to come over? Thanks!” She frowns, looks suspicious, then confused, mildly annoyed . . . possibly even amused? This is progress. I try out my voice once more, blurtting, “I locked myself out of my room, could you grab Matt, please?”

She stops her work and walks over to Matt, a slight grin on her face. In the reflection off the glass wall, I can see her speaking to him. Hesitating for a moment, he stops his work. He gets up and walks down the hallway toward the alcove.

Trying to brush past my appearance, I blast, “MATT, THANKS! I locked myself out of my . . .”

“Wait, you don’t have any pants on!” He unlocks the door, chuckling to himself as he turns away. After I put my scrubs back on, I turn out the lights and climb under my blankets, beginning to feel warm. I know that this story is going to spread like a wildfire, but at least I am back in my room now.

Staring at the ceiling, I reflect on what can be learned from this experience: I must always sleep in my clothes. Yes. I must try to be mindful of seemingly insignificant details and, when I am in trouble, never be too prideful not seek assistance. Definitely. And perhaps most importantly, I should never take myself too seriously. My eyelids feel heavy. As I drift off to sleep, I am certain of what I will dream tonight—a nightmare in which I am standing naked, exposed, in front of all my peers.

The author’s address is:
301 Tulane SE
Albuquerque, New Mexico 87106
E-mail: jonaszajac@gmail.com
An Intern Begs a Suffering Patient for Mercy at 3 AM

Don’t ask my soul to share the pain
Your eyes are showing mine.
I am not strong or kind or wise,
Not this late at night.

Don’t search my face for answers;
What have I got to give?
I’m scared and lost and lonely too,
In a fight I will not win.

Not pain, not fear, not even death,
Nothing so easily overcome.
No, I struggle to save…
… a piece of self
In a psyche overrun.

Don’t ask my soul to hold this pain
Your eyes are showing mine.
This hollow shell is all filled up,
With tears I can not cry.

Step out of my head and away from my heart,
Let me make it through this night
Just keep your humanity to yourself—
I’ll not burden you with mine.

Sarah Rose Hartnett, MD

Erica Aitken
Alpha Omega Alpha’s strong commitment to the practice of medicine, medical education, humanism, service, and professionalism brings with it a responsibility to be involved in the discussion of issues affecting the practice of medicine in the United States today.

We are soliciting original essays on topics in health care policy and other pressing national health care issues for publication in this new section of *The Pharos*. Essays should be scholarly, well-referenced discourses that include the background and suggested approaches to solving problems confronting the nation’s health care system. All essays will be subject to peer review. Essays published will convey the views of the author(s) and are not those of the board of directors of Alpha Omega Alpha.

Dr. John Kastor, MD, professor of Medicine at the University of Maryland School of Medicine and medical governance and organization consultant, will be the editor of this section. Dr. Kastor and the board of directors of AΩA welcome your contributions, comments, and critiques of the essays we will be publishing.

The first essay in this series, written by Dr. Robert H. Moser, was originally published in Autumn 1999. Dr. Moser graciously updated it for this issue.
Health policy

Mene, mene, tekel, upharsin comes to medicine—redux

Robert H. Moser, MD

The author (ΩΩA, Georgetown University, 1969) is a member of the editorial board of The Pharos.

All the recent roilings and rumblings about the hospitalist movement prompt recollection of a biblical aphorism; the “writing that was written” on the wall of Belshazzar’s banqueting hall (Daniel 5:1–31) has become ever more evident. Having observed the evolution of our discipline for over five decades, I am joining the ever-growing legion of speculators mulling the future of our noble but embattled calling. I don’t love all that I think will happen, but I am optimistic that ultimately a better system of medical care will emerge.

Universal health care—structure and function

Within the next ten years we will take “The Big Step” and adopt a Universal Health Care System (UHCS). Progress will be incremental. But each stage will be iconoclastic by contemporary standards. Outpatient care will be delivered by primary care providers (PCPs) and specialty clinics. These PCP teams will consist of an amalgam of nurse practitioners, nurse midwives, and physician assistants, who may or may not work under the supervision of a primary care internist, a family physician, or osteopathic physician. The physician will become the captain of the PCP (outpatient) team. Over time, the distinction between MD, DO, RN, and PA will blur and diminish. They all will be PCPs. Their training will be consolidated, standardized, and conducted by academic health centers (AHCs), and tailored to the needs of ambulatory medicine. It may even be further refined to meet specific requirements of PCPs in rural or inner city environments. Students desiring to become team leaders or to continue beyond medical school into residency training will have a separate curriculum pathway or additional year of medical school.

In the early years, teams of nonphysicians/PCPs working in underserved areas will function in virtual autonomy. They will follow diagnostic and treatment protocols (algorithms) based on the latest evidence-based information. Such data will be periodically refined, updated, and modified to ensure that the guidelines remain appropriate and adaptable for implementation at the local level. This will help ensure reasonably uniform quality of care across the country, in contrast to the current irrational regional variations in cost and quality. For clinical problems that cannot be resolved by a specific protocol, PCPs will have real-time interactive telecommunications capability that will be part of the na-

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* Daniel 5:1–31: Belshazzar the king made a great feast to a thousand of his lords, and drank wine before the thousand. . . . In the same hour came forth fingers of a man’s hand, and wrote over against the candlestick upon the plaister of the wall of the king’s palace: and the king saw the part of the hand that wrote. Then the king’s countenance was changed, and his thoughts troubled him, so that the joints of his loins were loosed, and his knees smote one against another. . . . And this is the writing that was written, MENE, MENE, TEKEL, UPHARSIN. This is the interpretation of the thing: MENE; God hath numbered thy kingdom, and finished it. TEKEL; thou art weighed in the balances, and art found wanting. PERES: Thy kingdom is divided, and given to the Medes and Persians. . . . In that night was Belshazzar the king of the Chaldeans slain. And Darius the Median took the kingdom, being about threescore and two years old.
tional electronic medical records system (EMRS) with on-call hospitalist-specialists at a previously designated academic health center or other regional Center of Excellence nearby.

Performance of PCPs will be evaluated by periodic random review of records that look for reasonable compliance with established protocols coupled with assessment of patient satisfaction that takes into consideration patients’ personal views on the impact of overall management on their quality of life. This review will be accomplished by teams of other PCPs who will rotate for a month or six weeks away from their regular assignments. Excellence in performance will be rewarded with yearly bonuses for PCPs and hospitalists.

Evaluation will become the responsibility of a beefed-up Agency for Health Care Research and Quality (AHRQ), which will exist under the umbrella of UHCS and assess the quality of care being delivered by all AHCs and their satellite facilities, including clinics and isolated health care providers. It will ensure that all diagnostic and therapeutic algorithms are indeed evidence-based, clearly written, and updated when new data become available.

These algorithms will be regarded as guidelines, not rigid dictums. AHRQ evaluation will not insist on blind adherence to the algorithm, but will allow rational, reasonable variations within the guidelines to incorporate individual patient characteristics (socio-economic status, age, emotional stability and reliability, environmental circumstances) whenever possible. Greater emphasis will be placed on long-term outcomes and patient quality-of-life satisfaction. Such practices will return some of the art to the practice of medicine.

Repeated failure of individual PCPs to meet established standards will result in appropriate disciplinary action, up to and including license suspension. A similar mechanism will be established for hospitalists representing all specialties and subspecialties.

All hospital inpatient care will be conducted by general internists and specialists (the former will become hospitalist-generalists and the various subspecialists will become hospitalist-specialists). These will include intensive care, all medical and surgical subspecialties, and every other specialized branch of medicine. Initial management will be conducted by hospitalist-generalists, who will triage consultations and referrals when indicated. All hospitalists will be salaried employees of their institutions; their incomes will not depend on how many patients they see or their dollar “productivity.” The Single Payer Program (SPP), the financial arm of the UHCS, will negotiate and establish salaries and bonuses based on mutually-accepted criteria.

PCPs will be encouraged to look in on their admitted patients and provide the hospitalist-generalists with insight about important aspects of the nature of the patient’s previous management, socio-economic status, personality, or expressed desires (for example, diagnostic and therapeutic preferences, concepts of quality of life, end-of-life desires, etc.).

The financial picture

The UHCS will begin as an extension of a modified and vastly expanded Medicare system. Under UHCS, every citizen and legal immigrant will be eligible for coverage (universal capitation) by a payroll deduction increase in current FICA levies, and a system of copayments, adjusted through a realistic means-testing formula. Illegal immigrants will be served for emergencies but denied any long-term care. Their children will receive full coverage.

All finances will be controlled by the UHCS via the SPP. This will include AHCs, their satellites, and peripheral PCPs. The UHCS will begin as part of the U.S. Department of Health and Human Services, but will rapidly outgrow its parent. The AHRQ will also come under the umbrella of UHCS.

All AHCs and their satellite facilities will submit annual budgets. This is the way the VA and military hospitals operate today. Budgets will be based on true costs, without plugging in a profit margin, since all salaries and operating expenses will be known. An MRI or an aspirin will cost the same in Boston and Lubbock. The current avalanche of paperwork and personnel time devoted to billing (seeking payment from patients, endless negotiation with insurers) will be significantly reduced. Operating costs will thus be lower.

Problems solved by implementing UHCS

Shortly after the initial launch of UHCS, it will become cost effective. The underlying premise will be an effort to reduce or even eliminate “profit” from the health care equation. (It is my naive belief that health care is such a primal aspect of life that it should never be subjected to the vicissitudes of cost considerations or excessive profit making in a modern, civilized society.) Unfortunately, some few physicians seek wealth from illness by ordering excessive and unnecessary procedures. A handful of these have managed to game the system even further by setting up their own diagnostic laboratories, home health care facilities, and “health” spas. They route their patients to these areas, from which they derive income. Of course, there will always be outliers to the UHCS. Some wealthy citizens may well opt for “boutique” care—delivered by entrepreneurial physicians.

On the other hand, some health care providers, in today’s litigious climate, are tempted to overprescribe medications and order excessive laboratory procedures “just in case.” I hope that in the future litigation will be tempered by having all potential suits submitted to legally-binding arbitration by a local committee composed of a team of impartial health care providers, lawyers, and a judge. Such a body would be legally empowered to decide whether compensation, punitive action, or no action is justified. The “defendants” would be the individual health care provider(s) and the UHCS (if the health care provider is working under the UHCS). Premiums for malpractice insurance should then decline significantly. Those outside the system will deal with litigation as in the past.
I assume that in this era of tort reform the dreadful economic burden of futile care for terminal vegetative patients will be eliminated. Hospital ethics committees will facilitate decision making on these sad cases. Hospice care will be encouraged.

I hope we will return to an environment in which medical decisions are predicated on solid, evidence-based indications and “cost” to the patient will not be a factor (this milieu prevails in VA and military hospitals today). “Therapeutic failures” arising from patients being unable to purchase medication, and cases of the poor elderly faced with buying either food or drugs will cease.

Pharmaceutical companies—a problem

It seems logical to assume that, over time, the pharmacology departments of AHCs could assume a much greater role in new drug development, now largely the province of commercial pharmaceutical companies. Why not? Much of the early work is already done in AHC pharmacology departments and most of the creative pharmacologists in industry learned their trade in academia. The individual or the team that creates the new drug will be rewarded with bonuses in addition to their existing salaries. Such a system already exists in enterprises such as Microsoft and Bell Laboratories, among others.

Clinical testing is already being done in AHCs and their affiliates. Pharmaceutical companies have no direct access to patients. Once the new drug is proved to be safe and effective (and approved by the FDA), commercial production can be farmed out to pharmaceutical companies. The AHCs will have no role in commercial production. Of course, for the foreseeable future new drug development will come from industry. The time will come when the pricing of all drugs will be reduced significantly, shrinking the massive public advertising campaigns on television and in print should be reduced significantly, shrinking the cost of drugs.

Information about new agents or improved old drugs will appear in the medical literature in dedicated sections. There will be more frequent publication of newsletters such as The Medical Letter, which the UHCS will distribute free to all health care professionals. A vital UHCS “drug information” web site will be updated weekly.

The role of the academic health center

Under the UHCS, AHCs would become the focal point of all health care delivery and illness prevention. They would be given the manpower and finances to ensure the highest quality of care in all institutions within their designated geographical area. These would include private hospitals, community hospitals, clinics, VA centers, and military hospitals. Some institutions may elect to remain independent of the UHCS. This will be their prerogative.

Since all research and clinical faculty will be salaried, they will no longer be obliged to divert excessive time from clinical research and teaching to income-producing direct patient care.

Such innovation will require a revolutionary revision in current organizational arrangements and our philosophic approach to medicine. Over time, the system would be expanded and refined to ensure fair allocation of resources and mutually beneficial cooperation between institutions. In the final configuration, the AHCs would bear ultimate responsibility to ensure the quality of care, employing the expertise of the AHRQ.

The AHCs would be subsidized completely under the SPP of the UHCS. In addition, the current disproportions in income among health care providers will be largely eliminated. Since all will be salaried, no longer will some physicians receive excessive incomes while others are barely adequate. VA and military hospitals, as well as the Mayo Clinic operate under this model and prove that this payment system works. In addition, the pay scale for nonphysician health care providers will be increased reasonably.

Until such time as a UHCS becomes fully operational, pharmaceutical and medical equipment manufacturers (and perhaps any other commercial enterprises that profit from patient care activities) would be obligated, by law, to tithe a percentage of their profit to the SPP to help subsidize the UHCS.

Electronic medical record systems (EMRS)

One by-product of the new system would be a resurrection of bedside teaching rounds, with renewed emphasis on integrating the patient into the dialogue. One member of the rounding team will carry an iPhone or laptop that will be plugged into the EMRS. This will enable access to: (1) complete patient information at the bedside, (2) medical information systems, and (3) computerized prescribing order entry (CPOE), thus facilitating data entry at the bedside and helping to prevent medication errors. Of course CPOE will be available for all drug prescribers. In addition, we will have real-time bedside access to other visual diagnostic aids, such as scans, radiographs, and electrocardiograms.

EMRS will be an integral part of the UHCS. Implementation will be augmented by grants (from UHCS) to all health care providers (hospitals, clinics, practitioners). Any patient participating in the UHCS will be obliged to
agree to have his/her records available. Confidentiality will always be a problem, but less so with a thoughtfully constructed access mechanism. If one opts out of UHCS, and wishes to go “private,” records will remain confidential.

