Like a Surgeon

It's 5 AM on a hot September morning in 1984. I'm sitting in my pale blue VW Beetle. The car is twelve years old and has a stiff clutch, a loose stick-shift, a broken speedometer, and no air-conditioning. But it has everything I need in a car: an eight-track player with three tapes — Linda Ronstadt's Heart Like a Wheel, Jethro Tull's Thick as a Brick, and Bruno Walter conducting Brahms First Symphony with the Columbia Symphony Orchestra. My mind is racing in anticipation of my first clinical rotation as a medical student. After two years of lectures and labs, it is time to enter the hospital and work with actual patients.

I'm parked in the Rice University stadium lot. Although the medical center has it's own lot and shuttle, I prefer to park at Rice where I attended college and jaywalk across Main Street to the Houston Medical Center each morning. I find the ritual of parking in the familiar lot of my alma mater comforting and the walk to the school gives me time to collect my thoughts and prepare for the day. I prefer not to endure the fifteen-minute shuttle-ride at sunrise with a crowd of over-caffeinated students. Medical students are prone to nervous chatter fueled by fear and doubt. Even worse than the typical anxious students are the 'gunners' (derived from the military slang 'tail-gunner,' — referring to the crewman who sits in the rear turret of a B-52 and guns down enemy planes that approach from behind.) With a head full of memorized facts, a gunner acts without doubt or fear — he's already mastered medicine and is out to prove it.

I check my watch and hurry out of the car. I'm wearing a waist-length white lab-coat — several feet shorter than the lab-coats of residents and attendings — it clearly marks me as a student. I wade through the Houston humidity and dodge traffic to arrive at the edge of the medical center. In the pre-dawn dark, the buildings look strange and unfamiliar, reminding me of the neurological symptom called *jamais vu.* The opposite of *deja vu, jamais vu* is French for *never seen.* In neurology, it refers to the uncanny feeling that a well known place is being seen

for the first time. *Jamais vu* can signal the onset of a migraine or seizure. I brace myself for the day.

The Houston Medical Center is a huge complex of hospitals, institutes, libraries, and research centers, including two medical schools: Baylor College of Medicine, and the awkwardly named University of Texas Health Science Center at Houston. I interviewed at both schools — Baylor turned me down, UTHSCH did not. UTHSCH is adjacent to Hermann Hospital and across the street from the Hermann Park Zoo. The white-washed facade and terra-cotta tiled roof of Hermann Hospital exudes an aura of nobility, reflecting the pride and purpose of a past era. In contrast, the medical school, built in the 1970s, has a utilitarian sensibility, composed of brownish-orange bricks, straight lines, and plenty of glass.

Only halfway through the eighties, the decade already feels stale. The excitement of the sixties has long ago evaporated into a psychedelic haze. Bob Dylan, The Beatles, Joni Mitchell, and Pink Floyd have been replaced by Wham!, Foreigner, Chaka Kahn, and Dire Straits. Our culture has become boring and disappointing. But the medical school feels fresh and utopian. One step through the plate-glass doors and the atmosphere changes: a palpable energy is in the air. It feels something like hope, optimism, and, dare I say it, joy. A large sunken lounge — known as *the leather lounge* — dominates the lobby of the medical school. The musky scent of the couches portends success and fulfillment, way out there, in the future, somewhere on the other side of the hellish labyrinth of medical education.

For the first time since starting medical school, I walk past the doors to the leather lounge and head across the Houston Medical Center for the first of three month-long surgery rotations. It's a mile-long walk to the MD Anderson Cancer Center where I am assigned to work with Dr. McBride. Dr. McBride is notorious for aggressively interrogating his students. This practice is referred to as 'pimping' — it involves asking a series of escalating questions until the ignorance of the student is revealed. Only a true gunner can withstand the assault.

As I walk, I distract myself from my anxiety by reflecting on the past, trying to remember if I have ever experienced this level apprehension.

