

PANHANDLE HEALTH

A QUARTERLY PUBLICATION OF THE POTTER-RANDALL COUNTY MEDICAL SOCIETY

SUMMER 2014 | VOL 24 | NO. 3



Book Reviews

From our Member Physicians



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PANHANDLE HEALTH is published quarterly by the Potter-Randall County Medical Society, (806) 355-6854. Subscription price is \$12.00 per year. POSTMAN: Send address changes to PANHANDLE HEALTH, 1721 Hagy, Amarillo, Texas 79106. ISSN 2162-7142
Views expressed in this publication are those of the author and do not necessarily reflect opinions of the Potter-Randall County Medical Society. Reproduction of any contents without prior written approval of the publisher is strictly prohibited.
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President's Message *Get Your Booster Shot*

by James Reid, M.D.

I recently attended TexMed 2014 on the first weekend of May in Fort Worth, along with Ms. Cindy Barnard, our Executive Director, and fellow PRCMS TMA delegates Drs. Brian Eades, M.D., Bob Gerald, M.D., Ryan Rush, M.D., and Rodney Young, M.D. TexMed 2014 was only the second time for me to attend the annual TMA meeting (TexMed 2013 in San Antonio being the first) since I was a second year medical student at Texas Tech. I consider it an honor and a privilege to have attended the last two meetings as a delegate from our county medical society. But as you can see, and I hate to admit it, there are quite a few years between that meeting in Austin as a medical student and the one in San Antonio in 2013.

Sitting in the House of Delegates for the first time at TexMed 2013 felt like a crash course in due process as I sat there in awe of fellow TMA members whose attendance records were well into the double digits or more. Knowing more what to expect the second time around, I was greatly looking forward to attending this year's meeting as May approached.

There's no denying that at TexMed, we hit the ground running, and for the next two days it was definitely a whirlwind of activities for attendees. While the agenda may seem quite ambitious, the meeting moved along like a well oiled machine, and there was ample time to keep one's coffee cup full and visit with colleagues. During the first morning session, we heard addresses from our TMA president and TMA alliance president, watched presentations from TMA organizations, presented awards to distinguished physicians, accepted nominations for elected positions

in the TMA, and gave a moment in silence to respect the physicians who had passed away since our last meeting. For me, the highlight of the afternoon was the TexMed General Session presentation given by Zubin Damania, M.D., of Las Vegas, NV (a.k.a. ZDoggMD) who gave quite a lively presentation and had the audience rolling with laughter.

During Saturday's regular session, the House of Delegates dispatched over 75 items on its agenda. For a complete summary of this year's House of Delegates actions, please go to www.texmed.org/hod where you will find the link to download the summary. I can report that there were not too many items of contention before the house this year. Recommendations from the Board of Trustees to sunset the Committee on Blood and Tissue Usage and to discontinue the International Medical Graduate section were met with opposition, and the house moved to keep those both active at this time. The Committee on Membership recommended to establish a non-voting TMA membership category for physician assistants and anesthesiologist assistants; however, those resolutions were not adopted by the house of delegates. Items that were approved that merit mention here were the approval of phased-in dues increase of \$12 per year for the next five years, and a resolution directing that TMA "work to permanently delay the implementation of ICD-10."

Saturday morning's business also included elections for the upcoming year and installation of the new officers. Austin I. King, M.D., Abilene, will serve as TMA president 2014-2015. I wish I had a copy of his address to the house that morning to read over and

over again because to me it was the pinnacle of the meeting. I will by no means try to quote it or even paraphrase it in fear of not doing his eloquent words justice. I can only say that he reminded me what an honor and a privilege it is to be a physician.

If you asked to me to choose a word to describe what I took away from this year's TexMed, it would be inspiration. The amount of effort that each member of our Texas Medical Association puts in each and every day becomes so vividly apparent as we come together as an organization to protect our patients and preserve our profession. In 1973, the TMA had 10,000 members. Now 40 years later, we exceed 47,000, and hopefully during 2015 we will reach 50,000. Looking through the pages and pages of our delegate handbook, and then delving into the TMA website, it never ceases to amaze me what the TMA has to offer its membership in more ways than I can mention here. Next year, TexMed 2015 will be held in Austin, and I am planning on going for my annual booster shot. I wish to thank the PRCMS staff and fellow delegates for all the time and effort made to represent our great part of the state and for making this year's TexMed a great experience.

Our Next Issue Of
Panhandle
Health

Features:

Women in Medicine



Alliance News

by KiKi Brabham, President

The Alliance has kicked off spring with a bang! We had our Annual Spring Social in April, and it was a wonderful event! Friends old and new came together for conversation and good eats! We were able to collect a large amount of juice boxes to be delivered and donated to The Bridge Children's Advocacy Center.



We made a cash donation to The Bridge in March in honor of our local physicians on National Doctor's Day. We hope you saw our ad in the Sunday Amarillo Globe News as well, and heard our radio ads on the local stations! We are so grateful to live in the medical community that we do! Thank you for all you do, local physicians!

We were thrilled as our Alliance chapter won an award at this year's TMAA 96th Annual Convention in Fort Worth, recently held in conjunction with the TMA conference. Our chapter won Special Recognition for the Pat Durham Membership Award! Way to go!



Our next big event was Hard Hats for Little Heads. This program, currently in its 20th year, is sponsored by TMA. Our local chapter had not put on this event in many years! A carload of Alliance officers traveled to Mimi Farley Elementary in Boys Ranch on May 15 to put this program on for their pre-k and elementary students! This was such a successful and touching event! We all had a wonderful time, as did the children! Each child was fitted with a TMA bike helmet, and given a bag and other promotional materials on bike safety and helmet use. A DVD was shown, and was an education program was led by KiKi Brabham, Kasey Daniel, and Erika North.



As we approach summer, we are all looking forward to some rest and relaxation apart from the stresses of the school year! We are planning an Adult Social event to be held in July! Look for invitations soon! This is sure to be the event of the summer!

Finally, we are finalizing our rosters. We are planning on constructing a directory in the Fall, which will include current members! Please check to make sure you are on the roster!

Thank you for your continued support of the Potter-Randall County Medical Alliance!

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Executive Director's Message

by Cindy Barnard, Executive Director

This issue of *Panhandle Health* contains book reviews by our member physicians. In the last issue of *Panhandle Health*, we asked anyone to write a review of a favorite book. One of our readers, Dorothy Snider, called me with the title of a book she liked, but she was unable to write the review at this time. I have copied the review of the book from its cover (see below). Coincidentally, Dr. Kordestani has written about this same author, Dr. Benjamin Carson, in our regular section entitled "Profiles in Medicine," because Dr. Carson is a physician as well as an author. I have read the book and found it to be very enlightening. Thank you, Dorothy, for telling me about this author and his books.

An incisive manifesto of the values that shaped America's past and must shape her future, *America the Beautiful* calls us all to use our God-given talents to improve our lives, our communities, our nation, and our world.

A potluck supper for the Retired Physicians Group is in the planning stage, and Dr. Mitch Jones will present a program on "In Cold Blood".

The new 2014-2015 Panhandle Area Physicians Roster will be available July 1st. Call or come by the Medical Society Office to purchase your new Directory. Every physician who is a PRCMS member will receive a complimentary Roster in the mail.



The Retired Physician Group attended a luncheon at the Medical Society office May 5th.

This quarter, our *Panhandle Health* cover features "Santa Fe Pink" by Jackie Dodson, local Amarillo artist. Jackie's husband is L. Edwin Dodson, Jr., M.D., an Amarillo endocrinologist and a PRCMS member. Jackie has a BS in Fine Arts from the University of Kansas and was a practicing occupational therapist. After raising her four children, operating a children's clothing business, and becoming involved in disability issues, she decided to pursue a new career in graphic arts. She prefers pure colors, referring to her art as the "dirty brush" technique. She "has painted entire paintings using the same brush without washing it out". She has studied with Victoria Taylor-Gore, William Burrell, Dord Fitz, and Mary Townsend, has received a number of awards in juried shows, and has a gallery, "Studio 100", at Sunset Center.