The care of the patient

Rounds will be enhanced by the presence of a clinical psychologist and pharmacist to sharpen appropriate discussions into psychological and pharmaceutical aspects of management. Patients will be kept apprised, in clear and straightforward language, of discussions regarding their care. Sensitivity and discretion will be the watchwords governing all bedside encounters. The overall impact of teaching rounds will be positive for patients: they will always feel that their medical problems are receiving input from knowledgeable, sympathetic professionals.

Periodically, the AHRQ, operating as an arm of the UHCS, will conduct epidemiological surveys and evaluations to determine the clinical and economic effectiveness of satellite hospitals and clinics operating under the aegis of their responsible AHCs. They will focus on management of specific medical problems. It is well known that hospitals (and physicians) with greater experience in specific areas (for example, coronary artery bypass surgery or organ transplantation), operating in so-called Centers of Excellence (CEs) produce outcomes considerably better than those with less experience.

Therefore, over time there will be a concentration of specific referrals to CEs within geographic proximity to the referral source, based on these carefully evaluated performance reviews. The intention will be to reduce duplication and redundancy of procedures. Transport from peripheral hospitals or outpatient facilities to the nearest CE that provides the specific service required will become part of an extensive medical transportation network. This will be a function of the UCHS, operating at no expense to the patient. With longer medical transportation network. This will be a function of the mainstream.

Challenges

Predictably there will be a period of chaos before this universal healthcare “nirvana” is achieved. There may well be a long interval during which patients continue to invoke their “freedom of choice” to select health care providers. This could turn the current “agora of medical care” into a turbulent, expensive marketplace, indeed. There is already reimbursement for chiropractic, naturopathy, and acupuncture in many states. The ultimate perversion of this situation will see herbalists and homeopaths competing with primary care practitioners, chiropractors openly challenging orthopedists and physiatrists, crystal gazers taking on psychologists and psychiatrists, and acupuncturists competing with all physicians. Of course, to a certain extent this is happening now, but when public and political pressure forces the UHCS into reality, pragmatic survival will become the name of the game.

Over time, hard-nosed empiricism will win the day (what works will survive, what doesn’t will be discarded), or the imminent bankruptcy of the current system of profligate reimbursement or a much higher level of medical literacy attained by the public will cause pretenders to fade from the scene. I am not sure which factor will dominate, or if there will be some felicitous synergy. I did not include scientific veracity among my criteria for the ultimate failure of nonscientific medicine. This is because many contemporary consumers of medical care believe they are sufficiently medically knowledgeable (many through exposure to the checkered information available on the Internet) to make educated choices. They are on thin ice.

I would like to believe that a more medically literate and sophisticated public will be our ultimate salvation, but I am far from sanguine. In darker moments, I suspect the return to rationality will turn on tough, practical outcomes: the happiness (or unhappiness) of patients with the prevailing non-
system, or down and dirty economic necessity rather than the clear virtue of sound medical science.

Another related problem threatens the future of American medicine: the alarming decline of physician investigators committed to basic or clinical research. According to the Association for Patient Oriented Research, the number of first-time applications by physicians for National Institutes of Health (NIH) research grants plummeted thirty percent between 1994 and 1997. This pattern continues today. Some cynics say we should leave the field of medical research to those with doctorates in basic sciences. I think not. This would certainly widen the already existing breach between bed and bench. So why are fewer physicians selecting careers in research? Economic disincentives lead the pack: the enormous debt burden of most medical graduates and the modest stipends of postdoctoral trainees.

There exists a solution. We must expand, revitalize, and reorient the National Health Service Corps (NHSC). To a certain extent this is occurring, but it is too circumscribed and underfinanced. NHSC affords bright but poor students (especially minorities) the opportunity to come into medicine without incurring debilitating debt. I feel such an infusion of fresh blood could provide the same tide of intellectual and spiritual revitalization that we see when eager new immigrant populations enter the country. In addition the NHCS should be made available to all health care practitioners (osteopathic physicians, nurses, nurse practitioners, physician assistants, nurse midwives). Medical school curricula will have to be modified extensively to accommodate these new PCPs.

The major change in NHCS will occur when the time comes for their repayment (after the medical school or postgraduate training years)—they will not have the option of “buying out.” That defeats the purpose and spirit of the NHSC. These new physicians (or PCPs, or perhaps even some hospitalist-generalists and hospitalist-specialists) will be assigned to underserved areas for a time determined by level of indebtedness (years in residency training) at the discretion of the NHCS. Those who demonstrate a talent and desire to do research will be allowed to repay some or all of their time by conducting postdoctoral bench research or clinical investigation. NIH study sections will be required to revise the philosophy of their granting process, to acknowledge the critical importance of patient-oriented investigation. Thus, the revitalized NHCS program would provide at least partial solutions to two vexing problems: acquiring health care providers for underserved areas, and encouraging more physicians to consider careers in medical research.

Admittedly, this is a cheeky, bare bones (I will even concede, simplistic) sketch of what I believe many aspects of the ultimate system will look like. I am convinced that the many devils in the details can be worked out by thoughtful people, representing different disciplines in and out of medicine, who will be seeking a mechanism to devise a workable UHCS to ensure optimal care at a reasonable cost. We certainly can learn from the strengths and weaknesses of other Western countries. If this pie in the sky dream plan seems to have Orwellian overtones, it need not. The transition will be tumultuous and the inevitable bureaucracy must be anticipated and contained. But it should be far less turbulent than exists today in the prevailing non-system.

The opposition by special interest groups will be formidable, but we are forced to the grim realization that we stand on the brink of chaos. Perhaps the magic number will be 150 million people without adequate health care before we are willing to accept the seismic changes the system demands.

**Prognosis**

Medicine will always be conducted on a human-to-human basis. But, to acknowledge the hard facts, over the years most of us in medicine became complacent; in many areas we lacked discipline and some few of us became downright greedy. In our zeal to leave no stone unturned on behalf of our patients, we too often neglected the realities of fiscal responsibility. In our benignly paternalistic fashion, we did things “our way” for a long time. That is why the unwelcome nose of the managed care camel has managed to creep so successfully under our tent. Entrepreneurs sensed what I call a “golden vacuum,” a chance to fill a perceived need and enjoy enormous profit. Undoubtedly, managed care has brought some renewed sense of discipline and fiscal reality to medicine. But as it exists, it has too many warts. Major modifications will occur, retaining some of the good things we have learned, but eliminating those that cause grief. The changes will be facilitated by implementation of the UHCS when those infamous mantras of “obligation to our shareholders” and “incentives and disincentives” have been expunged from our lexicon. This revolutionary concept will require patience and vigilance. It will not come easily.

The intangibles of compassion, caring, and patient advocacy will always be a function of the sensitivity of the health care provider. These virtues must always be coupled with good medical science. I think it will all come to pass once medicine has survived the revolution and matured, to evolve a true partnership with those for whom we care.

The original version of this paper was published ten years ago. On reflection, after ten years the noise level has increased; we seem to be edging toward a rational plan that will bring reasonable care to all our people. Perhaps it will take a bit longer, maybe more than another decade. But I’m not sure we have that much time.

The author’s address is:

943 East Sawmill Canyon Place
Green Valley, Arizona 85614
E-mail: rhmoser@earthlink.net
E Unum … Pluribus

Today I witnessed mortals determine a man’s fatality
A true Cartesian split
His living body distanced from his sleeping mind
No signs of awareness
Eyes staring widely into nowhere
No ability to seek out any final breaths of life

Then the waiting
For he had decided long before this day
That he was to give of himself to others
E Unum . . . Pluribus (From one . . . many)
Out of the divorce from his emotional throne
Comes a redistribution of carbon compounds
who long to pledge allegiance to another leader
So they make their journey, leaving familiar corridors
And go to rejuvenate withering bodies

Justin Yamanuha, MD

Dr. Yamanuha is an intern at the University of Hawaii John A. Burns School of Medicine. His e-mail: justin.yamanuha@gmail.com.
The physician at the movies

Peter E. Dans, MD

Slumdog Millionaire

Starring Dev Patel, Freida Pinto, Madhur Mittal, and Anil Kapoor.
Directed by Danny Boyle, codirected by Loveleen Tandan.1
Rated R. Running time 120 minutes.

Slumdog Millionaire begins in 2006 in Mumbai (formerly known as Bombay) as Jamal (Dev Patel), a young Muslim boy from the slums, is being tortured by police because he is competing on Who Wants to Be a Millionaire? and is approaching the final stage of winning 20 million rupees, approximately $411,000 at the time. This feat by a slum dweller being unheard of, a question appears on the screen asking whether he a) cheated, b) is lucky, c) is a genius, or d) “it is written.” Police Sergeant Srinivas (Saurabh Shukla) holds Jamal’s head in a bucket of water, hangs him by his wrists, and applies electric shocks to his feet to try to get him to tell how he cheated. The police chief (Irrfan Khan) asks Jamal, “What the hell can a slumdog possibly know when doctors and lawyers never get past 60,000 rupees?”

The film flashes back to the slum area of Mumbai with the young Jamal (Azharuddin Mohammed Ismail) squatting in an outhouse and refusing to get out for somebody who wants to pay his brother Salim to use it. His brother then locks him in, just as well-known actor Amitabh Bachchan, the original host of the quiz show, comes to town. Being a fan of his and wanting to have him autograph a picture, Jamal has no way of getting out unless he drops into the pit, which he does. He then runs covered with feces and smelling to high heaven, and maneuvers through the crowd to get the photograph signed. This is the first of many improbable events bordering on the absurd in the movie. Later, his brother sells this prized possession, setting up the love-hate relationship that will carry through their lives. A flash forward to the quiz show reveals that the celebrity’s name is the correct answer to the first question. This starts a succession of flashbacks showing how Jamal gets the answers, not because of erudition, but—mirabile dictu—by recalling events in his life.

The next scene shows women washing clothes and children bathing and playing in a polluted river. An attack occurs, presumably by Hindus, who cry out, “They’re Muslims, get them.” The police don’t help and the children’s mother is murdered. After their mother dies, the boys join a homeless group of children who comb through the garbage dump. They are transported to a camp where they are fed and housed and made to be beggars by Maman (Ankur Vikal), a crime boss. Maman orders a little boy to sing and when he doesn’t do it well, he has him blinded using acid and having his eyes removed, so he can be a more convincing beggar. This is one of the many reasons for the film’s R rating. Salim, who is now Maman’s henchman, realizes that Jamal is going to be blinded next, and helps him and their compatriot, the so-called “Third Musketeer” Latika (Rubina Ali), to escape. After a prolonged chase, the brothers hop on a train and Latika lets go of their hands and is left behind, much to Jamal’s dismay. Salim will become Jamal’s obsession.

While trying to steal food from the dining car, the boys are pushed off the train at a speed that should have killed them. However, they are fine, although Jamal thinks they are in heaven when he sees the Taj Mahal. They now begin a life of
crime, taking shoes from the tourists who leave them outside
the mosque and leading tours when they know nothing about
the Taj. While Jamal distracts the tourists, his compatriots
steal tires and other things from a fancy car. When Jamal
brings back an American couple to their vandalized car, an
Indian starts to beat him up but the wife tells her husband to
have him stop and to give Jamal money because, like “good
Americans,” they feel guilty for what others did to them. Oh,
yes, that’s how Jamal learns from Salim that Ben Franklin is on
the $100 bill, another quiz question.

Later, they go back to rescue Latika (Freida Pinto), and
find that she has become the main attraction in a Mumbai
brothel run by Maman (what’s a Hollywood favorite film
without prostitutes?). Salim (Madhur Mittal) kills Maman
with a Colt .45 and that’s how Jamal learns that the revolver
was invented by Samuel Colt. After they escape, Salim chases
Jamal away, with Latika’s consent, and takes her for his own.
Salim now becomes the right-hand man of Maman’s enemy
Javed (Mahesh Manjrekar). Jamal later becomes part of a call
center and ultimately gets on the show Who Wants to Be a
Millionaire? although how he does so is unclear because such
shows have rigorous testing of contestants for knowledge and
temperament.

Through the call center, he traces his brother to a construc-
tion site and they fight. After they reconcile, Salim tells him
that Latika is being kept by Javed at his mansion. Salim says
a Muslim prayer of repentance and Jamal goes to see the girl.
She tells him to forget her but he says he cannot and that he
will be waiting at the train station for her every evening at
five. Before Jamal leaves Javed’s house, he hears the name of
a famous cricketer on the TV and that’s the way he knows
the next answer. Latika finally comes to the station but she is
kidnapped at knife point by Salim, who cuts her face. Of
interest here is that the director forgets on which side she was
cut and the wound which is on the right is seen on the left in a
subsequent scene. The rest of the film shows the progression
of Jamal in the quiz show, with the moderator Prem Kumar
(Anil Kapoor) being portrayed as properly smarmy (shades of
the film Quiz Show). When Jamal goes for 10 million rupees,
the moderator tries to trick him by feeding him the wrong
answer, but Jamal sees through it and picks the right answer.
That’s when the moderator has the police kidnap Jamal to try
to extract how he has cheated. Realizing that he is telling the
truth, the police chief lets Jamal go on the day he goes for the
20 million rupees.