When I was nine years old, my family lived in Germany while my father went on a one-year sabbatical for post-doctoral work in synthetic organic chemistry at the University Of Munich. My parents bought a single Berlitz german language LP that we listened to in preparation. But when I stepped into the local German public school classroom, the Berlitz phrases were useless. Nobody spoke in the slow, stilted style with which I had become familiar. I was overwhelmed by the stream of strange guttural sounds — a chaos of noise, hawking and spit — accompanied by eyes rolling in irritation at my incomprehension. I tried to understand my teacher and peers. Occasionally, I would hear a word that sounded similar to what I had heard on the Berlitz LP. Bit by bit, the words began to form recognizable phrases. Eventually, sentences emerged. But my comprehension was from afar, as if the words were being telegraphed from overseas. Conversing remained a tedious process of interpretation and interpolation. I yearned for something like an Enigma machine — something that could interpret this foreign code.

I already had enough difficulty speaking in english. Language failed to convey all but a tiny fraction of the expansive and inchoate inner world of my experience — a world of epiphany and inference — in which the omneity of the universe was felt rather than spoken, sensed rather than explained. I felt disconnected from others, hampered by the limits of my verbal ability. Surrounded by German school-kids, that disconnect became a chasm.

As I faced the challenge of learning a new language, I redoubled my efforts to translate experience into words. My thoughts became obsessive and literal. An inner recitation of words and definitions flooded my mind. I began to lose access to the immediacy of life as it is sensed, and found in its place a constant inner narrative of naming and description. I began to repeat German phrases and their translations in a continuous loop in my head. Language flooded my waking mind and spilled over into my sleep. I became a narrator attempting to describe the abstract and evanescent events unfolding within my dreams. As a result, the numinous transmuted into the mundane. Wild fantasies of flight and space were replaced with rudimentary greetings and conversational phrases. Each day when I woke, I found myself repeating the phrases from my dreams, unable to stop, like a song stuck in my head. I felt like a somnambulist

who, instead of wandering the halls in search of food or water, was sitting at a desk all night studying an English-German phrasebook. My abstracted thoughts all converted into language, alternating between English and German, and my previous comprehension though impulse and imagery slipped away into the deep recesses of space. I have been searching ever since to transcend language, searching to reconnect to the source, trying to reconnect to direct experience unfettered by language.

This search lead me to poetry and literature. I discovered that it was possible to reveal the numinous through language. It seemed an impossible task to express the unspeakable by using the linear process of words. Words seemed to cause separation between the world as it is spoken and the world as it is experienced. But words also held the power to communicate and share deeper aspects of our inner lives. I studied poetry and literature and attempted to write.

I decided to pursue degrees in chemistry and biochemistry, where abstract ideas could be experienced in tangible form in the laboratory. Alchemical processes within the Erlenmeyer flask transmuted sugar into alcohol, solutions were purified by heating into vapor and condensing into liquid, and newly formed substances precipitated as liquids were cooled. Science provided a universe that could be explicated and explained. I felt a connection and affinity with science. It came easy to me.

Chemistry involved symbolic representation and required minimal mastery of language. Where language was a challenge, chemistry flowed without effort or struggle. While I felt chemistry to be a direct revelation of the physical underpinnings of life, it did not fulfill me. Its insights were stark and impersonal. So I took electives in art history, music, and literature. I played violin in the Rice orchestra. I read Vonnegut, Pynchon, Updike, Conrad, and Virginia Woolf, discussed literature and philosophy with friends, spent hours wandering the Houston Fine Art Museum, attended concerts and plays on campus, saw classic cinema at the Rice Media Center, played Charles Mingus and Chick Corea on my stereo — it was a time of exploration and searching that culminated in the realization that a career chemistry would not satisfy me. In an intuitive leap that I never questioned, I decided to go to medical school and become a psychiatrist.