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Editor's Message

Summer Reading

by Jaime Zusman, M.D.

"Learning to read is the most important event in my life."

Mario Vargas Llosa, Peruvian novelist, Nobel Prize laureate 2012"

"Acquiring the habit of reading is building a refuge against all the miseries of daily life."

William Somerset Maugham, British writer

"Reading is to the mind what exercise is to the body."

Joseph Addison, writer

"I always thought paradise would be some type of library."

Jorge Luis Borges, Argentinean writer

"The man who does not read books has no advantage over the man that can not read them."

Mark Twain, writer

"When we pray we speak to God, when we read, he speaks to us."

St. Augustine, philosopher

"One is not who he is by what he writes but for what he has read."

Jorge Luis Borges, Argentinean writer

"To use books rightly is to go to them for help; to appeal to them when our own knowledge and power fail; to be led by them into wider sight and purer conception than our own, and to receive from them the united sentence of the judges and councils of all time, against our solitary and unstable opinions." John Ruskin, English art critic

And last but not least, totally irrelevant but funny, is Woody Allen's: "I took a speed reading course and I was able to finish 'War and Peace' in twenty minutes. I think it said something about Russia."

Enough said about the need for books and the love of reading.

The Spanish Inquisition prohibited the reading of novels in the New World because they contained lies which "could be damaging to the spiritual health of the Indians" (1). Specific works were not banned, only novels as a literary genre were forbidden. Vargas Llosa explains that novels are "not written to describe life but to transform life" (1), to make life different and in doing so allowing the reader to escape and to become at least temporarily something that he is not but wishes he could be, to escape and make meaning and create hope out of the dreariness of ordinary life. It is true that novels tell lies but in doing so, they express a greater truth, often in a disguised form, a truth under cover that the Inquisition, or any other type of thought controlling entity, would dread. Novels were smuggled into the New World, much as Solzhenitsyn's works were illegally brought into the Soviet Union and Vargas Llosa's into Castro's Cuba. The quality of a literary work should not be judged by how close it resembles reality, as would be the case for history and journalism, but by how well a truth comes out in the "lies" that the work tells.

In trying to make *Panhandle Health* appeal to a greater audience, the Editorial Board unearthed a previous issue of the magazine, edited by Dr. Jack Long. Physician readers were asked to write about a book that had been most influential to them. We invited those who wrote at that time and others to do an encore, and thus the current issue came about.

Dr. Brian Pruitt has written a scholarly yet down to earth review of "Hamlet" that is readable and informative. It was fascinating to me to learn that Shakespeare drew inspiration for this play in a 12th century Danish story written in Latin by Saxo Grammaticus. Dr. Pruitt tells us that in Grammaticus' play, "the main character is a boy named Amlet, whose father the King has been

killed by his brother who then marries the boy's mother". Even more interesting was Dr. Pruitt's analysis of one of the elements that made Shakespeare such an outstanding tragedy writer. Shakespeare created good tragedy by placing a cloud on the characters' precise motivation for their acts, what some scholars call a "strategic opacity". Dr. Pruitt also analyzes the issues of madness and melancholy in Hamlet as well as some of the psychoanalytic aspects of the play. An important "truth" embedded in this play's "lie" is the damage that the process of revenge inflicts on the avenger himself, and how ironic it is that, in the search for justice, even greater injustices are committed. Dr. Pruitt has made the black box that is Hamlet a lot brighter. You will find his review of Hamlet readable and entertaining.

Dr. Kordestani tackles a difficult and controversial book, Ayn Rand's "Atlas Shrugged", the Bible of individualism. His explanation of the title of the book is superb. Not only does Dr. Kordestani do an excellent job in summarizing this work, but he expresses his personal opinion of Rand's philosophy. It is refreshing to hear a straightforward opinion, at a time that blandness and political correctness have replaced clarity of thinking and decisive action. In assessing Rand's philosophical thought I have always wondered how Japan has managed to succeed while emphasizing the common good over individualism.

This issue of *Panhandle Health* has a little for everyone. While Dr. Kordestani reviews the merits of individualism, as detailed in "Atlas Shrugged", Dr. Periman reviews "The Boys in the Boat". This book tells the story of the American rowing team that won the gold medal in 1936; where teamwork was the key to their success.. The little known story of Joe Rantz, (The Jesse Owens of rowing???) is riveting.

| continued on page 10

Teamwork and grit humiliated the Nazi establishment in Berlin 36. Thank you Dr. Periman for reviewing this book. I intend to read it this summer

Dr. Tom Johnson reviews "Cugel the Clever" by Jack Vance. This book is definitely "deep fiction". Here is a review by Kat Hooper (3) posted on line, previously published in Fantasy Literature: "Cugel 'the Clever'" is one of the scummiest, nastiest, lowliest rogues in all of fantasy literature. He's got no morals and no respect for women, he's often a coward, he's not good looking, nor is he particularly good with the sword. In the words of Cugel's acquaintances, who could imagine such protean depravity?. The answer, apparently is Jack Vance". Dr. Johnson's last paragraph of his book review is masterful ; it outlines the "truth" that is embedded in Vance's lies.

Dr. Urban writes an ode to the short story, colorfully entitled "Four Short Stories to Read before you Die"(4). Interestingly, he suggests that the practice of medicine is probably a collection of short stories that have shaped our

thinking through time and created, in our mind, the masterpiece that is called experience. Frequently, it is more useful than the large randomized double blind studies we are so fond of quoting. Please someone remind me of what I just wrote at the next Tumor Board !!!! I was so glad to see Borges' Irineo Funes, a classic short story character from one of Latin America's literary masters, included in this issue. Irineo is cursed by being unable to forget and to overlook unimportant details; thus he is unable to sort out the trees from the forest. Dr. Urban, a clinician at heart, relates Irineo's "blessing or curse" to the ability to formulate a good differential diagnosis. The greatest "truth" hidden in Borges' "lie" may be, as Dr. Urban puts it, that the "essence of being human is to overlook, to exclude, to forget". Dr. Urban pays homage to Alice Munro, the Canadian Nobel Prize winner, mostly known for her short stories; he reviews "Comfort", which may be as good a way as any to introduce us to Munro's work. Well written, tongue in cheek as usual, Steve Urban is at his best in this review

Dr. Michael Ryan reviews "Lily Bart

and the Dead Madonna in The House of Mirth", a XIX Century love story that takes place in New York high society. The book tells the story of Lily Bart, who "moves through country estate, townhouse, boat house, hotel, apartment to boarding house, always seeking but never finding". (5) Perhaps one of the hidden "truths" in the "lies" of the story is the unpredictability of life's events and the inadequate preparation of a woman raised in XIX Century New York society to confront these challenges.

I reviewed Virginia Woolf's "Mrs. Dalloway", a captivating story about a high society British woman, Clarissa Dalloway, who is throwing a party, which will be attended by the Prime Minister. The story begins in the early morning with Mrs. Dalloway buying flowers and ends with the party that evening. Woolf manages to encapsulate in less than 24 hours almost all aspects of life, from the trivial to the sublime: "life, death, sex, love, marriage, parenthood, youth, age, the present and the past, memory, London, war, reason and unreason, loyalty, medicine, social snobbery, friendship, compassion, snap shots we make about cruelty; the occasionally apt but more often snap judgments we make about ourselves, each other, loved ones, strangers, and the world in which chance and fortune have thrown us together."