Jamal has one last lifeline for the question “What’s the
name of the third musketeer?” Salim is now repentant about
what he did to Latika and he helps her escape from the crime
boss. For some reason, maybe ESP, he gives her his cell phone,
which she seems clueless about. Jamal, figuring Salim would
know the answer, calls Salim’s cell phone. At the last second
before the contest staffer is about to hang up, Latika an-
swers. Wouldn’t you know that even though she is the Third
Musketeer, she doesn’t know the name of Aramis and Jamal is
left to have to make the choice? Meantime, Javed finds out that
Salim let Latika go and he shoots him while Salim is luxuriat-
ing in a bathtub full of money, his main desire in life. As he
dies, Salim says, “God is great.” Needless to say, Jamal gets the
right answer. He also meets Latika at an eerily empty Victoria train station, a marvelous relic of the British Raj and the film ends with "It is written." The credits are augmented by lively Bollywood dancing, singing, and rap music, which are also liberally sprinkled throughout the film.\textsuperscript{1}

\textit{Slumdog Millionaire} garnered eight Oscars (cinematography, directing, editing, original music score, original song, sound, best picture, and screenplay). I found it hard to understand why this film was so widely praised. Having taken care of cholera patients for three months in Calcutta in 1963 in a God-forsaken hospital that serviced the nearby bustees (or slums), I was interested in seeing this film. It was depressing to see forty-six years later that in the midst of the wealth in India, the slums of this premier Indian city and headquarters of its film colony are estimated to house ten million of the city’s eighteen million inhabitants. Beyond the cinematic film colony are estimated to house ten million of the city’s eighteen million inhabitants. Beyond the cinematic fantasyland, so-called "Mafia" are deliberately crippling children for profit, as in the film.\textsuperscript{2} Indeed, it was not surprising to learn that the film, which I considered to be fatuous and exploitative, has spawned a mini-tourist boom for people wanting to visit the slums.\textsuperscript{3}

Even more disconcerting was the backstory of the film, which grossed more than $200 million dollars (£140 million). The slum dwellers who appeared in the early scenes, especially the children, did not really benefit from all the hype and revenue this film generated. The slum home of Azharuddin Mohammed Ismail, who played the youngest Salim, was demolished after he was forcibly evicted and the family had to live in a shelter fashioned out of plastic sheets and bamboo shoots.\textsuperscript{2} The family of another child star Rubina Ali (the youngest Latika) had been promised new housing by the authorities. Neither was remedied until the story went public and the filmmakers pledged £500,000 to help the children with housing and education.\textsuperscript{4}

The film on its face is rather simplistic. That one could believe that all this boy’s life events could be tied into the questions that were asked is rather mind-boggling. There are a lot of things that are both gross and unsavory in the film. In some respects, it’s about celebrity (which Academy voters grove to). Admittedly, the cinematography is striking and almost surreal. There’s also lots of cool music and dancing as well as colorfully dressed people, and exotic locales. These attributes and the “love affair,” shallow as it is, may have been what swayed Academy voters. Whatever the case, it is probably the best testimony to the tawdry and sad state of feature films today that this was the best that they could come up with as Best Picture. What’s harder to believe is that the Academy is going to revert to the practice during the Golden Age of cinema of nominating ten films for Best Picture when they have trouble scrounging up five legitimate contenders. This action presumably is to make up for not including \textit{The Dark Knight} in the 2008 nominees.

If you rent the DVD, be forewarned that the subtitles are minuscule and that sometimes the dialogue is hard to decipher, especially as it goes from English to Hindi, which is heard in a third of the film.\textsuperscript{1} Also, the extra features in the early DVDs carried by some video outlets had only promos and not for very good movies at that. Later, the studio released a DVD with more robust special features.

\textbf{References}

2. Malone A. The real Slumdog Millionaires: Behind the cinema fantasy, mafia gangs are deliberately crippling children for profit. The Mail Online 2009 Jan 25.

\textbf{The Counterfeiters (Die Fälscher)}

\textbf{Starring Karl Markovics, August Diehl, and David Striesow. Directed by Stefan Ruzowitzky. Rated R. In German with subtitles. Running time 98 minutes.}

Unlike \textit{Slumdog Millionaire}, here’s an Academy Award winner (Best Foreign Film, 2007) that I can recommend. It is based on a memoir by Adolf Burger, who was a very alert ninety years old at the time the picture was made. As the film opens, World War II is over. A man sits on a lonely beach at the Beau Rivage (“beautiful shore”). He then goes to the Hotel de Paris in Monte Carlo and gambles, hooks up with a woman, and while they are having sex, she notices that he was in a concentration camp. The film then flashes back to Berlin in 1936. The man’s name is Salomon Sorowitsch or “Sally” (Karl Markovics), a highly successful Jewish master counterfeiter who expresses no concern about the Jews being rounded up, saying, “I’m me and the others are the others.” He adds that the Jews are persecuted because they fail to adapt, which he says is not that hard. While making a fake Argentine passport for a beautiful woman, he is busted by the Nazi anti-counterfeit agency and jailed. In 1939, he is transferred to a concentration camp where he makes many portraits of Nazis and their families. Because of his talent, he is transferred in 1944 to another camp run by an SS officer who turns out to be the German policeman Friedrich Herzog (David Striesow) who arrested him in 1936. Herzog laughingly tells a subordinate that Sally’s capture got him promoted, signaling a mutually beneficial bond between them. Sally has been recruited for Operation Bernhard, an
attempt by the Germans to counterfeit large sums of British and American banknotes to flood their markets, thereby destroying their economies, while using the bogus money to purchase arms and other supplies. To accomplish this, they’ve sequestered a bunch of skilled pressmen, photographers, and engravers. The prisoners have nice beds, cigarettes, water, clothes, and music to drown out the screams of the other prisoners as they are killed.

Sally meets up with Adolf Burger (August Diehl), a commercial photographer whose wife and children are in another camp (later he will learn of their deaths). A Russian Jewish Communist and activist, Burger is not happy with being given special treatment. Sally, whose real name was Smolianoff, has a green triangle tattoo indicating that he is a criminal, having been jailed for counterfeiting. He is initially ostracized by the French, Dutch, and Belgian inmates who have red triangles indicating that they were political prisoners. Having worked in banks and printing presses, they consider themselves to be law-abiding people and disdain him as a criminal. This amuses Sally, who has a very detached way of looking at the world while sizing up people and saying little. Sally tells Burger, “I’m not a murderer, just a counterfeiter.” Being an excellent artist, he asks to draw Burger, who considers it futile because “all of us are going up the chimney.” Sally says, “You never know.” In the DVD feature, Burger shows the director the picture of himself drawn by Smolianoff in 1944.

They’re taken to the showers and are scared that they’re going to be gassed. Sally says that, because of their value, they won’t be killed, at least not yet. To emphasize this point, when the Nazis determine that someone has tuberculosis, they are immediately killed so as not to spread it to the other prisoners. Burger keeps arguing that they should not be doing this. Sally tells him, “You are here to survive; only by surviving can we hope to beat them.” They are successful in producing pound notes that Nazi agents in Zürich bring to a Swiss bank, where they are authenticated. The agent demands that they send the notes to the Bank of England for confirmation. The Bank of England verifies that they are authentic. The inmates are given a ping-pong table as a reward by the commandant who tells them, “Trickery and fakery are what you Jews are good at.”

The next task is forging the dollar, which is more difficult because the Americans use a rotogravure technique, whereas the Europeans use collotypes, with which the prisoners are more familiar. Burger refuses to cooperate because he feels that this will favor the Nazis if they are successful and resorts to sabotage, which Herzog suspects. He tells them to complete the task in four weeks or else they will be shot. Sally makes a deal with Herzog to get some medicines for a young boy with tuberculosis when they complete the task. After he gets the medicine, the boy is shot by the sadistic sergeant, who tells the prisoners that the boy “was a Jew, but he died like a man.” There are some odd scenes where the inmates put on a cabaret...
The physician at the movies

show for their compatriots and the Germans. Finally when the Russians close in on Berlin, the Germans leave the camp and those who were living in abject conditions get to see how the other half lived. This produces a very interesting dynamic as the prisoners confront one another.

The excellent DVD special features tell a very interesting story. The actual camp known as Sachsenhausen was a counterfeiting workshop where the prisoners forged £132 million, four times Britain’s foreign currency reserve. Thanks to the delaying tactics, few bogus dollars were produced. According to Burger, “Operation Bernhard remains the largest counterfeiting operation of all time.” He describes how the 140 prisoners made British, U.S., and Swiss passports, as well as stamps and NKVD identity cards. As noted, their section of the camp was quite different from Birkenau, from where Burger had been transferred. There, 300 persons were housed in a horse stable with three rows of beds, no water, and no hygiene. Here, there were two rows of beds with white linen and pillows. Everything was clean. Burger had his own bed rather than being live in a bed. There was a recreation room with tables, benches, newspapers, and chess and other games. There was music, mainly opera, playing all the time. He got a whole loaf of bread versus 300 grams of bread at the other prison. The prisoners didn’t wear clogs but leather shoes. Their hair was not cut like the other prisoners. All in all, they felt that they were “dead men on a holiday, never expecting to walk away and live from this secret operation.”

They were lined up at 10 AM and were promised that if they were successful that they would have villas built for them after the “final victory.” They would have freedom, women, etc. However if they sabotaged the work, they would be executed. In real life Burger said he was more like Sally in wanting to be a survivor rather than sticking to the ideals and principles uttered by his character in the film. Still, he was not as gung-ho as Smolianoff, who was more intent on creating the perfect counterfeit dollar than sabotaging the Nazis. This is reminiscent of the British colonel’s desire to build an excellent bridge in The Bridge on the River Kwai and his reluctance to destroy it despite its being used by the Japanese against the British.

When the pounds were made, they could not be sabotaged in ways that would escape detection by their Nazi overseers, so the prisoners devised a way to signal that they were forged. Burger relates that pound notes were too big for Britons to carry around in wallets, so they would string the notes together by making needle pricks at the corners. Thus, the prisoners put needle pricks where they were not usually placed, such as the heads of the Royals. As for sabotaging the notes and the dollars, it was the Dutch foreman Jacobson, not Burger, who was responsible.

As the Russians neared Berlin, the camp was evacuated and the inmates were taken to the Austrian Alps. The money was put in boxes and sunk in Lake Toplitz, where they were protected by neo-Nazis after the war in anticipation of their use in the Fourth Reich. This is the central theme of The Salzburg Connection, by one of my favorite authors, Helen MacInnes. In 1957 the German magazine Stern tried to retrieve the boxes and recovered some. On July 2, 2000, the Americans, using special techniques that cost $1 million, were able to retrieve the bulk of the currency.

The actor who played Smolianoff in the movie said that he felt privileged to be able to play the role of an antihero—a man with many different faces but a minimalist with regard to activity or emotion. Like a poker player, he always took stock of people and his surroundings so he could understand and control them. There is some evidence that he did go to Monte Carlo after the war, although the details of his postwar life are sketchy. Originally, Burger, after being liberated, went to the nearby village with a gun and demanded that he be given a camera and film. He then documented the camp that he’d been held in and after publishing a small book in 1945, he put it all behind him. Twenty years later, Burger wrote The Devil’s Workshop after accumulating 200 documents from the various camps. His purpose was to counter the Holocaust Denial being promulgated by neo-Nazis.

The director said that the critical acclaim and box office receipts were higher in the United States, England, and other countries than in Germany and Austria. As an Austrian, he believes that the people of these countries are aware of the crimes. They acknowledge feeling some responsibility but don’t know what to do about it because they were not personally guilty. He says, “My grandfather was a Nazi but what do I do about it?” He noted that two other German films, Downfall, which focused on the last days of the Nazis in Hitler’s bunker in Berlin, and Sophie Scholl, about German resistance fighters were popular. He contrasted this with films that might focus on ordinary Germans and Austrians, who supported the regime outside the camps, which I certainly would find more interesting but their audiences would find uncomfortable. He believes his film is less confrontational because the screenplay was written from the perspective of a crooked jailbird who knows how to survive in jail and thus survives in the concentration camp.

Additionally, he said that he could make a movie about a privileged group in a concentration camp, but not of life in the cruelest camps. His reasoning was that he and the audience would not be able to identify with the characters, not knowing how they would act in such terrible circumstances. His feeling was that identifying with those who were more privileged than others was easier because such disparities are found in our world and thus pose an existential moral question.

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

11 Hickory Hill Road
Cockeysville, Maryland 21030
E-mail: pdans@comcast.net
You have lived for 25 years,
HIV-positive for 10, frank AIDS for 5.
Lung abscess 7 years ago,
angry sores in your mouth soon after.
But your difficulties with walking and holding your urine;
you can’t say when those exactly began.
I am 24 and palpably eager.
Sweeping in at 6 am in my white coat which
Jingles,
with 7 metal implements.
Sags,
with 20 pounds of medical detritus.
I am here at 6 am
Every morning of this 30-day rotation
In a 10-month school year.
I am here.
“25-year-old female AIDS patient (CD4 count of 64) in room 214 on hospital day 6.”
I have a million questions with numbers as answers.
Because the more I avoid the alphabet
With its infinite words
lamentations, prayers, expletives;
The less I know what it is to be you,
Dark-haired girl,
with an infection that we will quantify to death.
One morning,
I will ask you about your life and what came before.
What brought you here.
We will sit knee to knee like young women do.
Maybe even laugh.
Just us two.

Leah B. Rosenberg

Ms. Rosenberg is a fourth-year medical student at Mount Sinai School of Medicine. Her address is: One Gustave L. Levy Place, Box 1255, New York, New York 10029-6574. E-mail: leah.rosenberg@mssm.edu.
Ideas: A History of Thought and Invention, from Fire to Freud

Peter Watson
HarperCollins, New York, 2005

Reviewed by Henry N. Claman, MD
(AΩA, University of Colorado, 1979)

With the study of History (big H) becoming so comprehensive, more multicultural, more pushed back into prehistory, as well as more contemporary, you would think that it would be impossible to write a one-volume history of the world. And you would be wrong, as I believe that Peter Watson has done just that—history without the battles, starting with Lucy. (Well, the history of the world at least up to 1900. The twentieth century is covered in another Watson book, The Modern Mind).

To be sure, single- or double-authored histories of the world are not new. In size, Watson’s 746 pages of text (plus notes and indices) lies between H. G. Wells’s The Outline of History and Will and Ariel Durant’s majesterial eleven-volume The Story of Civilization. In quality it is up to both of them but it is different.

Watson is a historian at the University of Cambridge and knows how to write. He seizes on ideas, which he describes and explores for the general reader. While there are some grand “uber-ideas” such as the idea of Europe, the idea of the soul (which he finds more inclusive than God), and the idea of the experiment, most of the ideas are more focused. Consider the concept of time, the question of measurement, the ideas of plus and minus, the factory, the existence and nature of progress, the electromagnetic field, the unconscious, the particulate nature of matter, and so on. He discusses the rise and fall of ideas, and even their life histories, for instance the migration of science and scholarship from the (mostly) Muslim Middle East to Christian Europe beginning in the eleventh century.