Psychiatry encompasses science and art. The chemical and electrical underpinnings of the brain intersect with our experience of the universe and the subjects of art and literature: the meaning of life, the human condition, love, hate, birth, death, and the hope of transcendence and salvation. There is no consciousness without our experience of the world. Perception, thought, interpretation, judgment, emotions, and reactions are the subject of psychiatry. There is perhaps no aspect of the human experience that does fall within the broad boundaries of psychiatry

I knew it would be a prolonged and challenging ordeal: four years of medical school, four years of residency, a minimum of two years to become board-certified, then a lifetime of practice. My acceptance in medical school was like the closing of a door. There was no going back, and the passage ahead felt dark and confined. For solace, I dreamed of becoming a physician-writer and fantasized crafting the next Andromeda Strain, or becoming the next Richard Selzer.

I put my dreams of being a writer aside as I arrive at the hospital. I enter the automatic doors and am hit by a peculiar smell — a mixture of bleach, soap, and surgical steel, tinged with a hint of blood. I pass through the lobby and search my way through the halls and stairwells to the third floor surgical ward. As I approach the nursing station, a stout middle-aged man with shoulder-length grey hair wearing scrubs and white lab-coat looks up is writing in a chart. He looks up and glares at me.

“You're late.”

The other student assigned to this rotation, John LaPrade, arrives a few minutes later. He is one many students in my class of 160 that I have never met. As Dr. McBride admonishes him for being tardy, John glances my way. I can tell by his expression that he is not a gunner. I will have a sympathetic companion during the arduous month that looms ahead.

McBride introduces us to Dr. Martin, a thin woman with blonde hair, no make-up, and tense, thin lips. McBride tells us that she has just started a two-year post-residency fellowship specializing in cancer surgery.

"You will be working with Dr. Martin. Whatever she says, you do. Now let's run through the patients."

As we go door to door around the perimeter of the wards, Dr. Martin recites a summary of each patient from memory including recent lab values and current vital signs. Since it's our first day, John and I are off the hook. Tomorrow we will be expected to present the patients. McBride glances into each room as Martin talks, as if examining the patients from a distance. McBride scratches orders along the way and hands each chart to me to take to the nurses. I run back and forth, missing much of Martin's presentations. McBride is silent throughout rounds. After we have run through all eighteen patients, he walks away without saying a word. Martin tells us to be scrubbed in for surgery by 7:00. She also walks away.

I head over to the nursing station with the last chart. There are several nurses milling around, oblivious to my presence. I have heard warnings about nurses — nurses do not like medical students. Part of the training experience of a medical student involves being tossed into an unfamiliar environment every month with minimal instructions. We are expected to figure out things on our own. The shifting crowds of untrained medical students are an annoyance to the nurses. Students cannot write orders without having them co-signed by a resident or attending and we have no authority over the care of patients. The nurses have no obligation to interact with us. We are an unnecessary part of the team. Since some nurses are openly hostile to medical students, it is essential for survival to feel out which nurses can be approached for advice.

A young blonde woman wearing green scrubs and pink sneakers is already transcribing the orders on one of McBride's charts. I approach cautiously and look at the orders. The writing is a mess of jumbled lines scratched onto the page. It looks like someone tossed a handful of toothpicks onto the page. She is looking back and forth from the orders to a nursing treatment plan where she is apparently transcribing Dr. McBride's instructions.

"How can you read that?"

"They're his standard pre-op orders. He writes the same thing every time."

"But what if he wrote something different this time?"

She shrugs and laughs. "I'm sure he'll let me know."

John approaches with a dazed expression of bewilderment and unease. “We should go look for the OR. I don’t want to be late.”

We head back to the lobby then follow the signs to the surgical suite. We find our way to the doctors’ dressing room, pick out a pair of scrubs from a rack, and change out of our street clothes. It’s the first time I have worn scrubs — it feels strange, like wearing nothing but pajamas and shoes in public. I shut my locker, pin the key to my scrub-pants, and make a note of the locker number. John hands me a pair of booties and reminds me to cover my shoes. We exit the back door marked Scrub Attire Only. It opens into a long hallway. I am startled by the brilliance of white walls and fluorescent lights. John flags down a passing nurse.