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- (1) "La Verdad de las Mentiras". Mario Vargas Llosa. Editorial Alfaguara. 2002, p.15 (www.Alfaguara.com.ar)
- (2) Unraveling the Tragedy of Hamlet, Prince of Denmark. Pruitt, B. *Panhandle Health*. Current Issue.
- (3) Kat Hooper's review of Cugel's saga. Goodreads. Ref.:www.goodreads.com/book/show/158736_Cugel-s-Saga
- (4) "Four Short Stories to Read Before you Die". Urban, S.. *Panhandle Health*. Current Issue.
- (5) Lily Bart and the Dead Madonna in the House of Mirth. Ryan, M. *Panhandle Health*. Current issue.
- (6) Introduction. The Mrs. Dalloway Reader. Francine Prose. Virginia Woolf et. al. Edited by Francine Prose. Harvest Book, Harcourt, p1.



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Four Short Stories to Read Before You Die

by Steve Urban, M.D.

Everybody loves a good story. A veteran recounting what it was like to go ashore at Inchon. A well turned joke. Chaucer's "The Miller's Tale" (the one you were specifically instructed NOT to read back in high school). We like the story to be economically told; whether funny or touching, it should have a point; we like it to come to a satisfying conclusion and not just to dwindle away. We remember the story longer and more thoroughly than its skeleton of facts. Stories enrich us.

Interestingly, the literary genre of the short story has a brief history. Of course, we have the stories of the Bible, Aesop's *Fables*, *The Thousand and One Nights*, and numerous anec-

dotes, but most experts date the first stand-alone literary short story to 1827 (Sir Walter Scott's "The Two Drovers"). Unlike poetry and the novel, American authors were important from the very beginning. Think of Nathaniel Hawthorne (*Twice-Told Tales* from 1837) and Edgar Allen Poe from the 1840's (who among us, as a child, did not shiver at "The Pit and the Pendulum" or "The Cask of Amontillado"?). I could hardly wade through Melville's "Bartleby the Scrivener" in high school English class (forgive me, Mrs. Knighton, up there in heaven), but reread it now in light of one of your poor, "unimportant" and yet persistent and even heroic patients. Outdoorsmen, read the Russian Ivan Turgenev's "Sportsman's

Sketches"—as true and timeless a depiction as of nature and the outdoor life as MacLean's *A River Runs Through It*!

It wasn't until the 20th century, however, that the short story truly came into its own element. The literary giants of that century—Joyce, Hemingway, Nabokov, Faulkner, and many others—wrote stories that are, in their way, as moving and impressive as their novels. Read Joyce's "The Dead", Hemingway's "The Short Happy Life of Francis Macomber", Faulkner's "Barn Burning"—and be prepared to be moved and impressed. In 2013 the incomparable Canadian short story writer Alice Munro received the

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Nobel prize for literature. Usually the Nobel has political overtones—a third world poet, a novelist of the common man in his struggle against the machine, etc.—but everybody agrees that Munro, a staunchly apolitical author, won the prize on literary merit alone. Modern readers should glory in the golden age of short fiction!

We physicians, however, are wary of the anecdote. We prefer the large randomized controlled trial to the case report—what happens to the individual could be the result of chance (it usually is!). We want to overwhelm individual variation in a sea of statistically significant data. And yet, the anecdote—what happens to our child, or to that particular patient—dominates our lives, more so than the aggregate report. Our professional lives are *War and Peace*; our personal lives are “Why I Live at the P.O.”

So, rather than reviewing a book, as Dr. Zusman requested, I’m going to recommend four short stories. You

can read each of them at one sitting (Poe’s definition of the short story) and yet you can enjoy them, can learn from them, and can reread them with profit—the same way that Brian Pruitt profits from re-listening to a Beethoven string quartet or I enjoy hearing Springsteen’s “Ghost of Tom Joad” for the 500th time. You will be the richer for the effort.

Jorge Luis Borges’ “Funes the Memorious”

Borges was an Argentinian who died in 1986. He is one of the giants of literary modernism. He is quirky, unconventional, and thought-provoking. Borges is generally considered the progenitor of the great Latin American writers of the 20th century—including Nobelists Gabriel Garcia Marquez and Maria Vargas Llosa. He loves to make you think outside the box. For instance, his essay “Kafka and his Precursors” points out that subsequent events can completely change our interpretation of the past. Our reading of Kiekegaard, for instance, is completely transformed by the

later works of Kafka. The past is never dead; it is continually being reshaped by the present.

“Funes the Memorious” is a fable about an ordinary man, Ireneo Funes, who receives a blow to the head and thereafter is blessed (cursed) with photographic memory. For example: “We, at one glance, can perceive three glasses on a table. Funes, all the leaves and tendrils and fruit that make up a grape vine. He knew by heart the forms of the southern clouds at dawn on the 30th of April 1892.”

What a wonderful gift, right? To be like a computer with perfect memory! And yet Borges foretold our modern age—he knew that the essence of being human is to overlook, to exclude, to forget. As bad as the medical student who inattentively ignores the important information is the student who pays equal attention to every detail—the one who “can’t see the forest for the trees,” the one who thinks the sore toe is as important as the chest pain. A critical part

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of being a good physician is learning what to ignore. The same in our personal lives. We have to rise above our memories of the past—who would be happy if his or her loved ones couldn't forget those weak moments?

Indeed, as Borges says, "to think is to forget differences, generalize, make abstractions. In the teeming world of Funes, there were only details, almost immediate in their presence... [he] was benumbed by the fear of multiplying useless gestures." Funes is paralyzed by his computer-like recall. He dwindles away in this inhuman world. Borges concludes starkly: "Ireneo Funes died in 1889, of congestion of the lungs."

Flannery O'Connor's "Good Country People"

Flannery O'Connor was a strict Catholic moralist who grew up in rural Georgia—stranger in a strange land indeed! She is widely considered to be a modern master of the short story. She embraced the world view of St. Augustine of Hippo, never married, lived with her mother, and died at age 39 from systemic lupus erythematosus. Her *Collected Stories* earned her the National Book Award posthumously in 1972. Her stories are set in the deep South and basically show the hopelessness of lives lived without reference to a higher spirituality.

"Good Country People" is told from the standpoint of Mrs. Freeman, who is the housekeeper for Mrs. Hopewell and her daughter Joy (names often carry ironic significance in O'Connor). Mrs. Freeman is one of those people who "could never be brought to admit herself wrong on any point" (you may have met people like her). "She had a special fondness for the details of secret infections [and] hidden deformities." Joy had lost a leg in an accident many years ago, and "Mrs. Freeman could listen to [her story] any time as if it had happened an hour ago". Joy is embittered and lonely because of her deformity. Despite the fact that she refuses to allow a Bible in the house, Joy is seduced by an itinerant Bible salesman who entices her into a hayloft in order to steal her wooden leg

(Southern Gothic with a capital G!). Joy is astounded; "Aren't you just good country people?" she implores. The Bible salesman snarls, "You ain't so smart. I been believing in nothing ever since the day I was born" and then abandons her in the hayloft, scurrying down the ladder with her wooden leg. This is a world without God, without a moral foundation—told with high humor, peppered with sarcasm, but alive to the full significance of faithlessness in our modern world.

John Cheever's "Clancy in the Tower of Babel"

John Cheever was another celebrated American short story writer. He was often published in the *New Yorker*, and his *The Stories of John Cheever* won the National Book Award in 1981. Despite his achievements, he was a tormented man—an alcoholic and a closet homosexual in a repressed time. Despite his disruptive desires, Cheever aspired to a conventional life. Every day, he dressed in suit and tie, went down the elevator of his apartment building just like a typical businessman, and then hid away in the basement to write his stories of the American upper-middle class.