For the physician, however, wanting to look at the ideas underlying the theory and practice of medicine, this book will be something of a disappointment. Watson does discuss the idea of the anatomic basis of medicine and the importance of the experiment, and the discovery of the circulation of the blood, but in general medical ideas are not as prominent as those in physics and chemistry, for example. There are also some omissions here. Surely the idea of the communicability of disease is worthy of inclusion. Although Watson’s two indices are inadequate, I still find no mention of this topic, or germ theory or sepsis, nor the names of Pasteur, Lister, Koch, or Fleming. But there are gems; we find that the great Persian physician, Rhazes (Al-Razi), who wrote over 200 books around 900 AD, had one named Why People Prefer Quacks and Charlatans to Skilful Physicians. An idea, to be sure.

There is an anomaly in the last chapter (before the brief conclusion). It is a short chapter—eighteen pages—entitled “Modernism and the Discovery of the Unconscious.” The beginning (and most) of the chapter, comprising over eleven pages, is devoted to Freud and his ideas. These get far more space than is devoted to any idea complex in the book. First, Freud’s claims, ideas, and doctrines are described. Then follows a devastating critique of the man and his work, implying that he was intellectually dishonest (a liar), perhaps a charlatan. Whatever the “truth” may be, the magnitude and intensity of the discussion are out of proportion to the rest of the book. What is behind this outburst I do not know.
But this exceptional section does not take away anything from the rest of Ideas. It is a splendid, readable, insightful volume. It can be read through, or consulted as a reference, or just browsed. A major contribution.

Dr. Claman is Distinguished Professor of Medicine and Associate Director of the Medical Humanities Program at the University of Colorado, Denver. He is a recipient of the 2009 Bonfils Stanton Award for Science/Medicine for his work on the discovery of the T cell/B cell interaction. He is a member of the editorial board of The Pharos. His address is:

Allergy/Immunology B164 RC2
12700 E. 19th Avenue, Room 10100
Aurora, Colorado 80045
E-mail: henry.claman@ucdenver.edu

Splendors and Miseries of the Brain: Love, Creativity, and the Quest for Human Happiness

Semir Zeki
Reviewed by John C. M. Brust, MD
(Ω, Columbia University, 1962)

Over the past thirty-five years Semir Zeki has made major contributions to our understanding of visual perception, including color vision, kinetic and illusory contours, stereoscopic depth, and ambiguous figures. More recently his focus has broadened, as evidenced by studies such as “Neural correlates of beauty,”1 “The neural basis of romantic love,”2 and “The neural correlates of maternal and romantic love.”3 In 1999 he produced Inner Vision: An Exploration of Art and the Brain,4 which might be described as an introduction to the field of neuroaesthetics for general readers. In Splendors and Miseries of the Brain (the title is taken from Balzac’s novel, Splendeurs et misères des courtisanes) he offers neural correlates of “love, creativity, and the quest for human happiness.”

The book has four sections. “Abstraction and the Brain” describes how the ability of neurons and brain areas to abstract from “every specificity” (e.g., verticality, direction of motion, magnitude, irregularity) leads to “concept formation.” There are two kinds of concepts. Inherited concepts (e.g., color) are immutable and largely “autonomous of the higher cognitive systems of the brain.” Acquired (“synthetic”) concepts are continuously modified by experience and memory and are “strongly dependent upon influences from other, often ‘higher,’ [brain] areas.” Although mutable (in contrast to Plato’s ideal abstractions), the “perfection” of synthetic concepts rarely matches what is encountered in the outer world, resulting in Continuing dissatisfaction. Also in contrast to Platonic ideals, “perfection” resides in the brain rather than in the world outside, even though we may be “unaware of the synthetic concept itself.”

Part II, “Brain Concepts and Ambiguity,” describes the difference between visual processing and visual perception, and offers evidence that higher brain regions participate in conscious perception when what is being viewed is “ambiguous”—that is, subject to more than one interpretation. Color is ambiguous and its conscious perception can occur with sufficient stimulation of a specialized “node” (area V4) within the occipital cortex. Ambiguous figures such as the Kaniza cube, which can be interpreted in two ways (“bi-stability”), activate areas in the occipital cortex critical for line orientation and object recognition, and each time a percept consciously changes from one condition to another, the fronto-parietal cortex becomes engaged. Objects with higher levels of ambiguity—including works of art—evoke the participation of widespread cortical areas and of pre-existing concepts, which are in turn modified by the experience.

In Part III, “Unachievable Brain Concepts,” Zeki discusses several artists whose work reflects the failure of reality to match the synthetic brain concept that it has generated. Two-thirds of Michelangelo’s sculptures were never finished; his biographer Vasari noted, “Michelangelo’s non finito reflects the sublimity of his ideas, which again and again lay beyond the reach of his hands.” Titian’s late paintings display splotchy colors and indistinct boundaries (pittura di macchia), “the coherence of the picture increasing if it is not viewed too closely.” Cezanne’s paintings combine color patches with areas of empty canvas, leaving it “to the viewer’s brain to construct the final image.” A novel by Zola, L’Oeuvre, describes an artist who commits suicide because his synthetic brain concept of female beauty prevents any actual model from satisfying him.

Part IV, “Brain Concepts of Love,” ups the ante: if art requires ambiguity because the brain’s aesthetic concepts cannot be reproduced, how do we address the concept of love, especially romantic love? Zeki takes us back to Plato’s Symposium and the idea of love as a yearning to join one’s separated half. Although such union is impossible, the concept of romantic love as merging into a unity is pervasive across cultures. Wholeness and unity being unattainable on earth, “lovers often look to another world,” sometimes death, sometimes God. Zeki describes his own functional imaging studies in which viewing pictures of a loved partner activated limbic areas involved in reward, and deactivated frontal areas involved in “the making of
judgments." He observes that in prairie voles, oxytocin and vasopressin are required for sustained monogamy; these hormones thus "seem to play a crucial role in forming a concept of the kind of partner that an organism wants to be with." Zeki then turns to literary expressions of "unity and annihilation in love," citing Dante and Beatrice, Petrarch and Laura, Tristan and Isolde, St. Theresa and Christ, Krishna and Radha, and examples from Sufi mystic poetry. In each instance a recurring theme is "incapacity to find . . . the counterpart to the brain concept of love." In Death in Venice, Thomas Mann describes Aschenbach’s obsession with the beautiful Tadzio: "what he saw was beauty's very essence; form as divine thought, the single and pure perfection which resides in the mind."

Zeki concludes with a neurobiological assessment of Freud’s Civilization and Its Discontents. Freud saw dissonance as resulting from the clash between human variability and its needs, and the demands for uniform conduct imposed by society, especially religion. Zeki believes Freud "did not frame the question broadly enough." For Zeki, "It is . . . inaccessibility in the real world of the counterpart of the synthetic concept (ideal) formed in the brain that constitutes . . . one of the root causes of human discontent.”

Zeki repeatedly emphasizes that the subject of his book is not what the brain reveals about art and literature but what art and literature reveal about the brain. He credits philosophical underpinnings to his views in the contributions of Immanuel Kant, whose “manner of thinking about knowledge and its acquisition . . . is fundamental to neurobiology.” Kant “supposed that our knowledge of this world depends not only upon the physical reality but also on the contribution that the mind (in our instance, the brain) makes to the acquisition of that knowledge and the limitations that it imposes upon it.” In neurobiological terms, for Zeki, “there is only one reality, brain reality, which is shaped by both external and internal influences.”

Anticipating criticism, Zeki remarks, “A link between simple perceptual ambiguity and the ambiguity inherent in so exalted a sentiment as love may seem absurd.” But, he notes, neurobiology can allow the brain to repeat “a solution that has been found to be expedient over and over again.” I suspect many readers will, like me, find this a less-than-convincing argument. Finding parallels in the ambiguity of Kaniza cubes and Dante’s Paradiso requires a leap of faith that functional imaging does not yet justify. (I am reminded of Roger Penrose’s attempt, in The Emperor’s New Mind, to explain consciousness in terms of quantum mechanics.) However, such skepticism does not make Zeki’s hypothesis “absurd,” and the audacious breadth of his subject is continually provocative. Zeki’s self-confidence does not permit irony, but his writing is clear and consistently entertaining.

References


Dr. Brust is Professor of Clinical Neurology at the Columbia University College of Physicians and Surgeons. He is a member of the editorial board of The Pharos. His address is:  
Harlem Hospital Center  
Department of Neurology  
506 Lenox Avenue  
New York, New York 10037  
E-mail: jcb2@columbia.edu

The Orange Wire Problem and Other Tales from the Doctor’s Office

David Watts  
University of Iowa Press, Iowa City, IA, 2009, 186 pages

Reviewed by Audrey Shafer, MD

Essayist, poet, filmmaker, National Public Radio commentator, gastroenterologist, jazz musician, and writing workshop leader David Watts presents twenty-six delectable stories nestled between prefatory and postlude remarks. Although David Watts is not the protagonist fantasized in the 1978 song of the same name by the Kinks, he is multitalented indeed.

Watts has also written a previous, critically acclaimed book of essays: Bedside Manners: One Doctor's Reflections on the Oddly Intimate Encounters between Patient and Healer (Random House, 2005) as well as several books of poems, including Taking the History (Nightshade Press, 1999). Watts’s experience with the craft of writing, including an attention to breath, space, and clarity in his poems, gives the stories in the current volume a lyricism and pace conducive to enjoyable reading.

Watts declares the stories to be “true,” or “as close to truth as words and memory and protection of identity allow,” in other words, “nonfiction essays.” The stories are thus clinical tales, along the lines of collections by Danielle Ofri and other contemporary practicing physicians who write and publish nonfiction essays with patient de-identifiers. Such
writings are increasingly popular not only in medical journals (longstanding columns in *Annals of Internal Medicine* or *JAMA*, for example) but also in the popular press (Pauline Chen, Abigail Zuger, and Larry Zaroff regularly publish brief clinical tales in *The New York Times*) and Internet blogs (see www.epmonthly.com/whitecoast/blog-links for a list of specialty related blogs, some of which are patient-story centered).

In some of the tales Watts is the patient, in some his friends are, but most of the stories focus on his interactions with patients in his office practice. And since Watts believes doctors should be “on familiar terms with their patients,” the doctor-patient interactions turn out to be that: two-way streets. For instance, in “Brain Damage,” we meet a patient who is a writer and the daughter of a physician, that is, a patient who is culturally and intellectually Watts’s equal. Watts has returned from yet another Tahoe ski injury vacation and examines her despite his crutch and arm sling. She questions him and teases him, particularly when she discovers he is still doing endoscopies thus encumbered and in pain. Furthermore, his healing process is slowed by his stubborn efforts to work. By the end of the office visit, she assesses his health choices and advises him to change his ways. He thanks her for her advice, but continues to work. She recounts a recent banking errand: “I suddenly realized that I . . . did not want to be in the same elevator with my husband.” She asks Watts what that means. And he, in one of the wisest moments of the collection says, “I don’t know what it means. I’m not sure. But I do know it’s really important.” After they “sit with this new important thing in the room, both . . . beginning to feel its shape and texture,” he suggests she leave, think about it, then return to see him. Her realization, the implications and resultant life changes fill the silences with a profundity that reaffirms how privileged the doctor is to be invited to the intimate recesses of another’s being.

The volume deals mostly with relation issues, but one instance of a story with socioeconomic implications is “Mother Teresa and the Problem of Care.” One of Watts’ patients pleads with him to see his adult son: “You don’t accept MediCal, but you will see him for me. See him for me. Please, Doctor. You are the best. My son. My son. He needs you.” The broken MediCal system in California is a clarion call for health care reform: a great multitude of doctors can and do refuse to see MediCal patients because the abysmal reimbursement makes the work “basically a pro bono deal.” Watts also states: “I knew that beyond considerations of finance, MediCal patients are the ones most likely to cancel appointments, not follow directions, and generally not take care of themselves.” The patient does indeed precipitously cancel his colonoscopy appointment, causing Watts to consider whether to summon the grace, patience, and sense of duty to humanity to allow the patient to reschedule. Of course, we know Watts will, otherwise the story would not have been written.

Watts infuses his stories with personal details—his thoughts on writing and its intersections with doctoring, his interactions with friends and their medical issues, his own neuroses and foibles and prior heartbreaks, and most of all, his love for his young sons. He ends the book as a proud father, comfortable in companionship with his three-year-old son, “standing together on this lip of sidewalk overlooking the world below.” And, just as his son releases a burst of soap bubbles, filling the air with love and good will for his mother to walk through on her way to a weekend of work, so too does the author release his words to the public, secure in that the reader can return, whenever she chooses, to examine twenty-six microcosms and the stories therein.

Dr. Shafer is professor in the Department of Anesthesia at Stanford University School of Medicine and staff anesthesiologist at the Veterans Affairs Palo Alto Health Care System. She is a member of the editorial board of *The Pharos*. Her address is:

VAPAHCS
Anesthesia Service 112A
3801 Miranda Avenue
Palo Alto, California 94304
E-mail: ashafer@stanford.edu
Emerging from an alleyway, the man who smells like rotting meat holds out his hand, then, growling, grabs my shoulder. His rough hand digs in my flesh. With eyes hard like a man who hasn’t looked for years at anyone, and knows hate well, and now has found the means to terrify, he glares a glare that means I want your bag. I shake. He has a gun.

Later on my shift, I thought I saw him limping to the ER. Without a word, he scowled and took a bed. I would have loved to scare him back, if it was really him. There wasn’t time, no room for one more word—beds full of those beloved and unloved.

Joanna Pearson

Ms. Pearson is a member of the Class of 2010 at Johns Hopkins University School of Medicine. This poem won third prize in the 2009 Pharos Poetry Competition. The author’s e-mail address is: pearson.joanna@gmail.com.
Letters to the editor

Academic uses for The Pharos

Last fall I offered some copies of an issue of The Pharos to a faculty member in our Medical Humanities and Bioethics office and asked her to distribute them as well as to encourage Humanities students to submit entries to the AΩA poetry competition. Subsequently, I learned that selected articles from The Pharos were being used to support other Humanities teaching activities.