“Do you know which OR McBride is in today?”

With an ominous tone, she replies, “You’re with McBride? OR 4. Good luck.”

Outside each operating room is a row of deep stainless steel sinks. They remind me of urinals at a football stadium.

John asks, “How do you turn these sinks on?”

We examine the sinks. There are no handles around the faucets and no foot pedal below. A nurse approaches from behind.

“They’re automatic. Wave your hands under the faucet. But put on a mask and cap first.”

She points to a stack of surgical masks and paper caps on a shelf above the sink. She then heads to a neighboring sink, puts on a mask and cap, and begins to scrub. I imitate her actions — first tying the mask around the neck with one set of strings, then pulling the mask up onto the face and tying a second set of strings behind the head above the ears. Then pull on the paper cap onto the head with its strings in back and tighten it into place. It’s a simple procedure, but I study her every move to make sure I don’t make a mistake.

The water starts out cold then gradually warms to a piping hot simmer. I watch the nurse out of the corner of my eye as she scrubs and again follow her lead. I choose a brush from the shelf, tear open the wrapper, wet the spongy side of the brush, lather each hand and forearm, then turn over the brush to the side with rows of plastic bristles and scrub under the fingernails, around the sides of each finger, the front and back of each hand, around each wrist, and up each arm to the elbow.

I check the clock — five minutes have passed. The nurse shakes the water off her hands and holds her forearms up and away from her body. The water drips off her elbows as she heads into the operating room. I continue to scrub for another minute. I shake off my hands, hold my arms out and up in what feels like an awkward supplication, and look over at John. I shrug and follow the nurse. As I enter the room, another nurse chooses a parcel from a shelf marked *sterile.* She opens the package to expose a bundle of folded blue cotton. She gingerly picks it up with both hands, holds it out at arms length, and turns to present it to me. She gives it a shake and the surgical gown falls open in front of me.

"Right arm first."

The opening to the sleeve is crumpled. I carefully probe to find the opening. She assists by pushing the gown towards my body. After we repeat the procedure with the left arm, she dances around my body while holding onto the back of the gown, pulls the gown snug, and ties three sets of strings: one at my neck, one at my shoulders, and another at my waist. I feel like royalty as she circles my body to double-check the fit of the gown. She then picks up a small, flat package from the shelf. She places it on the table and unfolds the package to reveal two beige rubber gloves lying side by side. There is and R and an L on the inside of the wrapper. She picks one glove and turns towards me, stretches the wrist open with both hands and offers it to me. The glove is unusually long. The fingers dangle at her knees. I hesitate as I try to figure out what to do.

"Right hand first," She says. "This must be your first surgery rotation."

"Yeah."

"So you got McBride. Lucky you."

She pulls the glove up to my elbow as I shove my hand down into the opening. As she lets go, the glove snaps around my elbow with a satisfying pop. She then holds out another glove for my left hand. This time my fingers catch in the glove. My fourth and fifth fingers have gone into one hole and the pinky finger of the glove is hanging flaccid.

"That's okay," she says as pulls the glove off and tosses it into a trash bin marked *biohazard*. She picks out a second set of gloves and repeats the ritual. As I watch, I absent-mindedly allow my gloved hand to fall to my side.

"Keep your hands up. Be careful not to touch anything."

She chooses the glove marked "L." She looks at me and smiles.

"You'll get the hang of it."

I focus on my hand and spread my fingers slightly as I enter the glove. I lean over to check my fingers as she pulls the second glove place.

"Now you can go enter the sterile field. Keep your hands above the table at all times. And do not move away from the table until the surgery is over."