"Clancy in the Tower of Babel" is the story of a devout Irish Catholic, who, because of an injury, is reduced to working as an elevator operator in a high-rise apartment building. He visits with the tenants every day and thus discovers that one of the tenants is a florid homosexual. One day, Clancy saves the tenant from attempted suicide; to his surprise, the tenant tries to get him fired. In the long and

short, Clancy retains his job, but realizes that he is poor and powerless and that he is derided by the other tenants despite what he considers to be his moral standards. But Clancy's story is not hopeless. Cheever, the closet homosexual, empathizes with his rigid Catholic character. Clancy returns to his small apartment, where his wife brings him a beer at the end of the day. "She was in her slip, because of the heat. Her hair was held down with pins... a stranger, he guessed, might notice the tear in her slip and that her body was bent and heavy... [but] she appeared to Clancy to be one of the glorious beauties of the day." In the heart-wrenching conclusion to the story, Cheever honors Clancy's ability to look beyond his wife's imperfections, this "half blindness that was all he knew of mortal love". Again—what to attend to, and what to ignore. How important to the work of a physician and the task of the human being!

Alice Munro's "Comfort"

Anton Chekhov, the Russian writer who died in 1904, is generally considered the Shakespeare of the short story. Whereas most previous short-story writers could depict the telling moment, Chekhov could encapsulate an entire life—its promise, its loss—in 20 pages. I would recommend to you any of a score of Chekhov's stories—perhaps "Gooseberries" or "The Woman with the Lapdog"—but, by common consent, the modern Chekhov is the Canadian master Alice Munro. In addition to the Nobel prize, she won the Man Booker International Prize in 2009, indicating

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that her body of work was as highly regarded as any writer of the former British empire—including India’s Salman Rushdie and South Africa’s J.M.Coetzee. Munro has worked almost exclusively in the short story, and I would recommend any of her recent collections—my favorites are *Open Secrets*, *Runaway*, and *Too Much Happiness*. I am going to mention a story from another collection—a story called “Comfort”. My friend David Horsley sent me a copy of this story when it was first published in the New Yorker—and I have reread it many times with increasing appreciation of its many truths. It is published in her collection *Hateship, Friendship, Courtship, Loveship, Marriage*.

“Comfort” is the story of a marriage. Like Chekhov, Munro encompasses a near-lifetime, from the early passion of the protagonist Nina to the death of her husband Lewis, the only lover of her life. Lewis is an outspoken free-thinker, while Nina is quiet and reserved. Lewis, a high school teacher, resigns his job after a controversy

occasioned by his questioning the literal truth of the book of Genesis. Subsequently, he develops ALS (Lou Gehrig’s disease) and, dwindling in vitality and quality of life, commits suicide. The funeral director finds a note in his pocket; Nina thinks it is probably a love-note to her, but it is really a sarcastic riposte to the school board. Lewis never says good bye to her.

You would never predict how the story ends—this is Munro’s magic gift. During a private pre-cremation session, the funeral director (Ed Shore), unhappy in marriage, gives Nina a kiss on the neck. “They were a pair of people with no middle ground, nothing between polite formalities and an engulfing intimacy.” How many stories would conclude with the funeral director seducing the distraught widow? But that’s not what happens. Nina changes the subject and asks about the embalming process; the funeral director complies, and the moment passes. Later on, “her memory of Ed Shore’s kiss outside the kitchen did become a treasure. When

Ed sang tenor in the Choral Society’s performance of the Messiah every Christmas, that moment would return to her. “Comfort Ye My People” pierced her throat with starry needles. As if everything about her was recognized then, and honored and set alight.”

Who cannot identify with this moment? The event that does not carry great significance, does not overturn a marriage, and yet is NOT NOTHING. The kind of moments that, woven together, make the whole cloth of our lives.

Finally, Nina takes her husband’s ashes and bestrews them in the countryside, as Lewis had requested. The last paragraph of the story is heart-rending: “She got open the box and put her hand into the cooling ashes and tossed or dropped them...among those roadside plants. Doing this was like wading and then throwing yourself into the lake for the first icy swim, in June. A sickening shock at first, the amazement that you were still moving, lifted up on a stream of steely devotion—calm above the surface of your life, surviving, though the pain of the cold continued to wash into your body.”

We’ve all had to face such occasions of deep loss. Who—the parent, the spouse, the child, or the empathetic physician—cannot identify with this shock, this bewilderment, this devotion, this pain—and this determination to go on with life.

I have many other favorite modern short stories—J.D. Salinger’s “For Esme—With Love and Squalor”, John Barth’s “Lost in the Funhouse”, Grace Paley’s “A Conversation with My Father”, Richard Russo’s “The Whore’s Child”—but start with these four. They will help you to understand how to elicit the history of present illness; they will help you to know what to pay attention to and what to ignore; they will help you to empathize with your patients, with their loss and with their persistence. That is to say, these stories will reinforce all the important attributes of a physician.

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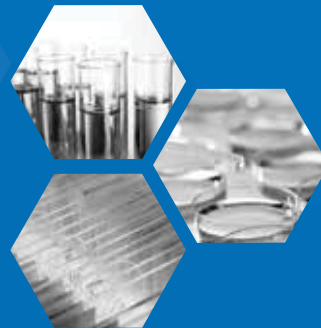
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Book Review: **Cugel the Clever**

by Thomas Johnson, M.D.

Dr. Zusman asked me to review a favorite book, harking back to a review I did many years ago for this publication when Dr Long asked me to write a report about the book that affected me most at the time of my first reading.

This is a very different request and how to choose from so many books that I have liked immensely was a challenge. I thought about it a great deal and concluded I have scores of favorite books as the mood takes me. So, I chose a book that most of you will not have not read and in a genre that often is viewed as trivial. I chose *Cugel the Clever*, previously entitled *Eyes of the Overworld*, by Jack Vance.

Beginning with the author, Jack Vance, a few words are in order. He was born in 1918 in California and was in his 40's before he actually began to write seriously with a not at all auspicious earlier life. He ultimately became recognized as a master of his genre of science fiction and fantasy and by many as a genius in his description of human behavior, mostly of the bad and amoral that lives in us all. It is depicted with such tongue in cheek and humorous style that it is the *Heart of Darkness* as read by Eric Idle. It has a style much akin to Voltaire's *Candide* (another of my favorite books, yet known to you all). His master work, in my opinion, though by no means his most famous nor award winning, is this *Cugel the Clever* – the alternate title mentioned above was chosen over his preference by an editor when he was a virtually unknown and hence powerless writer. It is now released under the title he preferred.

The story is simple. A vagabond with an outsized sense of self worth, perhaps somewhat autobiographically, is down on his luck and tries to better his lot, happily through larceny, grudgingly in other ways. As the tale unfolds

it is clear his lot is due to his inability to adopt a moral or social conscience at any turn, which leads to decisions that have short term benefit or at least prospect but which also inevitably lead to the construction of such a frail edifice of success that it collapses quickly and he finds himself forever thwarted. It is a mirror to our own human behavior, both personally and culturally. His saving grace, like our own, is that Cugel never stops picking himself up from his last disaster and moving on and retaining an almost childlike belief in his next great success. His ability to forget his past mistakes without learning from them is a trait our culture is always prone to make. He is Achilles, Hamlet, Ahab and all the other supposed heroes as they really should be seen to be, flawed souls, here displayed with proper comedy and parodied in the guise of an amoral, occasionally homicidal, foppish, would be dandy with little to recommend him except his tenacity, very human indeed.

What distracts, from the grinding reminder of who we are and how poorly we learn and how foolish we must be, is the fantastic setting in an imagined wonderland world of the farthest future so removed and so populated with a menagerie of outrageous humans and other things swirling with

an air of magic and unforeseeable events that the reader is distracted from the seed of the story by the fruit of the narrative.