Marjorie Sirridge, MD, founder of the Sirridge Office of the Medical Humanities and Bioethics in 1992, Lynda Payne, PhD, Sirridge Endowed Professor of Medical Humanities and Bioethics, and Marilyn Pesto, JD, RN, Humanities Office Director, are using the journal in new courses such as:

- Medicine, Literature and Law
- Healing and the Arts
- Medicine and Body Image
- Medicine and Music
- Medicine, War and the Arts
- The Physician and Patient in Film
- Humanities and Palliative Care

They have found that some of the Pharos articles exquisitely support these courses.

When I learned of this approach, I felt that it should be supported, and I have subsequently supplied a large portion of the University of Missouri—Kansas City (UMKC) School of Medicine Pharos allotment for this purpose.

Some of the Humanities faculty use specific articles as required reading for their courses and include the content in the final exam. Of course, the students are free to keep the issue and read it in its entirety.

Upon recently discussing this with Ms. Pesto, who pioneered some of these recent applications of The Pharos, she articulated that the articles are well written, and relevant to the students. For example, Ms. Pesto and Dr. Sirridge are using the "Drinking in Earnest: Alcohol paradigms in Hemingway's For Whom the Bell Tolls" (Spring 2009, pp. 4–11), as a platform for discussion of the impaired physician in Medicine, Literature and Law.

Dr. Sirridge related that since the specific objective of the Office was to design and create a group of selective offerings that brought medical practice closer to the humanities, she has also used the articles for Elective Reading Courses, specifically, "Medical science as magic and metaphor: Thomas Mann's The Magic Mountain" (King CR: Spring 1992, pp. 24–27); Frida Kahlo: Her Art and Orthopedics. Gamble JR: Summer 2002, pp. 4–12), "The physician at the movies: Awakenings" (Dans PE: Summer 1991, pp. 48–50), and The physician in contemporary opera: Three divergent approaches to the doctor-patient relationship" (St. Louis EK: Spring 1992, pp. 15–20).

We hope to continue to find new applications for The Pharos at our institution.

John Foxworth, PharmD
(AΩA, University of Missouri—Kansas City, 2005)
Councilor, Delta Missouri
Professor of Medicine, University of Missouri—Kansas City
School of Medicine
Kansas City, Missouri

For Whom the Bell Tolls and “New Medical Terms”

I read the article by Dr. Gregory Miday in the Spring issue of The Pharos (pp. 4–11) and found it interesting but containing an error of significance. Ingrid Bergman did not play Pilar in the movie For Whom the Bell Tolls. Instead, she played the much younger character, Maria, the character for whom the earth moved in the novel. Pilar was Pablo’s wife in both the novel and the movie, and it was she who became the guerrillas’ chief when her husband had, in her words, “no cojones.” Pilar was played by Katina Paxinou. I remember the character of Pilar well because, reading the novel in the early 1950s and knowing no Spanish, I had to look up the word in a Spanish-English dictionary. Having done so, I have never forgotten it and have quoted Pilar about several administrators I have met in my lengthy career.

Finally, I read with some amusement the list of new medical terms on page 26 of the same issue. It reminded me of the time I dictated a letter to a referring physician about a patient and mentioned that the dorsalis pedis pulses were both palpable. Our new clerk/typist handed me the rough draft in which she had typed that the “dorsalis penis” pulses were palpable. I had never palpated such a vessel, nor attempted such a procedure.

Murray L. Levin, MD
(AΩA, Tufts University School of Medicine, 1961)
Chicago, Illinois
2009 Alpha Omega Alpha Professionalism Fellowship

The Board of Directors of Alpha Omega Alpha is pleased to announce the winners of the Professionalism Fellowship, offered for the first time in 2009. The purpose, design, and implementation of this program is to emphasize the crucial role of professionalism in being a physician. It is our belief that the components of professionalism can be both taught and learned. Applications were open to medical schools with active AΩA chapters. Faculty who have demonstrated personal dedication to teaching and research in specific aspects of professionalism that could be transferred directly to medical students or resident physicians were encouraged to apply for these funds.

More than thirty applications for the fellowship were received. Three were chosen as winners by a panel of educators with research interests and teaching experience in professionalism and its applications.

The common theme of the successful proposals is focused study of specific components of professionalism that can be exported to other faculties of medicine and taught to residents and medical students.

David Grande, MD, MPA
Assistant Professor of Medicine at the University of Pennsylvania

Dr. Grande was awarded $25,000 to develop a training program for residents in health policy and civic engagement. As he has stated in his proposal, civic professionalism represents the responsibility of the profession to look outward from the health care system to influence the underlying social, economic, and political factors determining health policy and health care in our communities. His goal is to develop a civic professionalism and health policy curriculum within the Internal Medicine Residency program at the University of Pennsylvania that subsequently could be successful in residency programs in all specialties across the country. Dr. Grande’s academic preparation for this project includes an MPA from Princeton, participation in a Robert Wood Johnson Clinical Scholars program at Penn, and, at a practical level, his close collaboration with the Department of Public Health in the City of Philadelphia in launching the Healthy Philadelphia program for a broad group of its citizens.

Laura Ellen Hill-Sakurai, MD
Assistant Professor of Family and Community Medicine at the University of California, San Francisco

Dr. Hill-Sakurai was awarded $12,500 to examine whether continuity of the clinical clerkship sites for medical students plays a significant role in developing a more professional climate. The outcomes will be particularly important to assess because many medical schools across the country are transitioning to programs that plant clerks in one hospital for multiple clerkship experiences. Dr. Hill-Sakurai’s broad training in statistical and qualitative methods and participation in UCSF’s Teaching Scholars Program gives her strong credentials for this work. Of note is that her proposed research stems directly from reports submitted by students that helped focus discussions on both their faculty’s professionalism and their own.

Brendan P. Kelly, MD
Assistant Professor of Medicine and Pediatrics at Tufts University School of Medicine and Associate Director of the Med-Peds residency programs at Baystate Medical Center in Springfield, Massachusetts

Dr. Kelly was awarded $12,500 to develop new combinations of programs for teaching professionalism to residents in all specialties. Semi-structured interviews around “critical incidents” regarding professionalism will be followed by analysis of transcripts and identification of the most important and common themes of professionalism. This “bottom up” approach should generate valid directions for thematic learning and teaching in professionalism that will be made available for residency programs across the country.

Alpha Omega Alpha Administrative Recognition Awards, 2008/2009

This award recognizes the AΩA chapter administrators who are so important to the functioning of the chapter. The nomination is made by the councilor or other officer of the chapter. A gift certificate is awarded to the individual, as well as a framed Certificate of Appreciation.

The following awards were made in 2009:

CALIFORNIA
Keck School of Medicine of the University of Southern California
Mandy Garcia

DISTRICT OF COLUMBIA
The George Washington University School of Medicine and Health Sciences
Elizabeth Mondo

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine and Science
Susan Gilbert

NEW JERSEY
UMDNJ—New Jersey Medical School
Linda Hesselberg

NEW YORK
University at Buffalo, School of Medicine and Biomedical Sciences, State University of New York
Patricia Simons

PENNSYLVANIA
Pennsylvania State University College of Medicine
Roberta Wege

TEXAS
University of Texas Southwestern Medical Center at Dallas, Southwestern Medical School
Ann Wentz

VIRGINIA
University of Virginia School of Medicine
Heather McCoy
Beginning in 2002, Alpha Omega Alpha's board of directors offered every chapter the opportunity to host a visiting professor. Fifty-one chapters took advantage of the opportunity during the 2007/2008 academic year to invite eminent persons in American medicine to share their varied perspectives on medicine and its practice.

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

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<th>Councilor</th>
<th>Visitor</th>
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<tr>
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<td>University of Alabama School of Medicine, University of Alabama at Birmingham</td>
<td>C. Bruce Alexander, MD, councilor</td>
<td>Max Michael, MD</td>
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<td>University of South Alabama College of Medicine</td>
<td>John B. Bass, Jr., MD, councilor</td>
<td>Faith Fitzgerald, MD, University of California, Davis</td>
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<td>ARKANSAS</td>
<td>University of Arkansas for Medical Sciences College of Medicine</td>
<td>Anne T. Mancino, M.D., councilor</td>
<td>Deiter R. Enzmann, MD, UCLA</td>
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<td>CALIFORNIA</td>
<td>University of California, Davis, School of Medicine</td>
<td>Faith T. Fitzgerald, M.D., councilor</td>
<td>Howard I. Maibach, M.D., University of California, San Francisco</td>
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<td>University of California, San Francisco, School of Medicine</td>
<td>Steven Z. Pantilat, M.D., councilor</td>
<td>Ethan Canin, M.D., University of Iowa Writers’ Workshop</td>
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<td>DISTRICT OF COLUMBIA</td>
<td>Howard University College of Medicine</td>
<td>Edward E. Cornwell III, M.D., FACS, FCCM, councilor</td>
<td>L.D. Britt, M.D., Eastern Virginia Medical School</td>
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<td>FLORIDA</td>
<td>University of Florida College of Medicine</td>
<td>Heather Harrell, M.D., councilor</td>
<td>Jeffrey G. Wong, M.D., Medical University of South Carolina</td>
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<td></td>
<td>University of Miami Miller School of Medicine</td>
<td>Alex J. Mechaber, M.D., FACP, councilor</td>
<td>Daniel M. Becker, M.D. MPH, University of Virginia School of Medicine</td>
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<td></td>
<td>University of South Florida College of Medicine</td>
<td>Patricia J. Emmanuel, M.D., councilor</td>
<td>Pamela W. Smith, M.D. MPH, Center for Healthy Living and Longevity</td>
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<tr>
<td>GEORGIA</td>
<td>Morehouse School of Medicine</td>
<td>Frances J. Dunston, M.D., MPH, councilor</td>
<td>Steven D. Freedman, M.D., PhD</td>
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<tr>
<td>ILLINOIS</td>
<td>Chicago Medical School at Rosalind Franklin University of Medicine and Science</td>
<td>Eric P. Gall, M.D., MACP, MACR, councilor</td>
<td>Leah J. Dickstein, M.D., MA</td>
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<td></td>
<td>Southern Illinois University School of Medicine</td>
<td>Andrew Varney, M.D., councilor</td>
<td>Kevin T. Hinchey, M.D., Baystate Medical Center</td>
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<td>University of Chicago Division of the Biological Sciences Pritzker School of Medicine</td>
<td>Holly J. Humphrey, M.D., councilor</td>
<td>Patrick O. Brown, M.D., PhD, Stanford University</td>
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<tr>
<td>INDIANA</td>
<td>Indiana University School of Medicine</td>
<td>Richard B. Gunderman, M.D., PhD, councilor</td>
<td>Edward Langston, MD</td>
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<tr>
<td>IOWA</td>
<td>University of Iowa Roy J. and Lucille A. Carver College of Medicine</td>
<td>Christopher Cooper, M.D., councilor</td>
<td>John W. Edwards, MBA, Move Networks, Inc.</td>
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<tr>
<td>KANSAS</td>
<td>University of Kansas School of Medicine</td>
<td>Jeffrey M. Holzbauer, M.D., councilor</td>
<td>Faith T. Fitzgerald, M.D., University of California, Davis, School of Medicine</td>
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<tr>
<td>LOUISIANA</td>
<td>Louisiana State University School of Medicine at Shreveport</td>
<td>Jeffrey German, M.D., councilor</td>
<td>Edwin A. Deitch, M.D., UMDNJ-New Jersey Medical School</td>
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<td></td>
<td>Tulane University School of Medicine</td>
<td>N. Kevin Krane, M.D., councilor</td>
<td>Stephen R. Mitchell, M.D., MACP, FAAP, Georgetown University School of Medicine</td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Tufts University School of Medicine</td>
<td>Amy Lee, M.D., councilor</td>
<td>Bohdan Pomahac, M.D., Brigham and Women’s Hospital</td>
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<tr>
<td>MICHIGAN</td>
<td>Wayne State University School of Medicine</td>
<td>Mark B. Edelstein, M.D., PhD, councilor</td>
<td>Scott Litin, M.D.</td>
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<td></td>
<td>University of Michigan Medical School</td>
<td>Cyril M. Grum, M.D., councilor</td>
<td>David T. Stern, M.D., Mount Sinai School of Medicine of New York University</td>
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<tr>
<td>MINNESOTA</td>
<td>University of Minnesota Medical School—Twin Cities</td>
<td>Charles Billington, M.D., councilor</td>
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<tr>
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<td>University of Missouri—Columbia School of Medicine</td>
<td>Thomas Selva, M.D., councilor</td>
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</tr>
<tr>
<td>NEBRASKA</td>
<td>Creighton University School of Medicine</td>
<td>William J. Hunter, M.D., councilor</td>
<td>Gary L. Dunnington, M.D., Southern Illinois University School of Medicine</td>
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<td></td>
<td>University of Nebraska College of Medicine</td>
<td>Robert Wigton, M.D., councilor</td>
<td>Ponjola Coney, M.D., Virginia Commonwealth University School of Medicine</td>
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<tr>
<td>NEVADA</td>
<td>University of Nevada School of Medicine</td>
<td>William A. Zamboni, M.D., councilor</td>
<td>John W. Pelley, PhD, Texas Tech University Health Science Center</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>UMDNJ—New Jersey Medical School</td>
<td>Robert A. Schwartz, M.D., MPH, councilor</td>
<td>Ralph A. O’Connell, MD, New York Medical College</td>
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</tbody>
</table>
NEW YORK
Albany Medical College
Neil Lempert, MD, councilor
Philip Greenland, MD, Director, Northwestern University Clinical and Translational Sciences (NUCATS) Institute
Columbia University College of Physicians and Surgeons
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L.D. Britt, MD, Eastern Virginia Medical School
New York Medical College
William H. Frishman, MD, councilor
Joseph Califano, Jr., the National Center on Addiction and Substance Abuse at Columbia University
State University of New York, Downstate Medical Center College of Medicine
Arthur H. Wolintz, MD, councilor
Marc Goldstein, MD, FACS, Weill Cornell Medical College
Stony Brook University Medical Center School of Medicine
Jack Fuhrer, MD, councilor
John Robbins, MD, the Eunice Kennedy Shriver National Institute of Child Health and Human Development
University at Buffalo, School of Medicine and Biomedical Sciences,
State University of New York
Frank Schimpfhauser, PhD, councilor
William F. Balisteri, MD, Children's Hospital Medical Center
Weill Cornell Medical College
O. Wayne Isom, MD, councilor
Allan H. Groll, MD, FACP, Massachusetts General Hospital