She steps back and nods towards the operating table. A woman is on the table, covered in green sheets with an opening exposing her bare belly. The skin is tinged orange from iodine antiseptic that another nurse is applying with a swab of gauze held by a pair of forceps. The scrub nurse is standing to the patient's left near the head of the table, arranging instruments on a cloth-draped table on wheels. The anesthesiologist jots some numbers onto a flowsheet, looks up at the heart monitor, and reaches over and turns a valve to start the flow of oxygen and halothane. He injects something into the intravenous live then picks up a mask that is attached to the valve by a tube. The mask hisses as he leans over the patient. He whispers that it is time to go to sleep and places the mask gingerly onto the her face. Her breathing slows and her body relaxes. The anesthesiologist holds the mask in place and squeezes on a bladder attached to the mask to oxygenate the patient. After a few squeezes, he takes the mask off with his left hand and picks up a laryngoscope with his right hand. He inserts the long curved metal prong of the scope into her mouth and deep into her throat. He puts the mask down, and while still holding the laryngoscope in place, picks up an endotracheal tube that is glistening with KY jelly. He bends down and peers down her gullet as he and deftly slides the lubricated tube down her throat. He quickly injects air from a syringe attached to the near end of the tube to inflate a bladder that surrounds the other end of the tube. I know from a class that I took last month that the syringe inflates a bladder that expands around the outside diameter of tube in order to secure a seal in the trachea so that all the airflow to and from the lungs goes through the tube. I left the class after the

instructor suggested we pair up and practice on each other. I later heard that several gunners actually stayed and took turns intubating each other. The anesthesiologist then attaches a tube from a ventilator onto the end of the endotracheal tube, and flips a switch. The breathing machine clicks on. A rubber bellow cranks up and down within a glass cylinder. The patient's belly rises and falls, ebbing and flowing with each sigh of the ventilator.

McBride enters the room. The float nurse is waiting for him, gloves and gown ready. McBride pirouettes into the gown. He waves each arm into the air with a flourish as the gloves are pulled into place. He takes his place at the other side of the table next to the scrub nurse. He hold his right hand out to the side and places the fingertips of his left hand onto the bare skin of the lower abdomen. The nurse hands a scalpel to McBride.

With a grand sweep of his hand, he places the scalpel onto the abdomen and pulls across the skin from left to right. A slight break in the skin opens up in the wake of the scalpel — a six inch cut from pubis to umbilicus. McBride teases the scalpel across the cut until the membrane that lines the inside wall of the abdomen is exposed. He delicately pinches the lining with a pair of tweezers and raises a small tent which he then nicks with the scalpel. The nurse exchanges the scalpel for a pair of scissors which McBride inserts into the opening. He cuts along the length of the incision. The scrub nurse places a retractor into one side, holds it in place with his left hand, and hands McBride another retractor. McBride places the second retractor into the other side of the incision and looks up at me.

"Hold this."

I grab the handle with my right hand and pull.

"Pull harder. And don't move."

My hand twitches.

"I said don't move! I want you to hold that retractor like a catatonic monkey."

The incision stretches open into a gaping maw. McBride reaches in and feels around for several minutes. He looks up at me and says,

"Put your hand in here."

I slowly move my left hand towards the wound. McBride grabs my wrist and shoves my hand deep into the pelvis.

"What's your hand touching?"

"The uterus?"

"What's above your hand?"

"The bladder?"

"And above that?"

"The pubic bone?"

"What else?"

"Skin?"

"What else?"

What is he getting at? My mind races as I try to imagine diagrams from anatomy class. The sound of the ventilator fills the silence in the room. The scrub nurse is averting his gaze. The anesthesiologist is attending to the settings on the machines, adjusting dials, and glancing at the clock. The float nurse is standing behind McBride, fiddling her thumbs. I notice the movement of the second hand of the clock. I'm distracted by my overwhelming awareness that a woman is lying on the table, riddled with cancer, undergoing a major surgery, and that her surgery is being delayed due to my inability to answer McBride's questions. I try to recall the nerves and arteries of this area but cannot remember anything. McBride has stepped back from the table and is staring at me with his arms folded across his chest. He's not to continue this surgery until I answer. I remind myself of the question: What is above the pubic bone other than skin?