Prepare for a use of English like you have rarely encountered it. The language is the other element of this work that I encourage you to enjoy. Vance was a writer with a unique style, on the edge of preposterous yet never ponderous. His language craft is of a level to make you sit back from time to time to just smile over his wordsmithing.

Is this a great work of literature? In its way I believe so. Its genre is hard for some to enjoy, but I don't much care for the genre and yet I love the book.

Cugel the Clever is a masterful work of imagination, language, humor and most importantly, a look what a piece of work is Man, nearly infinite in faculty but hardly noble in reason and not at all like an angel. Just read the news! No, read *Cugel the Clever*.

FYI

Dr. Robin Martinez was invited to serve on the TMA Committee on Physician Health and Wellness from 2014 to 2017.

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Book Review: **Mrs. Dalloway**

by Jaime Zusman, M.D.

"Nature gives an idea....the novel provides its lodging"

Virginia Woolf. "An Introduction to Mrs. Dalloway". In "The Mrs. Dalloway Reader". Virginia Woolf et al. Ed. By Francine Prose. A Harvest Book. Harcourt, Inc., p.12

"Mrs. Dalloway said she would buy the flowers herself", one of the most famous opening lines in literature, leads us into this literary masterpiece, written by Virginia Woolf in 1925.

The story is simple in its shell, the inner life of its characters is more complex. Clarissa (Mrs.) Dalloway is an aristocratic woman married to a conservative politician and mother of an adolescent; she is giving a party, to which the Prime Minister has been invited. The novel begins in the morning with Mrs. Dalloway going to buy flowers, then strolling around London and ends with the guests leaving the party the same evening.

The second major character is Warren Septimus Smith, a young, bright man, with a mundane desk job in London, who used to read Shakespeare, and was in love with Miss Isabel. Warren Septimus has returned from the war, and is experiencing a severe case of what was then called shellshock, and is now known as Post Traumatic Stress Disorder (PTSD).

Warren Septimus is managed by two insensitive and uncaring physicians, Dr. Holmes and Sir William Bradshaw, the consulting psychiatrist.

Peter Walsh is an old flame of Mrs. Dalloway's who has returned from India and unexpectedly drops in on her, as she is mending her dress for the party. He tells her that he is considering marriage to Daisy, a younger woman who is married to an English officer in India. It is clear that he continues to be emotionally involved with Clarissa. He thinks he has not been successful in life. He was expelled from Oxford and harbored socialistic ideas. He wanted Clarissa but could never have her; he has been unable to cut his emotional ties to her. Peter is now in middle age and realizes he has made bad decisions in his life. Although he feels superior to his more aristocratic peers, he is now jobless and has to kiss up to them.

During her stroll through London, Mrs. Dalloway meets some other less important characters of the book and crosses paths but never personally meets Warren Septimus. Virginia Woolf lets the readers into her main character's mind. Mrs. Dalloway reminisces of her youth and what life would have been like had she married Peter Walsh. She concludes that although she is in a "loveless" relationship with her husband Richard, she is better off than if she had married Peter. She likes hav-

ing servants. She fondly remembers a youthful kiss with her girlfriend Sally Seton, as the only moment in her life she has felt true passion. Clarissa and Sally had a special bond and promised each other they would never marry.

Simultaneously, Warren and his wife Lucrezia are walking the streets of London, waiting to be seen by the famous physician (from hell) Sir William Bradshaw. Warren has attempted suicide, has hallucinations and paranoia. He has been told by Dr. Holmes that he is in a "funk" and that there is nothing wrong with him. He prescribes weight gain, acquiring a hobby and not to make his wife more anxious. It is clear that Holmes is over his head with this case and refers the patient to the eminent Dr. Bradshaw. As they enter Dr. Bradshaw's office, they see what is described as a "stately car" parked outside. Bradshaw makes the brilliant diagnosis that Warren is having a nervous breakdown, a clinical observation that had eluded the good Dr. Holmes. Dr. Bradshaw is an all-powerful, in-charge, dictatorial type physician, who espouses the theory of "Proportion and Conversion", and believes that mental illness does not exist and that it is nothing but a lack of Proportion (????). Everything can be cured by self discipline and Warren just needs to learn to exercise more self control. Dr.

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Bradshaw believes in isolating mental patients and recommends that Warren be sent to an institution in the country, away from Lucrezia, with no friends and no books. He states that he will come to their apartment later to take Warren to the country home. As Dr. Bradshaw enters the apartment, the terrified and profoundly ill Warren jumps out of the window and commits suicide.

Later at the party, Mrs. Bradshaw announces that earlier that day, a young patient of Dr. Bradshaw's had committed suicide. Mrs. Dalloway is upset as she thinks this is going to ruin her party. But the party goes on. She perceives what harm Bradshaw had probably caused this young man, empathizes with Warren's decision to commit suicide but concludes that she could not do it. Virginia Woolf, who committed suicide in 1941, gives us a glimmer of

hope that life although difficult may be worth living.

At the party, Peter and Sally are disturbed that Clarissa has not spent much time with them. Of course, Mrs. Dalloway has been entertaining the Prime Minister and other more important guests. Peter has a sense of "terror and ecstasy" and in the closing paragraph wonders: "What is it that fills me with excitement?. It is Clarissa he said." For there she was.

So, then what ideas has Virginia Woolf "housed" in Mrs. Dalloway.

Notably, in a departure from previous literary tendencies, Virginia Woolf writes about everyday characters, not epic heroes. She makes everyday people, especially women and their thoughts, the main characters of the book. The description of their mundane and sublime thoughts fills this novel. She demonstrates that everyday people can make good literary characters.

Woolf's characters are lonely and alienated. Mrs. Dalloway is surrounded by people but communicates with nobody. There is an elderly neighbor with whom she makes periodic and transient visual contact, but never speaks to her. Richard Dalloway loves Clarissa but cannot find a way to communicate this to her. Peter Walsh is disconnected from his peers, wishes he could bond with Clarissa, but realizes that this train departed long ago. Mrs. Dalloway and Sally, who had a brief and passionate kiss as youths, have now moved in different directions. The most alienated character is the suicidal, shell shocked war veteran Warren Septimus, who cannot connect with his wife, his peers and even less with his horrific doctors. Near the end of the novel, as Clarissa Dalloway learns of Warren's suicide, she feels an instant bond to him despite never having met him.

Virginia Woolf is keen on depicting the horrors of war that persist even after the last shot has been fired. The book was written eight years after the end of the war. There is a meaningful exchange between Warren's wife and one of his physicians as to whether Warren is a hero or not. Dr. Holmes calls this returning ill veteran a "coward" for considering suicide. Woolf implies that many of the soldiers do not

know what they are fighting for other than the glory and well being of Great Britain. Virginia Woolf's "truths" embedded in the lies that her novel describes are as meaningful today as they were in the 1920's (See Editorial). Our veterans are hailed as heroes but come back ill and unemployed to face subpar medical care and an indifferent society. Virginia Woolf's thoughts in 1925 are most relevant in 2014.

Virginia Woolf was a brilliant, hard-working, socially active woman, and also a psychologically troubled writer. She suffered from severe depression and hallucinations. She was involved in an open Lesbian relationship with Vita, while married to Leonard Woolf. She had been suicidal for years until she finally went through with it, by loading rocks into her pockets and walking into the river. Virginia Woolf had negative interactions with the medical profession throughout her illness. It is no coincidence that Dr. Holmes and the knighted Sir William Bradshaw are presented as despicable, uncaring and insensitive doctors. The psychiatry of the 1920's was mostly psychoanalytic and not pharmacologic; the emphasis was on treating patients by making them conform to society's rules and traditions. Would it be different today? For the most part I believe it would. I think the wise use of psychoactive drugs has indeed helped many patients.