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K. Patrick Ober, MD, councilor
Henry Epino, MD, Partners in Health, Rwanda

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John W. Pelley, PhD, Texas Tech University Health Science Center
Ohio State University College of Medicine
Sheryl Pfeil, MD, councilor
N. Joseph Espat, MD, Roger Williams Cancer Center, member of the AΩA board of directors
Wright State University Boonschoft School of Medicine
Linda Barney, MD, councilor
Howard Brody, MD, PhD, University of Texas Medical Branch Institute for the Medical Humanities

PENNSYLVANIA
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Clara A. Callahan, MD, councilor
Mark L. Tykocinski, MD, Jefferson Medical College
Pennsylvania State University College of Medicine
Robert G. Atnip, MD, councilor
Daniel Shapiro, PhD, Pennsylvania State College of Medicine
Temple University School of Medicine
Amy Goldberg, MD, councilor
Blase A. Carabello, MD, Baylor College of Medicine

PUERTO RICO
Ponce School of Medicine
Iván Iriarte, MD, councilor
Patricia W. Finn, MD, University of California, San Diego

RHODE ISLAND
The Warren Alpert Medical School of Brown University
Charlotte M. Boney, MD, councilor
Patricia K. Donahoe, MD, Harvard Medical School

SOUTH CAROLINA
University of South Carolina School of Medicine
Joshua T. Thornhill IV, MD, councilor
L.D. Britt, MD, Eastern Virginia Medical School

TENNESSEE
East Tennessee State University James H. Quillen College of Medicine
Martin Eason, JD, councilor
Bruce E. Woodworth, MD, University of Tennessee Medical Center
University of Tennessee Health Science Center, College of Medicine
Owen Phillips, MD, councilor
Mark Hughes, MD, Genesis Genetics Institute, LLC

TEXAS
The Texas A&M Health Science Center College of Medicine
Mark L. Montgomery, MD, councilor
Howard Brody, MD, PhD, University of Texas Medical Branch Institute for the Medical Humanities
University of Texas Southwestern Medical Center at Dallas,
Southwestern Medical School
Kevin Klein, MD, councilor
Philip A. Mackowiak, MD, VA Maryland Health Care System

VIRGINIA
Virginia Commonwealth University School of Medicine
Gordon L. Archer, MD, councilor
Mark Okusa, MD, FSN, University of Virginia Health Systems Department of Medicine

WEST VIRGINIA
Joan C. Edwards School of Medicine at Marshall University
Bob L. Miller, MD, councilor
John Glick, MD, The Joy Agency Escrow
West Virginia University School of Medicine
Melanie Fisher, MD, MSc, councilor
Larry K. Pickering, MD, FAAP
Begun in 1993 as the Chapter of the Year award, this program was intended to recognize outstanding contributions made by an AΩΑ chapter. In 1997, the program became the AΩΑ Chapter Development Awards, aimed at encouraging ongoing original and creative programs being carried out by AΩΑ chapters. In 2003, the program again changed to the AΩΑ Medical Student Service Project awards, which became an award available to any student or group of students at a school with an active AΩΑ chapter. Funds of up to $2000 per year, renewable for a second year at $1000 and a third year at $500, are available to students to aid in the establishment or expansion of a medical student service project benefiting a school or its local community. One application per year per school is allowed, selected by the school's AΩΑ councilor and dean from the proposals submitted.

Medical Student Service Projects funded by AΩΑ during the 2008/2009 school year were:

- CALIFORNIA
  - Loma Linda University School of Medicine
    - Books for San Bernardino Health Fair
  - University of California, Davis, School of Medicine
    - In the Grow
  - University of California, Irvine, School of Medicine
    - UC Irvine Lions’ Club Sight & Hearing Van Renovation
- FLORIDA
  - University of Florida College of Medicine
    - Annual Trot for Tots 5K Road Race
  - University of Miami Miller School of Medicine
    - Caring HeARTs; Sun Protection Fun (SPF)
- HAWAII
  - University of Hawaii at Manoa John A. Burns School of Medicine
    - JABSOM Health Fair
- ILLINOIS
  - University of Chicago Division of the Biological Sciences Pritzker School of Medicine
    - Asian-Pacific American Medical Student Association—Hepatitis B Awareness
    - Pritzker Community Service Fellowship (second year)
- MASSACHUSETTS
  - Boston University School of Medicine
    - Haitian Youth Education Program
- MINNESOTA
  - Mayo Medical School
    - Winter Warmth Festival
- NEW YORK
  - Mount Sinai School of Medicine of New York University
    - 6th Annual Mount Sinai Community Health Fair
  - The Sophie Davis School of Biomedical Education of the City College of New York
    - Health Fair in Harlem
  - State University of New York, Downstate Medical Center College of Medicine
    - Brooklyn Free Clinic

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2009 Alpha Omega Alpha Helen H. Glaser Student Essay Awards

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

- **First prize, $2000**: Anna Raphael, MD, of the Class of 2009 at the University of Pittsburgh School of Medicine for her essay, “The Ethics of Cosmetic Enhancement.”
- **Second prize, $750**: Andrew Radu, MD, of the Class of 2009 at Jefferson Medical College for his essay, “Eudaimonia, Existentialism, and the Practice of Medicine.”
- **Third prize, $500**: Purushottam Achyut Nagarkar of the Class of 2010 at the University of Texas Southwestern Medical Center at Dallas Southwestern Medical School for his essay, “Getting Drug Money Out of Doctors’ Offices.”

Honorable mentions, $250 each: Crystal Bowe of the Class of 2010 at the Brody School of Medicine at the University of North Carolina for her essay, “Josiah”; Ryan Darby of the Class of 2011 at Vanderbilt University School of Medicine for his essay, “Ethical Issues in Cognitive Enhancement”; and Steven Quinn of the Class of 2012 at Northwestern University’s Feinberg School of Medicine for his essay, “The Effect of Gchat Deprivation on Medical Student Productivity: A Case Study.”
The Alpha Omega Alpha Volunteer Clinical Faculty Award is presented annually by local chapters to recognize community physicians who have contributed with distinction to the education and training of medical students. AΩA provide a permanent plaque for each chapter's dean's office; a plate with the name of each year's honoree may be added each year that the award is given. Honorees receive framed certificates. The recipients of this award in the 2008/2009 academic year are listed below.

ALABAMA
University of South Alabama College of Medicine
   Terry A. Kurtt, MD

ILLINOIS
Chicago Medical School at Rosalind Franklin University of Medicine and Science
   Richard M. Ahuja, MD

INDIANA
Indiana University School of Medicine
   R.T. Buck Beeler, MD

MASSACHUSETTS
University of Massachusetts Medical School
   William Shine, MD

MICHIGAN
University of Michigan Medical School
   Anne Frantz, MD

NEW YORK
New York Medical College
   Ronald Weissman, MD
New York University School of Medicine
   Charles G. Hazzi, MD
State University of New York, Downstate Medical Center College of Medicine
   Mark H. Jackson, MD
University of Rochester School of Medicine and Dentistry
   Teresa J. Chang, MD
Weill Cornell Medical College
   Morton D. Bogdonoff, MD

OHIO
Ohio State University College of Medicine
   Dana Vallangeon, MD
University of Cincinnati College of Medicine
   Kurt Froehlich, MD

 PENNSYLVANIA
Jefferson Medical College of Thomas Jefferson University
   Melvin L. Moses, MD

SOUTH CAROLINA
University of South Carolina School of Medicine
   Jimmy Pucheco-Perez, MD

TEXAS
University of Texas Southwestern Medical Center at Dallas,
   Southwestern Medical School
   Sharon Lee Wiener, MD

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Pediatric Traumatic Injury at City Park, July 2008

A boy slips from his swing, a fall, a FOOSH, a Colles' fracture, angulated and ugly, excruciating, so very fixable. He holds it up and away: the unnatural S of his wrist curls in question.

A crowd gathers, staring, sighing, sucking in lips over bottom teeth. You smile at the boy, drape a towel over his odd arm. A distraction, really, but it’s enough. The crowd wanders back to their Frisbees and ice cream.

The boy cradles his wrist, watches hard your every move. He studies the towel’s rough weave, picks at the loops of thread, asks: Are you going to do the magic trick now?

You stop cold.

You think of what comes next: emergency room, x-rays, reduction, cast instructions. A simple fix, really. But he believes in you, that you will whisk the towel away and he will wave his arm, whole and straight in goodbye.

For a minute, maybe you believe it, too.

You leave the towel draped. You lift the boy into the ambulance. You ease slowly towards the hospital. You and the boy rest nestled while there is still time to believe.

Christina Crumpecker

Ms. Crumpecker is a member of the Class of 2011 at the University of Colorado School of Medicine. This poem won honorable mention in the 2009 Pharos Poetry Competition. Her address is: 6105 S. Parker Road #2303, Centennial, Colorado 80016. E-mail: christina.crumpecker@ucdenver.edu.
We call him “John”—
at first by accident
but then by birthright.

We tear skin from fat to the shining muscle
and run our scalpels beneath sheaths of tissue.
Rougher at times, we break ligaments
and crack through bone.

We are the most thorough of vultures,
prying him open with steel talons,
pressing our gloved fingertips,
and leaving our brutal mark.

John, we forget
you were like us—
when we resurface to our lives
and breathe in the laughter of our days,
it is so much easier that way.
We are learning and sometimes
the parts outnumber the whole.

Call us merciless scholars—
that is how each of us starts,
inspecting bodies like lines
of verse upon a metal tablet.

But in our recklessness we will remember,
now and then, what was once common to us,
and before we finish our day’s work,
we will gently settle your bones back into place,
resting femur to tibia, letting condyles meet.

Cheng Tou

Ms. Tou is a member of the Class of 2011 at the Sophie Davis School of Biomedical Education/SUNY Stony Brook School of Medicine. This poem won honorable mention in the 2009 Pharos Poetry Competition. The author’s e-mail address is: ctou86@gmail.com.
Alpha Omega Alpha members elected in 2008/2009

Chapters are listed alphabetically by state, province, or country, then in order of charter

ALABAMA

University of Alabama School of Medicine, University of Alabama at Birmingham—Alpha Alabama

Students: Christopher James Compton, Jonathan Allen Dean, Joshua Franklin Dixon, Jennifer Katherine Durst, Caitlin Brianne Halverson, Cynthia Ellis Hill, Mark Logan Hill, David Alexander Jackson, Jonathan Kelsie Jennings, Virginia Louise Jones, Selma Zsuzi Kominek, William Russell May Jr, Ashlee Hope McQueen, Andrew Mitchell Nunn, Jayendrakumar Shantilal Patel, John Keith Roberts, Cheryl H Robertson, Scott Andrew Sarrels, Jumin Sunde, Brentley Richard Taylor, Jeffrey C Thompson, Melanie Monroe Venable, Joshua Crocker Waits, Kathryn Nicole Weaver, Alexander C Whitley, Timothy Alphonzo Williams, Rebecca C Wylie

Alumni: William Michael Hall, George Martin Solomon

Faculty: James H Willig, Parekha Yedia

House staff: Kerri Sparks Bevis, Shannon A Bryant, Alicia C Vogt

University of South Alabama College of Medicine—Beta Alabama


Alumni: Robert Aland Levin

Faculty: R Michael Culpepper

House staff: Stephen Wayne Landreneau

ARIZONA

University of Arizona College of Medicine—Alpha Arizona

Students: Nataliya Biskup, Joy Elizabeth Bulger, Michelle Catherine Burke, Courtney Castoro, Scott Morris Cheney, Andrew C Duarte, Jacob Stephen Feldman, Lida Pamela Hariri, Christina Hayhurst, Zachary Piazza Kahler, Amber Clare May, Payam Vai Morgan, Thomas Jonathan Jackson Oberg, Jessica Casas Reedy, Robert Wayne Ricciotti, Ali M Rkein, Tara A Saunders, Emily Marie Schaf, Sierra Christine Wolter

Alumni: Vincent Mark Kresha, Tracey Lynn Kurtzman, David Andrew Pedersen

Faculty: Sean P Elliott, Glen Yo Kishi

House staff: Mark Andrew Brown, Derek A Merrill

ARKANSAS

University of Arkansas for Medical Sciences College of Medicine—Alpha Arkansas

Students: Rami O Almefty, Ross Michael Blagg, John White Bracey, Allison Jane Burbank, Megan Marie Chang, Jonathan Teller Clark, Dana Jo Coker, Lynn Marie Davis, Brita Sward Deacon, George William Deimel IV, Kristen Mitchell Dishongh, Amy Melissa Dossey, Nicole Elizabeth Frederick, David Powell Hayes, James Luther Head, Scott Kerwin Hudson, Thomas Alan Jennings, Lauren Nicole Leach, Nathanael David McLeod, Kurt James Messer, Evan Neil Newbolt, Jonathan Andrew Reding, Danielle Renee Sterrenberg, Cathryn Joyce Vaiada, Andrew Gordon West, Deidre Lynn Wyrick

Alumni: Chadwick Taylor Rodgers

Faculty: James Neville Pasley, Gerald Bradley Scharfer

House staff: Jamie Ladd Burton, Lakisha Lynn Lee, Daniel Ray Young

CALIFORNIA

University of California, San Francisco, School of Medicine—Alpha California

Students: Ramon Francisco Barajas, Christine Lea Bottrell, Molly Martin Burnett, Brook Anne Calton, Sarah Elizabeth Cipriano, Sanket Shishir Dhruva, Laura Beth Epstein, Angela Marie Feraco, Melissa Madeleine Fitch, Katherine Kinder Gregg, Christopher Roberts John, Daniel Hyun Kim, Megan Irene Loring, Rebecca Gwynne Maine, Kevin E Mazee, Jessica Christine Myers, Ryan George O’Malley, Maya Liv Petersen, Matthew James Roosvelev, David Lawrence Stahl, Sam Van Truong, Brynn Jessica Utley, Aruna Venkatesan, Darcy Alison Wooten

Alumni: Herbert Gene Hern, Susan Runyan

Faculty: Christopher Childers Stewart, Daniel M Wlodarcyzk

House staff: Gabriel Michael Ortiz, Read G Pierce, Sarah B Wilson

Keck School of Medicine of the University of Southern California—Gamma California