"The surgical drape?"

"OK. Let me rephrase. What else would be above your hand in a woman who's not getting chemo?"

Pubic hair? Is he trying to get me to say pubic hair? The scrub nurse glances up me. The anesthesiologist is staring at me. The float nurse is looking at me. McBride begins to grin.

"Pubic hair!" he announces, as he pulls my hand out of the depths of the patient's pelvis. He reaches back into the abdomen. He probes around for a while, the nods towards a deep crevice that he's holding open with his fingers.

"What's this?"

"The ovary?"

"No no no. Not that. What's this, down here, at the tip of my finger?"

I lean in closer to get a line of sight into the hole. McBride lets go and the crevice closes.

"I can't see it."

McBride crosses his arms across his chest again.

"OK then. What could it be?

"The kidney?"

"No."

"The ureter?"

"C'mon, think."

My mind goes blank. My pulse is pounding in my neck. Sweat's dripping down my back. This poor woman has no idea that her surgery is being delayed due to my lack of knowledge. I can't recall anything. *Jamais vu… Jamais vu…* The textbook images that I am trying to visualize implode into a dark void.

"Jesus Christ, son! What the hell are they teaching in medical schools these days? Haven't you learned anatomy?"

McBride shakes his head and returns to his work. I concentrate on holding the retractor and pray that McBride doesn't ask any more questions. My hand is cramping from holding the retractor. I tense my arm to make sure that the retractor doesn't move. I don't want to do anything to attract McBride's attention.

McBride holds out his right hand and waits for the scrub nurse to supply an instrument. The nurse glances back and forth between the surgical opening and the instrument table, his hand poised over the instruments. McBride rolls his eyes.

"Forceps."

The nurse chooses a long pair of forceps and hands them to McBride.

"No. I want the Moynihans."

The nurse looks over the rows of instruments. There are over a dozen forceps lined up on the side by side on the instrument table. He chooses another and places it into McBride's hand. McBride tosses the instrument over his shoulder and shouts.

"Moynihans."

The nurse scrutinizes the instruments.

"They all look the same to me."

McBride throws his head back, spins away from the table, goes around behind the scrub nurse and without pausing to look at the forceps, scoops them all up using both hands. He holds the bundle of forceps in front of the nurses face.

"These are all wrong."

McBride flings the instruments across the room. They fly by my head, hit the wall, and clatter onto the floor. He then returns to the table and stands with his eyes closed.
The float nurse runs out of the room. McBride slowly opens his eyes and stares blankly into space, holding his hands clasped as if in prayer. The cycle of the ventilator marks time as everyone waits motionless. The nurse returns with a new set of instruments which she places on the table. She carefully unfolds the edges of the sterile cloth wrapping to lay the instruments bare. The scrub nurse sorts through the instruments and hands what appears to be an identical pair of forceps to McBride. McBride takes the instrument and proceeds with the surgery as if nothing has happened.

McBride remains silent for the next two hours until he announces, "You can let go now." I try to release my grip on the retractor — my hand has cramped up, I can't let go. McBride pulls the retractor out of my hand and chuckles. He closes the wound with sutures. Then without saying a word, turns away from the table, pulls his gloves off, and tosses them into the corner as he leaves the room.

There is a noticeable shift in the atmosphere of the room — a release of tension — as the nurses tidy up the remains of the surgery and the anesthesiologist turns off the halothane and waits for the patient to begin to wake up. The float nurse is picking up the interments that are scatter on the floor. The scrub nurse turns to me.

"McBride's next surgery will be in OR 5."

As I exit the door, I see John standing at the sink, scrubbing his hands. It dawns on me that John never made it into the OR.

"Have you been here the whole time?"

"Of course not! Dr. Martin showed up just as you went in and dragged me into OR 6 for an exploratory lap followed by a lymph node biopsy."

"How'd it go?"

"Delightful. How about you?"

