It was like fate, if I believed in fate. I don’t believe in fate, but I do believe in tacky Hawaiian hotel gift shops. Here I am, at the zenith of my self esteem, newly graduated from college with a mountain of ribbons, sashes, and various honors named after dead people who did something for science. I am about to start medical school at the Mayo Clinic and I have an inappropriate level of appropriate anticipatory anxiety. For my last hurrah, my parents have brought me to Hawaii to remind me of what I’ll be missing for the next four years (relaxation, sunlight, and enough blissful ignorance to eat raw oysters without worrying about *Vibrio vulnificus*).

Anyway, the gift shop. I see her there, hanging on the wall. She gives me that look, the one that says, “You should purchase me with your parents’ money since you’re a Big Girl now.”

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She’s the most beautiful ukulele I have ever seen. Surrounding her are instruments professionally crafted from the finest spalted woods, resplendent in lustrous shades of tan and deep brown. She reminds me of myself showing up to all twelve of my medical school interviews wearing a hot pink suit jacket. I love the red of her front, the green and black of her sides. She is painted like a watermelon, and I want her. I wipe nervous sweat from my brow, still pale even after five days under the hot Hawaiian sun.

My inner voice chimes in: Linda, what are you going to do with a ukulele?

I’m going to play it.

But you don’t play any instruments and your hand-eye coordination is about as good as a snake’s—and snakes don’t have hands.

I want that ukulele. It is painted like a watermelon and I want her. I wipe nervous sweat from my brow, still pale even after five days under the hot Hawaiian sun.

My inner voice chimes in: Linda, what are you going to do with a ukulele?

I’m going to play it.

But you don’t play any instruments and your hand-eye coordination is about as good as a snake’s—and snakes don’t have hands.

I want that ukulele. It is painted like a watermelon and I don’t own any watermelon things.

That is the worst reasoning I’ve ever heard. You could spend that money on a textbook.

That’s it. Now I’m definitely buying this ukulele. I’m going to strum my way through medical school.

A few days later I arrive at the Mayo Clinic in Rochester, Minnesota.

After three months I can play some chords. Clumsily. Like a surgical intern tying air knots, I know the motions but have not come close to perfecting them. Luckily there is no attending to stand behind me and remind me that I am but a flea on this institution’s backside.

One year later. One year of dissecting the hearts, heads, and hands of our silent teachers; one year of reading about normal form and function and disease, only to discover how little pathology PowerPoints prepared me to gaze into the eyes of a Stage 4 cancer patient who has allowed a pack of medical students to file into her room and steal knowledge from her body.

It’s Friday afternoon, and I know nobody will be here. I siddle through the Mayo Clinic, my nondescript black case hiding my secret. Any normal person would assume the case holds a sensible instrument like a violin. I approach the revered grand piano at the center of the main lobby and set up my tools (Ukulele: check. Water bottle: check. Confidence: —). I notice that my not-so-grandstand is stationed right underneath a giant statue of a naked man. I really hope he enjoys this, because nobody else will.

I adjust the ukulele under my arm and my nervous fingers strike the first chord. I begin singing “Walking in Memphis,” and the slow trickle of Friday passersby puddles into a human pond. I will my fingers to go to the right frets; I will my voice not to give out; mostly, I will the statue not to fall on me in an attempt to shut me up. But the naked statue stays in his spot, requisite loin leaf securely in place, and my audience nods its appreciation. Success? Well, at least not defeat. I slink off reflecting on how maybe I should have been studying instead of making a spectacle of myself and my little watermelon ukulele.

I gown. I glove. I don one of those infuriating face masks that stick to your mouth when you try to talk. I can tell I’ve picked an especially effective mask since it is especially infuriating—I feel it sticking to my mouth, and I haven’t even tried to talk yet.

I’m not sure this is the right room. When the pediatric nurses heard that I was hanging around the children’s hospital today with my extensive second-year medical student knowledge base—and my ukulele—they asked me to visit a ten-year-old boy with a shaky prognosis and a thing for country music.