In 2005, Time magazine named Mrs. Dalloway one of the best novels of the 20th century. It inspired Michael Cunningham's award winning novel, subsequently turned into a superb movie, "The Hours". Mrs. Dalloway is Modernism at its best, the literary movement that changed the way the novel had been traditionally written. The plots became harder to sort out, the characters' motives and personalities became more ambiguous, and the beginning, middle and end of the story were often altered. It made for more challenging reading but a better understanding of life's events, which are not always clear and orderly.

ACKNOWLEDGEMENT

I would like to thank Dr. Bonnie Roos, Associate Professor of English at West Texas A&M for inspirational teachings on Modernism and Mrs. Dalloway.

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Rodney B. Young, MD, Texas Tech University Health Sciences Center, Amarillo; David P. Wright, MD, Chair, TMA Council on Medical Education; and Lisa R. Nash, DO, Chair, TMA Subcommittee for Academic Physicians.



(Silver and Gold level recipients): Front: Surendra K. Varma, MD, Texas Tech University Health Sciences Center, Lubbock; Cheryl L. Hurd, MD, University of North Texas Health Science Center. Back: Kevin Hood McKinney, MD, The University of Texas Medical Branch; Rodney B. Young, MD, Texas Tech University Health Sciences Center, Amarillo (center); G. Sealy Massingill, MD, University of North Texas Health Science Center.

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The Medical Society thanks all of its supporters as it offers new opportunities to its membership. If your business is interested in being a part of our Circle of Friends, please contact Cindy Barnard at 355-6854 or e-mail prcms@suddenlinkmail.com



Book Review:

Unraveling *The Tragedy of Hamlet, Prince of Denmark*

by Brian Pruitt, M.D.

I am enchanted by Shakespeare's *Hamlet*. Admittedly, it's not easy reading—some parts of the play are famously difficult—but books of commentary (1,2,3,4) provide many valuable insights. The most challenging questions are the focus of this article, and I'll introduce them one at a time.

THE GHOST

Before the action of the play begins, Hamlet was a student in Germany at Wittenberg University. He has returned to his hometown of Elsinore for the funeral of his father, the King of Denmark. There, his father's brother Claudius has inherited the throne. As the play begins, a ghost resembling Hamlet's father has been sighted on the ramparts of the castle's watch tower, and Hamlet is summoned. He meets it, eager to learn its nature and mission (act I, scene 4),

Be thou a spirit of health or goblin damned,
Bring with thee airs from heaven or blasts from hell,
Be thy intents wicked or charitable,
Thou com'st in such a questionable shape
That I will speak to thee. ...

The ghost recognizes Hamlet as his son and speaks to him (act I, scene 5),

My hour is almost come
When I to sulf'rous and tormenting flames
Must render up myself. ...
I am thy father's spirit,
Doomed for a certain term to walk the night,
And for the day confined to fast in fires,
Till the foul crimes done in my days of nature
Are burnt and purged away. But that I am afraid
To tell the secrets of my prison house,
I could a tale unfold....

These lines suggest the Roman Catholic idea of purgatory (1c, 1f, 2), which for centuries has been conceived as

the place where most souls go after death to endure an excruciatingly painful cleansing before being eligible for heaven. Disputes over purgatory were the primary basis for the Protestant Reformation in the 16th century. The earliest protests were led by Martin Luther, a professor of theology at Wittenberg University—Hamlet's university in the play! Luther especially objected to the Catholic Church's practice of selling "indulgences"—suspensions of punishment in purgatory granted by the Pope. Luther made his famous protest in 1517 by nailing his 95 theses about indulgences to the door of Wittenberg's Castle Church.

Is the ghost in *Hamlet* intended to be a soul in purgatory? The lines above are just a few of the many that suggest so, but the play never makes direct mention of purgatory. By the time of the play's writing in 1600, England was strictly Protestant, and the Church of England had unequivocally rejected the Catholic idea of purgatory (1f). Any reference to purgatory in the play would have been censored. Hamlet can only speak of heaven and hell.

The ghost tells Hamlet that he has been murdered—that his brother Claudius has poured poison in his ear while he slept. The ghost claims that Claudius has seduced Hamlet's mother and insists that Hamlet take revenge (act I, scene 5). Is the ghost's demand good or evil?—that depends on where the ghost comes from. Either way, Hamlet vows his loyalty to it (act I, scene 5),

O all you host of heaven! O earth! What else?
And shall I couple hell? Oh, fie! Hold, hold, my heart,
... Remember thee?
Ay, thou poor ghost, whiles memory holds a seat
In this distracted globe.

After meeting it and hearing its words, Hamlet swears "by Saint Patrick" (the patron saint of purgatory) (3), that

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the ghost is “honest” (act I, scene 5). But soon afterward he expresses doubt, fearing that the ghost is really a deceiving devil and not his father’s spirit after all (act II, scene 2),

**The spirit that I have seen
May be the devil, and the devil hath power
T’assume a pleasing shape; yea, and perhaps,
Out of my weakness and my melancholy,
As he is very potent with such spirits,
Abuses me to damn me.**

If the ghost must come from either heaven or hell, then its charge to Hamlet should be either perfectly good or totally evil. But Hamlet will find good and evil mingled in what he is expected to do. There does seem to be a place for purgatory in this play.

MADNESS AND MELANCHOLY

The nature of *Hamlet*’s ghost is an intriguing question, but more puzzling is Hamlet’s “madness.” Instead of immediately resolving to kill Claudius, Hamlet decides to “put an antic disposition on” (act I, scene 5). Why does Hamlet feign madness? No motive is evident—his antic disposition provides no benefit to him and actually works against him by raising Claudius’s suspicions.

Hamlet’s madness is especially significant for his girlfriend Ophelia. Before the play’s beginning, Hamlet beseeched Ophelia’s love using “almost all the holy vows of heaven” (act I, scene 3). Doubting Hamlet’s sincerity, her father Polonius

makes her end the relationship. In act II, Polonius suggests to Claudius that Hamlet’s madness has come in response to the broken romance. To investigate that possibility, Polonius proposes to “loose” Ophelia on Hamlet while he spies on the couple. What he observes is Hamlet fiercely rejecting any interest in marrying Ophelia (act III, scene 1):

Get thee to a nunnery. Why wouldst thou be a breeder of sinners? I am myself indifferent honest, but yet I could accuse me of such things that it were better my mother had not borne me.... What should such fellows as I do crawling between earth and heaven? We are arrant knaves all; believe none of us. Go thy ways to a nunnery. ... I say we will have no more marriages. Those that are married already, all but one, shall live; the rest shall keep as they are.

In Kenneth Branagh’s film version of *Hamlet*, Hamlet becomes aware of the spies’ concealed presence in the room, explaining his abrupt harshness with Ophelia. But the written play does not explicitly offer that explanation.

A little later, Hamlet seems to have renewed his interest in Ophelia. Their encounter takes place as they sit near Claudius in the audience of a play-within-the-play (act III, scene 2). The play features a murder committed with poison poured into the victim’s ear. Hamlet has plotted the play so he can judge Claudius’s guilt based on his visible response to the dramatized crime:

| *continued on page 22*

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I'll have these players
 Play something like the murder of my father
 Before mine uncle. I'll observe his looks;
 I'll tent him to the quick. If 'a but blench
 I'll know my course. ...
 ...The play's the thing
 Wherein I'll catch the conscience of the King.

To be completely certain about a change in his uncle's looks, he meticulously ensures that Claudius's baseline disposition is unruffled: nothing should disturb his calm before the pouring of the poison. Accordingly, Hamlet behaves normally, acting friendly with Ophelia and making bawdy merri-ment with her. But this normal behavior is feigned. Once he has established Claudius's agitated response to the poured poison, he abandons Ophelia to a life of insanity and eventual death.