Faculty: Eric Hsieh

David Geffen School of Medicine at UCLA—Delta California

Students: Jennifer Abdout, Michelle Yvonne Arnold, Justin Harris Barad, Maria K Berkmann, Meenakshi Bhasin, Cherrie Cerella Cross, Trenton Drew Custis, Valerie Rae Davis, Lulu Cortes Doan, Erune Eromo, Casey Andrew Grover, Mitchell Thor Guumundsson, Nicole Kalani Hettzer, Margaret Hsu, Brittany Joy Kazmierski, Sheila Krishna, Jennifer Ciewann Lau, Elizabeth Nguyen Le, Ana Lopez-O’Sullivan, Mith Mizrahi, Aarti Rani Puri, Jaya Monique Ross, Laura Tochen, Linh Le Tran, Maureen Veronika Villasenate, Uwais Zaid

Loma Linda University School of Medicine—Epsilon California

Students: Shelley A Caltharp, Chansa Cha, Danielle M Chan, Eric Chicheung Chow, Kimberly Elyse Conley, Michael Anthony Davis, Michelle Love Sellona Denton, Lisa Stevens Fosom, Heidi Kristina Forberg, Matthew Aaron Fiersch, Matthew Douglas Higgins, Ryan Hsu, Sarah Marie Korando, LaVonne Marie Meadows, Patrick Seong Moon, Steven Edward Munson, Bjorn Karl Peterson, David Michael Plunkett, Daniel Andrew Poon, Amber Kathleen Sabbatini, Jessica Jennifer Sutton, Daniel Torres, Zachary Peter Vandegriend, Aaron Eugene Wagner, Benjamin Winarko, Olivia Chen Winarko

Faculty: David Kelvin Bland

House staff: Joseph Marshall Bowen, Chad Marc Harbour

University of California, Irvine, School of Medicine—Zeta California

Students: Stephanie Yajai Channual, Lauren Cheng, Cristina Renee Clause, Molly Rebecca Deane, Shilpa Gattu, Jason Hyunsoo Lee, Janet M Lim, Jamie Maria McGuire, Miriam Naqvi, Joseph Michael Pirolo, Neera Sodhi, Kimberly Sue Stone, Emily Liu Wang

University of California, Davis, School of Medicine—Eta California

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University of Missouri—Kansas City School of Medicine—Delta Missouri
Students: Stephen Lee Edward Bresson, Jennifer Lynn Distasio, Christopher R Fitzgerald, Iljana Gaffar, Brandon Gerard Gaynor, Hayley S Graue Hancock, Brian Thomas Kelly, Aarika Leslie Menees, Kate Louise Moreng, Melissa Marie Neuwirth, Amy Mai Nguyen, Shahab Shaffiey, Lindsey Rapp Smith, Melissa Alexis Thomas, Jill Widby, Mark James Winston
Alumni: Jonathan M Metzl, Dana Mara Thompson
Faculty: John Stuart Munro

House staff: Corey James Aush, Shuch Chepur Rao, Vinay Ashok Shah

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University of New Mexico School of Medicine—Alpha New Mexico
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Faculty: Teresa G Berg, Donald A Leopold

House staff: Matias Brunzoni, Ryan Sewell

Creighton University School of Medicine—Beta Nebraska
Alumni: Elizabeth A Blair
Faculty: Aginanda Kumar Bewtra, Lee E Morrow

House staff: Chia-Li Lai, Eric Drue Peters, Ruby Sajati

NEVADA

University of Nevada School of Medicine—Alpha Nevada
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Faculty: Ole J Tienhaus

NEW HAMPSHIRE

Dartmouth Medical School—Alpha New Hampshire
Students: Mark H Baskin, Peter Burrage, Kara Yi-hun Detwiler, Daniel Kaser, Benjamin Northrup, Andrea Russo, Jennifer Carr Talmadge

NEW JERSEY

University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School—Alpha New Jersey
Faculty: David Allen August, John D Baxter
House staff: Snehal Rudresh Bhatt, Hady Antoine Ghanem, John C Peng

UMDNJ—New Jersey Medical School—Beta New Jersey
Alumni: Phillip J Cohen
Faculty: Brajesh K Lal
House staff: Francis John Caputo

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University of New Mexico School of Medicine—Alpha New Mexico
Students: Amy Marie Rabb, Joe Blunt Baker, Kathryn Elise Coan, Katie Nicole Finnerty, Kara Gwin, Lauren Anne Heise, Brittany Howard, Craig R Lehrman, Marc Mabray, Alma M Manatock, David Meredith, Amy Rebecca Nixon, Sarah Oman, Lauren Kathryn Rasmussen, Michael Roehlk, Justin Taylor, Dylan J Watson
Faculty: Sanjeev Arora, David Paul Sklar

House staff: Houman M Fekrazad, Thomas Bennett Russell, Naveed Usman Saqib

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Columbia University College of Physicians and Surgeons—Alpha New York

Weill Cornell Medical College—Beta New York
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State University of New York, Upstate Medical University, College of Medicine—Gamma New York
Students: Daniel Michael Arsenault, Kathleen Anne Carroll, Chad Cornish, Michael Edward Coyle, Matthew J Daly, Ryan Matthew Dunst, John Patrick Fischer, George Ghobrial, Robert T Van Gorder, Christine Marie Granato, Sarah Louise Mathier Greenberg, Valerie Christine Greene, Robert Kallinicos, Rebecca Sue Lawrence, Melinda McCann, Robin Marie Maglori, Eryn M Martin, Jack P Palmer III, Andrew Marcus Quinn, Patrick Michael Reagan, Kimberly Robeson, Joseph Anthony Sciarino, Laura Elizabeth Scordino, Amanda Beth Sosulski, Leo Joseph Urbinelli, Mark B Van Deussen, Jessica R Weiss
Alumni: Thomas Amedeo Bersani, Craig J Byrum
Faculty: John Wilson Epling, Jack Ming Hsu

House staff: Joel Evan Portnoy

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Faculty: Lewis Robert Goldsweig

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University of Rochester School of Medicine and Dentistry—Zeta New York
Faculty: Jonathan W Mink

House staff: Jonathan Andrew Marcus, Melissa Kay Samuelsson

State University of New York, Downstate Medical Center College of Medicine—Eta New York
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Alumni: Steven W Pipecz, Richard Sadovsky
Faculty: Michael Howard Augenbraun, Judith H LaRosa
House staff: Heka Abdulla, Koray Erol Arica, Tajinderpal Saron

Albany Medical College—Theta New York
Students: Christopher David Brook, Jamie Lauren Busch, Timothy James Caramore, Nicole Michele Cerandini, Lori Ann DeFrest, Michael Anthony DiMaio, Pouyan Famini, Rachna M Goel, Lauren Elizabeth Hansen, Nadia Haqie, Elizabeth Walker Hubbard, Peter Alexander Leabey, Mary BreAnn Mackenzie, Cherie Paquette, The Pharos/Autumn 2009
The Brody School of Medicine at East Carolina University—Delta North Carolina

Students: Mary Jane Barchman, Megan Rebecca Barrett, Crysten Marie Brinkley, Christopher Todd Bullers, Kristen Brooke Merritt Chalk, Bryan Keith Dunn, Bari Marissa Eberhardt, Andrea Renee Gregory, Ryan Thomas Holland, Sued Adnan Mustafa, Alicia Marie Myers, Joshua Graham Porter, Lindsay Rebekah Roole

NORTH DAKOTA

University of North Dakota School of Medicine and Health Sciences—Alma North Dakota

Students: Miran J Blanchard, Dane Breker, Janalee Ka Holmes, Ian Joseph Lalich, Ashley Pauline Marek, Sara Lynn Mees, Benjamin H Sickle, Matthew Richard Soule, Brandon Curtis Speidel, Shannon Cleta Steppler

Alumni: Jeremy Michael O'Brien

Faculty: Robert Gregory Oatfield

House staff: Suima Aryal, Sri Vardhan Reddy Kooturu

OHIO

Case Western Reserve University School of Medicine—Alma Ohio


Faculty: David Kent Smith

University of Cincinnati College of Medicine—Beta Ohio

Students: Leah Bauer, Kara M Brinker, Hillary Ann Dunley, Matthew Robert Fulton, Patrick Elliott Harvey, Patrick Jones, Jennifer Caitlin Kelley, Jordan Raed Kharaoha, Justin Lee Klank, Megan Elizabeth Lea, Ryan B Maher, Erin Elizabeth Medlin, Katie Meier, Hillary Mount, Mark Robert Onady II, Amy Jo Pettit, Sarah Rachelle Pickle, Natalie Jane Pilgrim, Ralph Cutler Quillin III, Christopher Matthew Runyan, Haiyang Tao, Adam Alexander Vukovic, Jennifer Mary Walker, Denise Michelle White, Jessica Lee Yarber

Alumni: William Barrett

Faculty: Michael Floren Reed, Michael Floren Reed, Kenneth Sherman

House staff: Mubeen Akhtarr Jafa, Emily Louise Leasure, Rita Schmid

Ohio State University College of Medicine—Gamma Ohio

Students: Matthew Thomas Allemand, Kiran T Bidaki, Zachary Bryan, Kristen Arling Burwick, Jaqulyn Coloe, Robert Michael Cronin, Scott Cronis, Casey D Curtis, Katherine Fening, Mary Helen Fleming, Alissa Michelle Gilbert, Kristen Ashley Grubb, Daniel Hammer, Katyia Lea Harffman, Lauren Beth Haveman, Jessica Holder, Phillip Horne, Benjamin Harris Kaffenberger, Michael Joseph Lang, Jonathan A Lips, Erin Elizabeth Longbrake, Scott Michael McClintic, Peter Michael Meiss, Christopher Philip Ouellette, Anay Rajendra Patel, Jared David Peterson, Anthony Petruso, Trenton D Rink, Daniel Michael Rowley, Rachel Addison Schleichert, David A Shippe, Catherine Coates Sinclair, Shawn Michael Stevens, James Wider, Anna Elizabeth Ziegler

Alumni: Michael Donald Maves, John Niederhuber

Faculty: Kevin Victor Hackshaw, Rebecca Ruth Hampton

House staff: Andrew Owen Crockett, Georgann Anetakis Poulos

The University of Toledo, College of Medicine—Delta Ohio


Wright State University Boonshoft School of Medicine—Epilson Ohio

Students: Matthew Aaron Armstrong, Nicole Marie Carignan, Elizabeth Jane Davis, Brandon R Hardley, Matthew Scott Hensler, Brian Foley Imbrogno, Benjamin Michael Mack, Justin A Mandell, Brian Michael Pennington, Christopher N Redman, Jeremy Nathan Reese, John L Roebel, Maria Elena Shaker, Courtney Marie Stroble, Gregory Michael Thompson, Michelle Elizabeth Treasure, Kirk E Whetstone

Faculty: Thomas Edward Herchline

House staff: Shabana Jaynul Dewani, David Andrew Hart, Ross A Schumer

Northeastern Ohio Universities College of Medicine—Zeta Ohio

Students: William Brian Beam, Holly R Dyer, Kevin Frey, Mikhaen Marth Horvath, Gene Omar Huang, Marcos Antonio Izuquierdo, Erin Marie Jackson, Andrew Michael King, Jamie Anne Kistler, Colleen Kovach, Neha Kumar, Sarah Metzger, Bradley Allen Moore, Akil P Patel, Ashlee Nicole Russo, Elmin Shih, Amber Margaret Somerville, Matthew Gregory Warndorf, Homer O Wiland

Alumni: Robert Paul Brophy

Faculty: Matthew Lawrence Krausz

House staff: Mark Pouzay, William Schmittler
New members, 2008/2009

OKLAHOMA

University of Oklahoma College of Medicine—Alpha Oklahoma


OREGON

Oregon Health & Science University School of Medicine—Alpha


Faculty: Patricia Denise Hura, John O Ma

House staff: Amy L Marr

PENNSYLVANIA

Jefferson Medical College of Thomas Jefferson University—Alpha Pennsylvania


Faculty: Naisoon Arfa

House staff: Constanza Gasdas Andrejko

University of Pennsylvania School of Medicine—Beta Pennsylvania

Students: Rebecca Sara Adler, Omosunmi Alhama, Lisa Michelle Arkin, Abigail Tripp Berman, Inbal Braunstein, Jaehyun Byun, Dave Ashok Chokshi, Keira Alexis Cohen, Jessica Lynn Ebberos, Catharine Clare Eley, John Gordan, Andrew Michael Indlekofer, Luke Steven Janik, Rebecca Jennings, Robert Caleb Koev, Yu-Xin Chen, Qinlin Loomis, Marline Rachael Luskin, Hilary Della Marston, Lenza Molly Mathews, Jason Christopher Ojeda, Adam David Robertson Rowh, Sara Sahar Samimi, Ramin Rashidpour, Jeffrey Robert Swanson, Anthony John Taglimenti, Sasha Waring, Mina Yasassa

Faculty: Wallace T Miller Jr

University of Pittsburgh School of Medicine—Gamma Pennsylvania


Faculty: Neil Alexander Christie

House staff: John Lawrence Falcone, Patricio Marcelo Polanco

Drexel University College of Medicine—Delta-Zeta


Alumni: Dorothy Isabella Bulas, Karen Rorz

Faculty: Itzhak Fischer, Robert Shayne McGregor

House staff: Dong Heun Lee, Lisa Mackelate, Raj Prakash Munshi

Temple University School of Medicine—Epsilon Pennsylvania


Alumni: Steven R. Houser, Eileen M Moynihan

Faculty: David J Karras, Kathleen A Reeves

Pennsylvania State University College of Medicine—Eta Pennsylvania


Faculty: David Goldenberg, Marilynne Guss

House staff: David W Dougherty, Nicole A Swallow, William Upton Todd

PUERTO RICO

University of Puerto Rico School of Medicine—Alma Puerto Rico


Alumni: Ronaldo Lopez-Enriquez, Edith Adaljiya Perez

Faculty: Antonio Ignacio Del Valle, Enrique O Ortiz-Kizz

Ponce School of Medicine—Beta Puerto Rico


Faculty: Elizabeth A Barranco, Willie Vazquez

Universidad Central del Caribe School of Medicine—Gamma Puerto Rico


Alumni: Marcos A Palllila Rios

Faculty: Jose Luis Oliver

RHODE ISLAND

The Warren Alpert Medical School of Brown University—Alpha Rhode Island

Students: Jeremy Simpson Boyd, Jessica Loretta Chan, Sarah Ann Farley, Sonia Garg, Anna B Halpern, Curtis Mitchell Henn, Elizabeth Clelland Hutton, Joshua Robert Lakin, Amy Kristin McIntyre, Richard John Myers, Alissa Ashley Thomas, Beth Marion Toste, James Andrew Town, Sarah Elizabeth Wazeman, Leslie Ann Wei

Faculty: Amos Charles, Thomas F Tracy

House staff: Nicole Everline Alexander, Edmund Hamilton Sears Jr, Raja Krishnakant Thakkar

SOUTH CAROLINA

Medical University of South Carolina College of Medicine—Alpha South Carolina


House staff: Jason Andrew Goebel, Marie O Ventre

University of South Carolina School of Medicine—Beta South Carolina


Alumni: Katherine Anne Close
The parting pain seems greatest when is known that sinking of the heart transformed to stone, a morphing wrought within a moment’s space when comes the final turning of the face.