"Marvelous."

Dr. Martin arrives to assist McBride with the next surgery. Martin tells John scrubs in. There will not be enough room at the table for both of us, so I am to observe the surgery from behind. As soon as McBride finishes his incision and exposes the organs of the belly, McBride begins to interrogate John. I cannot see into the abdomen and have no idea what McBride is pointing to as he pimps John into oblivion. John responds to McBride's questioning by becoming flip and sarcastic with answers such as "I have no idea" and "How would I know that?" It doesn't go over well. McBride ramps up the intensity. John becomes a lightning rod, drawing McBride's attention away from me. I am invisible to McBride for the duration of the surgery. I feel sympathy for John's plight, but am relieved that it's him and not me.

It's after 5:00 by the time the last surgery is finished. Dr. Martin tells us to go write up the new admissions.

"You mean tonight?" asks John.

"Of course I mean tonight. We have patients. They need to be seen. That's what doctors do."

"How do we know which patients are on our service?"

"Look at the charts, and figure it out."

My first patient is a twenty-six year old mother of three who has advanced breast cancer. She is scheduled for a radical mastectomy at 7:30 tomorrow morning. She is youthful, attractive, and buxom. Tomorrow she will wake up from surgery disfigured. Even with surgery, she is unlikely to live more than a few years. Her breasts, symbols of motherhood and feminine beauty, have become her mortal enemy.

I spend the next three hours seeing the rest of my patients in preparation for evening rounds. During rounds, Dr. Martin proves to be even more intimidating than McBride. Her demeanor is dour and stringent. I imagine that she has never smiled. I wonder if the severity of

her personality is a reaction to being a woman in the male-dominated field of surgery — a response to the macho bravado of her peers. But I suspect she was like this before she held her first scalpel.

With a tone of derision punctuated by signs of irritation, Dr. Martin critiques and corrects every detail of our case summaries. Late into the ordeal, John mentions that one of his patients is nauseous.

"Saying your patient is nauseous means he made you feel sick," Dr. Martin interjects, " the correct word is nauseated. Learn to speak English."

The sun set hours ago. Backed by the dark of night, the windows of the hospital reflect the fluorescent-lit interior. Everything feels intimate and raw. Just as I begin to wonder if Dr. Martin will keep us here all night, she announces,

"You can leave, now. I suggest you get her by 4:00 tomorrow. See all your patients prior to rounds and be prepared to present. Rounds start at 5:30. Plan to be here late every night — no one leaves until I leave. Any questions?"

"Is there a call room for us to sleep in?"

"No, the call room is only for residents and fellows. You get to sleep at home"

"Do we get weekends off?"

"No. You'll be here every day this month. If you're lucky, I might let you have Sunday afternoons off."

It's nearly midnight when I leave the hospital to return to my car. I am hit by a wall of heat and humidity as I leave the lobby. It's a comforting feeling, being enveloped by the sauna of August that persists into the night. I jog across the medical center and cross the sparse traffic on Main Street in a hurry to get home for a few hours of sleep before rounds. I realize that the circadian flow of the next two years will be disrupted. One day will bleed into the next without a break.

Back in my Beetle, I relax into the torn vinyl seat and breathe in the familiar scent of mold, oil, and gas. I start the car and look across the campus towards the science buildings. I wonder about being a graduate student at the university. What if I had stayed at Rice to get a Ph.D. — perhaps in Biochemistry, or Literature. I imagine that life as serene and idyllic. I think

of the camaraderie of the academic environment, the challenge of the research laboratory, and the satisfaction of teaching undergraduates. I find myself feeling nostalgia for the life I did not pursue.

As I pull the stick-shift into first and release the clutch, the Beetle grinds into gear and lurches forward. I push an 8-track tape into the car stereo. The music starts up in the middle of the second movement of *Brahms First*. It is recording that I have listened to since high school. The arching line of a solo violin soars in unison with the woodwinds: yearning, pleading, hopeful.