I peer through the doorway. Sunlight in pale yellow slits falls gently through the blinds onto the white walls of the hospital room. My audience doesn’t resemble any ten-year-old boy I’ve ever seen. He is small, too thin and bald, and his pale skin almost matches the white of the walls. I begin to ruminate on the profound tragedy of pediatric cancer, one of the most devastating diseases in existence. Knee-deep in my mental pity-party, I jolt back to attention when my skeletal friend-to-be abruptly interjects in a Cajun twang:

“Ah’d lahk it if you played a coun- treh song. They don’t got no good musek in this dang hospital.” His parents look at me
expectantly. My gown feels even hotter than usual.

“Well, I am from the Northeast. Maybe I won’t be up to your standards when it comes to country music.”

“Ah don’t care. And what is that thang you got there, a little gee-tar?”

“It’s a ukulele. People in Hawaii play them. And me. I play them, too.”

“All-right.”

I pick up my uke, trying to adjust to the feel of the fretboard through the barrier of my size medium hospital-approved gloves. I take a huge breath to begin the song, sucking not only hospital-approved air, but part of my face mask into my mouth. I begin again. I play the country-est song I know, full of fried chicken and red-white-and-blue. I suppress everything I’ve ever learned about diction from classical voice training and add an artificial twang to my voice.

There is something desperately intimate about performing for a tiny audience. I am not just singing for a distant, faceless crowd; I am communicating, up close and personal, close enough that my listeners can hear the small mistakes and fluctuations in my voice and see me struggling to breathe through the face mask. I see both fear and appreciation in the parents’ eyes; I notice the boy’s fatigue as he slowly works through swallowing his thirty morning pills while I slowly work through the song’s verses.

When I finish the song, my face mask sopping wet from repeated encounters with my mouth, my three-person audience claps. I wish them luck with the remainder of the cancer treatments.

I’m back in the Mayo lobby. I denied my addiction at first—I mean, I don’t need to play my ukulele and sing every week. I just choose to. But now it’s twice a week, an hour each time. There are some compulsions that overtired medical student-musicians cannot control. No longer confined to the shyness of a late Friday afternoon, I have claimed two lunch-time slots per week for my personal version of music therapy. I notice that some of my regular listeners—patients who are stuck at Mayo Clinic for extended treatment regimens—have claimed their usual listening posts.

“What subject are you procrastinating studying this week, Linda?” one asks.

“Pulmonology. It’s okay—I mean, ‘breathe in breathe out’. What’s there to learn? I have time to play.”

I begin to play “Hey, Soul Sister,” my voice echoing through the clinic and punctuating the rhythm of life, death, and bad hospital food. I have noticed that some thing in popular bad music seems to connect women of every age and type, and “Hey, Soul Sister” definitely has that thing, whatever it is. I watch the serious, focused faces of female physicians soften into half smiles as the nonsense verses of the song roll out: “The way you can cut a rug, watching you’s the only drug I need!”

I strike the last chord. Applause. Out of nowhere, an adolescent boy walks up to me.

“Cain you play ‘Chickin Frahd?’” A heavy, heavy Southern accent.

“Of course I can. Have I played that for you before? How do you know I play that song? . . . Oh. Oh my gosh! It’s you!”

After months of remission, good Southern food and a little bit of burgeoning activity on the part of his pituitary gland, my formerly cancer-laden Cajun audience-of-one has transformed into a robust pre-teen. He is taller, thicker, standing and smiling. One hug later, I am belting out “Chicken Fried.”

I do not yet know how to run a code. I haven’t learned the dosages of common medications, and I can’t insert an IV. If I took all of the time that I spend practicing and performing and devoted it to studying, I know I would do a point or two (or five) better on my exams. But that doesn’t matter. What I can do, with the help of a flamboyant little instrument, is bring a little bit of life and music to the institution that is shaping me into a physician.

This is the point in the essay at which I’m supposed to close with profound words and solemn thoughts. Instead, in honor of my in-remission buddy, I give you the words to “Chicken Fried”:

You know I like my chicken fried
A cold beer on a Friday night . . .
And the radio up.²

References


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