It is useful to compare *Hamlet* with Shakespeare's primary source (1a, 1b), a 12th century Danish history written in Latin by Saxo Grammaticus. In Saxo's story the main character is a boy named Amleth whose father the King has been publicly killed by his brother Feng [counterpart to Claudius]. Feng takes the crown and the King's wife. The boy is too young to attack Feng immediately and therefore needs time to devise a stealthy vengeance. To avoid Feng's suspicion, Amleth chooses "to feign dullness, and pretend an utter lack of wits." Greenblatt (3) notes that Shakespeare has incorporated parts of Saxo's story while strategically omitting the parts that explain the characters' motives. Amleth has a motive for

feigning mental incompetence and Hamlet does not.

Saxo's story also has a rough counterpart to Ophelia. When Feng becomes suspicious that Amleth only pretends mental dullness, he has the boy placed alone in the dark with an eager young woman, believing that Amleth will ravish her on the spot and thus prove he is normal. The boy avoids being caught in the trap; a spying escort reports that no union occurred. Again, Saxo gives Amleth a motive for his dealing with the young woman while Shakespeare omits the motive.

Analyzing what he sees as Shakespeare's great leap forward in *Hamlet*, Greenblatt (3) writes: "He had rethought how to put a tragedy together—specifically, he had rethought the amount of causal explanation a tragic plot needed to function effectively and the amount of explicit psychological rationale a character needed to be compelling. Shakespeare found that he could immeasurably deepen the effect of his plays...if he took out a key explanatory element.... The principle was...the creation of a strategic opacity."

In other words, the play's opacity about Hamlet's motives makes his portrayal as a human being more psychologically realistic. But while Greenblatt's observation explains a great deal, there's more to Hamlet than opacity. His feigned madness hides *the true madness of melancholy*. In the play's most famous speech, Hamlet seriously considers ending his life (act III, scene 1):

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...To die, to sleep—
No more—and by a sleep to say we end
The heartache and the thousand natural shocks
That flesh is heir to; 'tis a consummation
Devoutly to be wished.

His mother married Claudius almost immediately after his father's death. In angry reproach, Hamlet persists in wearing mourning clothes. When she chides him about it, he retorts (act I, scene 2),

**'Tis not alone my inky cloak, good mother,
Nor customary suits of solemn black...
But I have that within which passes show;
These but the trappings and the suits of woe.**

His response to the hasty marriage is more than anger—he is disgusted by the thought of his mother's intimacy with his uncle. In his melancholy, he generalizes his disgust to include all living nature, likening it to the unchecked growth of weeds (act I, scene 2):

...Oh, God, God,
How weary, stale, flat, and unprofitable
Seem to me all the uses of this world!
Fie on't, ah, fie! 'Tis an unweeded garden
That grows to seed; things rank and gross in nature
Possess it merely. That it should come to this!
... she, even she—
Oh, God, a beast that wants discourse of reason
Would have mourned longer!—married with my uncle....

He wants nothing to do with the “rank and gross” processes of procreation. He rejects marriage and children, thereby rejecting Ophelia as we have seen. But the unvarying focus of his contempt is his mother's marriage. With Claudius's guilt now proven by his response to the fictional poison, Hamlet charges into his mother's “closet” (a small private chamber) and brutally shames her for marrying Claudius (act III, scene 4).

Nay, but to live
In the rank sweat of an enseamed bed
Stewed in corruption, honeying and making love
Over the nasty sty!

In a Freudian essay from 1922 (1e), Ernest Jones proposes that Hamlet's attitude toward Claudius is jealousy, that Hamlet has an Oedipal complex—a repressed sexual passion for his mother. This view became popular when Lawrence Olivier's 1948 film version featured a passionate kiss between mother and son. But Jones does not claim that the play portrays incestuous activity; rather, he asserts that Hamlet's repressed sexual desire for his mother is the cause of his revulsion for women. Applying his psychoanalytic perspective to the character Hamlet, Jones writes,

Now comes the father's death and the mother's second marriage. The association of the idea of sexuality with his mother, buried since infancy, can no longer be concealed from his consciousness.... Feelings, which once, in the infancy of long ago, were pleasurable desires can now, because of his repressions, only fill him with repulsion.... The intensity of Hamlet's repul-

sion against women in general, and Ophelia in particular, is a measure of the powerful “repression” to which his sexual feelings are being subjected.... Indeed towards the end of the interview with his mother the thought of her misconduct expresses itself in that almost physical disgust which is so characteristic a manifestation of intensely “repressed” sexual feeling.

While Jones finds hints of repressed sexuality throughout the play, he does not believe that Shakespeare intentionally placed them there. Following the opinion of Freud himself (5), Jones writes that Shakespeare has unconsciously projected his own Oedipal complex into his character Hamlet (1e).

My argument against Jones is that *Hamlet* is not entirely a product of Shakespeare's mind. In particular, the “closet” scene—where Hamlet's disgust for his mother erupts most furiously—is taken from Saxo's account of Amleth lecturing his own mother (1a):

'Wantoning like a harlot, thou hast entered a wicked and abominable state of wedlock, embracing with incestuous bosom thy husband's slayer, and wheedling with filthy lures of blandishment him who had slain the father of thy son.'

Would we say that Hamlet's “Oedipal complex” arose from Saxo's 12th century psyche? That is far-fetched. The entire Freudian interpretation of *Hamlet* seems implausible. I do not believe that subliminal erotic urges really exist in the play. I find only anger and simple disgust in the impassioned words of Hamlet scolding his mother.

DELAYED VENGEANCE

Before the end of act I, the ghost urges Hamlet to kill Claudius in revenge for his murder. Hamlet takes the command seriously, but then defers the deed until the final scene of the play. Why? As with the earlier examples of “strategic opacity” (3), we are not given a precise motive. Hamlet himself does not know why he delays (act IV, scene 4),

Now, whether it be
Bestial oblivion, or some craven scruple
Of thinking too precisely on th'event—
...—I do not know
Why yet I live to say this thing's to do,
[Since] I have cause, and will, and strength, and means
To do't.

If the ghost is his father's spirit, Hamlet is duty-bound to obey its command. He berates himself for failing to act (act II, scene 2):

Oh, vengeance!
Why, what an ass am I! This is most brave,
That I, the son of a dear father murdered,
Prompted to my revenge by heaven and hell,
Must like a whore unpack my heart with words,....

But his own phrase “prompted to my revenge by heaven and hell” touches on the ghost's mixed nature. Hamlet grapples with the evil of killing Claudius in the name of good (4).

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His resolution to act grows stronger after the “play” confirms Claudius’s guilt (act III, scene 2):

... Now could I drink hot blood,
And do such bitter business as the day
Would quake to look on. ...

He comes upon Claudius alone and draws his sword, but then notices that Claudius is kneeling in prayer (act III, scene 3). Hamlet turns away from revenge simply because the act of prayer would lessen Claudius’s chances of going straight to hell! (1d).

While visiting his mother a little later, he hears someone behind a wall tapestry. Certain it must be Claudius, he thrusts his sword into him, killing him. The more-or-less innocent victim turns out to be Ophelia’s father Polonius, and his killing turns the story around. Hamlet the avenger becomes the object of another man’s revenge (4). Polonius’ son Laertes bursts into the story (act IV, scene 5), bent on immediate satisfaction, unwilling to accept a moment’s delay. Hamlet recognizes the irony in this twist of events (act V, scene 2):

For by the image of my cause I see
The portraiture of his.

The play’s final act is a turning point for Hamlet. Observing a gravedigger at work (act V, scene 1) and meditating on the skulls of those buried over the years, he realizes that death is but a normal part of life, the common destiny of all mankind (4). From that insight he takes on a more care-free spontaneity (act V, scene 2):

Rashly,
And praised be rashness for it, let us know,
Our indiscretion sometimes serves us well,
When our deep plots do pall: and that should teach us
There’s a divinity that shapes our ends,
Rough-hew them how we will.