For long as on the countenance is plain a look of chance the loved one may remain, a hopeful heart can thus afford to save its last goodbye for blessing at the grave.

Now looking back upon the turning time when first my ears perceived a funeral chime, that tearful tolling, calling him away when first my ears perceived a funeral chime, that tearful tolling, calling him away before my soul its eulogy could say, I marvel at my mourning nearly done that tearful tolling, calling him away when comes the final turning of the face.

And yet, I know, in turning he did see though hours remain till setting of his sun. I marvel at my mourning nearly done that tearful tolling, calling him away when comes the final turning of the face.

Taylor, David Paul Timler, Monica Gabrielle Velasquez, Ann Miller Wilson, Henry Wong

Alumni: Mark D Okusa

Faculty: Stephanie A Call, Huan N Vu

House staff: Christopher Cost

Eastern Virginia Medical School — Gamma Virginia

Students: Naveed Antar Abouzaki, Rebecca Leigh Chain, Deboki Nandan Chaudhuri, Kathleen Sabina Dunbar, Michael Anthony Holliday, Adam George Ligler, Elizabeth Rose Lunsford, Melissa San Julian Mark, Caitlyn Marie Molino, Zeal Patel, Crystal Miller Proud, Jennifer Huyen Ta, Christopher S Thomas, Brian David Thorp, Krista Marie Turner, Gregory Stephen Weingart, Jesse Renni Lynn Welsh

Alumni: Mark E Skees, Michele Rohe Wadssworth

Faculty: Benjamin Mitchell Goodman III, Moss Mendelson

House staff: Thomas Stephen Higgins Jr, Shervin Albert Kharazmi

WASHINGTON

University of Washington School of Medicine—Alpha Washington

Students: Marissa Linnell Alumni, Mayan Bomszytk, Brian Byrne, Laura Certain, Kyle J Chambers, Cameron Chesnut, Earl Michael Chester, Steven Bradley Daines, Daniel Robert Drozd, Jarred Marshal Freese, Christina Eide Grady, Katherine Lynn Harris, Phillip Hochwald, Jesse Joel Keller, Meghan Mullarkey Kiefer, BreAnna Kinghorn, Andrew Wesher, Anna Metcalle, Emily Anne Olsen, Brannon Rodriguez Orton, Nathaniel Rechever Paull, Abigail Ruby Plawman, Gene Ryan Quinn, Melissa M Roberts, James Ronald, Michael Isaiah Sandlin, Melissa Anne Sheikh, Amanda Kay Shepherd, Laura Elizabeth Stoll, Corinne Taraska, Martha Clinton Wilson, Samuel George Wittenkind, Weiya Zhang

Faculty: Joseph Francis O’Neill, Richard Bucani Utarnachitt

House staff: Edmond Ardeshir Marzhanii, Toby Isaac Sinton

WEST VIRGINIA

West Virginia University School of Medicine—Alpha West Virginia

Students: Brad Patrick Barnes, Michael Patrick Bronson, Daniel R DiGiovine, Joseph Donahue, Roopan Elizabeth Fischer, Matthew Anthony Joseph, Sharon R Maas, Rachel Leanne McGlungh, Evan Morgan, Nicholas Rice Phillips, Michael Raffolo, Julie Balch Same, Jason Turner, Kevin Michael Walsh, Adrienne Newlon Zava, Zachary Allen Zinn

Faculty: Rosemarie Cannarella Lorenzetti

House staff: April Michele Baisden, Raveen Raviendran, Joel Bernard Yednock

Joan C Edwards School of Medicine at Marshall University—Beta West Virginia

Students: Stephen Joseph Balevic, Michael Ryan Black, Todd Michael Derreberry, Sarah K Haferty, David Justin Hall, Syedee Smirf McErey, Ryan Morrison, Katie Lynn Oxley

Faculty: John Tracy Walker, Sasha Zill

House staff: Waseem Ostwani, Anita R Sayre

WISCONSIN

University of Wisconsin School of Medicine and Public Health—Alpha Wisconsin

Students: Brittany Allen, Michael Leo Boisen, Michelle Boockmeier, Sean Michael Bruggink, Analisa Maria Calderon, Alexandra Cameli, Dustin Carlsson, DeAnna Friedman, Adam David Gepner, Ashley Christine Goodwin, Allison Rebecca Hotujec, Anne Kolan, Micah Thomas Long, Brenton M Meier, Sarah Meister, Christopher Aloysius Mueller, Andrew Donald Navarrete, Matthew C Niesen, Philipp Werner Raess, Daniel J Repp, Adam Philip Siegel, Nyama Sillah, Jill Marie Stein, Julie R Sullivan, Sara Helena Tikkainen, Rachel Uttech, Aimee C Walsh, Craig Weiss, Paul Daniel Weyker

Medical College of Wisconsin—Beta Wisconsin


Alumni: Charles Bruce Green

Faculty: Beth B Krippendorff, Theodore G MacKinnon

House staff: Jason Elias Gonzaga, Joshua L Morrison, Mark Jonathan Sytsma

Students: 2676

Alumni: 78

Faculty: 145

House staff: 779

Total number of new members: 3078

The parting pain seems greatest when is known that sinking of the heart transformed to stone, a morphing wrought within a moment’s space when comes the final turning of the face.

For long as on the countenance is plain a look of chance the loved one may remain, a hopeful heart can thus afford to save its last goodbye for blessing at the grave.

Now looking back upon the turning time when first my ears perceived a funeral chime, that tearful tolling, calling him away before my soul its eulogy could say, I marvel at my mourning nearly done that tearful tolling, calling him away when comes the final turning of the face.

And yet, I know, in turning he did see though hours remain till setting of his sun. And yet, I know, in turning he did see though hours remain till setting of his sun.

Daniel C. Potts, MD

Dr. Potts (AΩΩ, University of South Alabama, 1992) is an assistant professor at the College of Community Health Sciences at the University of Alabama. His address: 100 Rice Mine Loop Road, Suite 301, Tuscaloosa, Alabama 35406. E-mail: dpotts@nctpc.com.
This is a CT scan of an aluminum Sunbeam Egg Cooker, one of the most elegant electronic household appliances ever made. The scan shows every part beautifully. Just under the lid, we see the optional egg poacher (golden color) whose central handle can barely be appreciated. Just below that, we see the egg rack in a slightly purplish hue. It can be easily identified as the plate with several circles cut out. Then comes the water reservoir, and finally, the heating element in red surrounded by the switch mechanisms and wiring. The engineering of this piece is elegant as well. It features a mechanism that can sense when the water has boiled off and can automatically shut the appliance off. This mechanism is better seen by viewing the three-dimensional movie at www.radiologyart.com.

Satre Stuelke is a third-year medical student at Weill Cornell Medical College. He has an MFA from the School of the Art Institute of Chicago, has shown his work across the globe, and has taught at many prestigious institutions including the School of Visual Arts in Manhattan. His address is:

420 E. 70th Street #12L
New York, New York 10021
E-mail: sws2002@med.cornell.edu

Sunbeam egg cooker
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Submit a photo for the next “Write a Poem for This Photo Contest”

We are now accepting submissions for a photograph to feature in our next Write a Poem for This Photo Contest. Submit your photograph by January 1 to:

Photo Contest
Alpha Omega Alpha
525 Middlefield Road, Suite 130
Menlo Park, CA 94025

One photograph will be chosen for the inspiration for our next poetry contest. The winner will have his or her photograph published in *The Pharos* and will receive ten copies of the issues in which it appears, as well as a color PDF of the layout. There is no cash prize for this contest.

**Contest requirements:**
1. Submit two copies of your photograph, printed on 8 x 10-inch glossy photographic/inkjet paper. *E-mail submissions will not be accepted in this contest.*
2. Your name, address, and e-mail address must be on the back of each photograph.
3. If you are affiliated with *The Pharos*, including editorial board members, employees of the national office of AΩA, and contractors, you are not eligible to enter this contest.
4. The photograph must be your own work and must not have been submitted elsewhere. *The Pharos* will have the right of first refusal.
5. You do not have to be an AΩA member to enter this contest.
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The contest to write a poem based on the photo below resulted in more than sixty submissions. Impressive, too, was the diversity of the poets: among the roughly equal numbers of men and women, there were forty members of AΩA, seven spouses of AΩA members, medical students, and others who read The Pharos and decided to take on the challenge.

The winners of the contest are: Carl Abbott, MD (AΩA, Dalhousie University, 1975), of Halifax, Nova Scotia, for “Wear Something Red”; Christine D. Hudak, MD (AΩA, Ohio State University, 1991), of Mogadore, Ohio, for “Undaunted”; Bhagirath Majmudar, MD (AΩA, Emory University, 1979), of Atlanta, Georgia, for “A One Bag, One Leg Lady”; Newton D. Scherl, MD (AΩA, Marquette Medical School, 1954), of Englewood Cliffs, New Jersey, for “Reflections on a Photograph”; Ali Valdrighi of Granite Bay, California, for “The Woman with Everything.”

The winning poems will be published together in a future issue of The Pharos.

Poet Kate Reavey of Sequim, Washington, who assists us in reviewing poems for The Pharos, was intrigued by the photo and wrote a couple of poems of her own. Although she is ineligible to compete in the contest, we’re publishing her work here for your enjoyment.

Newark or Dallas, Milan or Munich

No plane in view—just a suggestion of flight—the rolling suitcase nestled on the plush couch beside her. More companion than container—the bag waits, a case where foundation and blush share spaces equally.

The woman gazes to her right, one bent knee exposed so that a thin crease of shadow echoes her natural cleavage—calf and thigh relaxing against each other. A lacy edge of silk slip peeking out from beneath the tailored skirt tells a story of anticipation, of a well-planned journey—so much pink and the touch of feather boa just trimming her hat—convey the moment and the memories—an island sunset? Sipping tea on the Champs-Elysses?

Still she glances away, and the pursed lips, slouched shoulders contradict her spiffy pink, and the slight beige of exposed slip seems more accident than flirtation. In another airport, a woman is carrying her satchel over the shoulder, rushing to meet a man, as if in a field of golden light, her calves tensing and flexing with the flight, with the motion of finding him, no matter her lithe soles are held by tennis shoes, not strappy sandals, cotton socks not sheer nylons. From a photograph, we can never know the “should haves” and “could haves” our lady carries in that slim-lipped gaze. Only the weight of that black suitcase, handle propped up nearly as tall as the woman herself, stealing the light away from pale and supple skin that once knew its own way to flight.

Itinerary, 1974

Perhaps it was a dream, she thinks, waiting for a flight in an airport where the suitcase next to her carries one circle of rouge and the hat on her head is trimmed with feathers and the shadows have not reached the pale cleavage of her breast and leg, the pale softness that gentleman, the dream of a man she met who loved feathers and asked her to take this flight loved to touch gently, kindly, the rouge on her cheeks no match for her blush. Suitcase by her side, she will wait with pursed lips, her suitor on the left bank of Paris, what seems now beyond the pale—for she has felt this week to be an eternity, and not even the Moulin Rouge could have distracted her from the intensity of her dreams. Both sleeping and awake, she would while the days into flights of fancy, daydreaming her man, the thin tickle of feathers on her shoulders and her breast, the lightness of a feather was her own dream, for she could not reach her suitor could not access him by phone or post, and even this flight might be a complete mistake, even as her beautiful, pale skin awaits his touch, the hairspray and rouge a joke, a misunderstanding, and she, a fool, who dreamed this man could have been serious, could dream up a plan to rendezvous in Paris. The feathers on her pink hat begin to create more shadow than rouge-tinged light. Next to her, the couch accepts the weight of suitcase and woman equally, the slouch in her shoulders deepening the pale cleavage, and the entire idea of this weekend, this flight seems impossible. Still she waits, fights the urge to take flight from this dream to simply turn away from the memories, pale from the distance of days, separating the light, feather-lifted love from the weight of airport, suitcase, the drone of engines cooling, wheels gliding to a stop. Rage even, would be justified if the suitcase were packed in vain. No. She is determined this time. Her limbs, her foundation and mascara, will arrive, will feather the weight of this rosy dream into flight.
We may not remember that feeling of fear
That stirred in our stomachs on our first day here.
Or the raw recognition of our own defeat
When we first held a heart that could no longer beat.

We may not remember the rods and the cones,
The ethmoid or sphenoid or palatine bones,
Each circumflex, neural crest, ramus or rectus,
Or each tiny branch off the cervical plexus.

We may not remember each page that we read
About trochlear nerves causing tilt of the head,
Or the pathways that every red blood cell must take,
Or which kind of fall leads to which kind of break.

We may not remember each sulcus or groove,
Each longus or brevis and how they all move,
Each pterygoid, coronoid, cristae or carpal,
Which tendons attach to the first metatarsal.

The dermatomes, myotomes, orbital veins,
Adductors, extensors or quadrants of pain.
Nights spent with books where no one could find us
To learn just what ends at the pez ancerinus.

But no matter how long it has been since the days
Of Moore and Persaud or Netter and Gray’s,
We will not forget how we all got our start
And the honest investment of those who took part.

*Memorial*

*Margaret Moore*
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