Hamlet no longer sees an impediment to killing King Claudius (act V, scene 2):

He that hath killed my King and whored my mother,
Popped in between th’election and my hopes,...
–is’t not perfect conscience
To quit him with this arm?
And is’t not to be damned

To let this canker of our nature come
In further evil?

As the play draws to an end, Claudius sends Hamlet a sporting challenge to fence against Laertes. Hamlet shakes off his initial misgivings with an easygoing acceptance of what will come (act V, scene 2):

There is special providence in the fall of a sparrow. If it
be now, ‘tis not to come; if it be not to come, it will be
now; if it be not now, yet it will come. The readiness is all.

Hamlet embraces his fate, heedless of what awaits him, not suspecting that Claudius and Laertes have poisoned a sword tip and a wine cup. Once the match begins, the plot soon backfires—Hamlet’s mother innocently drinks from the deadly cup. The swordplay gets out of hand, wounding and poisoning both Laertes and Hamlet. With his last strength, Hamlet attacks Claudius with both sword and cup. All die in this tragedy of Hamlet’s final willingness to act.

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Book Review: Lily Bart and the Dead Madonna in *The House of Mirth*

by Michael Ryan, M.D.

When asked to write a review of a favorite book for the summer issue of *Panhandle Health*, I was at first disinclined to do so because of the work that writing such a review would entail. Then, I thought over the question as to what value, beyond diversion, reading works of literature might hold for a physician. As physicians, we are front row observers, experiencing at a close but, because of our limited involvement, safe distance, the unfairness of life for many individuals and families. Because of that distance on top of closeness, we may too easily remain desensitized to the daily tragedies that we encounter. If nothing else, literature schools us in those tragedies.

Edith Wharton's *House of Mirth* is a case in point. It is a love story wrapped in tragedy that carries with it a medical footnote. The house of mirth is a moving mirage. Beginning at her aunt's house, Lily Burt, the heroine of the novel, moves through country estate, townhouse, boat house, hotel, apartment to boarding house, always seeking but never finding. Her love story with Lawrence Selden surfaces periodically but can never quite stay afloat. It is torpedoed because Selden misconstrues the circumstances, and adds inferences to his seeing Lily leave the townhouse late at night of a business and social baron, Gus Trenor.

The world portrayed in the novel is that of high society in New York at the end of the 19th century. It is a world that grows out of the traditions of the Old Dutch New York families. In time, that world lived under the unique circumstance of an exclusive 400 families bonded by being included on an invitation list of a particular matron of that society. It is a world that fascinates and therefore would gain a special section in the newspaper, a world divided between "being inside and out" (p. 281). This world is fortified with money and presumes that a wom-

an's place is in the home. There are also rules governing feminine behavior under the rubric 'social discipline' (p. 16). One "could ... never do a natural thing without having to screen it behind a structure of artifice" (p. 15) and whereby Lily could "seldom ... allow herself the luxury of an impulse" (ibid). Lily is particularly at risk in this world because, while she was raised to be rich, she is in fact poor. By way of her father, "they had lost their money" (p. 28) on the cusp of her coming out. Rules, money and rules, but also calculations and scheming by which one might come out on top again. Lily calculates but she can never carry her intrigues to fruition.

She may purchase a bundle of incriminating letters but cannot use them to blackmail her nemesis, Bertha Dorset, because doing so would also incriminate Lawrence Selden and she will not compromise him even though he abandons her. As Bertha's badgered husband, George Dorset, testifies of her "Ah, you are kind – you're merciful" (p. 243). Lily is too good for her world and she rises above it. In a moment of perceptive clarity, Lawrence Selden senses her beauty: "its expression was now so vivid that for the first time he seemed to see before him the real Lily Bart ... catching for a moment a note of that eternal harmony of which her beauty was a part" (p. 135). Her beauty is more than skin deep; it partakes of the divine.

How far women have come, from a world where women were caged in by assumptions that only limit. Now, women have fully entered the work force, the ballot box, the universities, the government, the corporate board and even the military in combat roles. However, when I see progress, I reflect on the problem of progress – that is what we lose with it. Lily Bart is our loser. She proves a point. Societies change but always regulate.

We emphasize freedom; Lily's society emphasized duty. Reading this novel is like watching an elegantly tapered candle slowly burn itself out until it flickers into extinction. Because of "her lack of early training" (p. 215), "her untutored fingers" (ibid) prove to be "helpless and ineffectual – as a breadwinner" (p. 267). She cannot navigate an "incurable dread of discontent and poverty" (p. 295), but she is always able to hold on to the bedrock of moral sense that underpins society.

In the end, Lily abuses prescription medication and dies of an accidental overdose of chloral hydrate (which I am old enough to remember having prescribed). But as she dies she can dream of the child of a poor woman who was helped by her impulsive charity. She dies the very image of the Madonna.

She stirred once, and turned on her side, and as she did so, she suddenly understood why she did not feel herself alone. It was odd – but Willie Struther's child was lying on her arm. She felt the pressure of its head against her shoulder. She did not know how it had come there, but she felt no great surprise at the fact, only a gentle penetrating thrill of warmth and pleasure. She settled herself into an easier position, hollowing her arm to pillow the round downy head, and holding her breath lest a sound should disturb the sleeping child. (p. 323)

From a small medical perspective, Lily Burt is a prescription drug abuser; from a more generous perspective, she is a dead Madonna and through her death keeps alive the fading memory of Notre Dame.

The House of Mirth, Edith Wharton
Charles Scribner's Sons, New York,
1975



Book Review:

Who is John Galt?? A Tally of *Atlas Shrugged*

by Rouzbeh K. Kordestani, M.D., MPH

That is a saying that has popped up thousands if not millions of times since its inception back in 1957. The originator of the saying was the writer Ayn Rand. She conjured this saying as part of her writings that culminated in the two books named the *Fountainhead* and *Atlas Shrugged*. The saying actually is from *Atlas Shrugged*.

This is a review of sorts of *Atlas Shrugged*.

Ayn Rand wrote *Atlas Shrugged* in 1957. In that year, the book was published and was met with only minimal success. The book was not touted for any specific reason except that it advocated an interesting new philosophy, one that chose to abandon the accepted societal views of civility and embrace individuality and success. Since the writing of the book, it has been published many more times, in multiple volumes, in various countries. The philosophy appears to mean more now than it did back in the 1960s.

The book starts by cataloguing the successes of our heroine, Dagny Taggart, who is the young daughter of one of the famous tycoons of the day, known for the establishment of the cross continental railway, The Taggart Comet. As the story progresses, we see our heroine, slowly but surely afflicted with the molasses of laissez-faire society. As she goes through her daily routines, we see how slowly her capitalistic empire starts to falter and fail. She and the other main characters are daily faced with challenges, as the educated and intelligent members of society are abused and slowly disappear. This is in direct homage to

the philosophy of the day that states that people can only be asked to do so much. If someone else is better, that person NEEDS to work harder to make up for the inability of others to carry their weight. In her book and by her description of the philosophy of the day (and possibly today),

the people WHO CAN must do for ALL the PEOPLE WHO CANNOT. All the achievements of those who succeed and create and invent are slowly but categorically assimilated to the society. In the book, Ayn Rand describes the hordes of non-achievers who use civility and responsibil-



ity as words to throw at achievers to make them succumb. In the book, this applies to Reardon, who creates a new kind of metal alloy and who is forced to give up his patent and all his wealth; this applies to Francisco d'Anconia, a mineral magnate, who is forced to give up his family wealth and all of his mineral rights throughout the world; this applies to Calvin Atwood, the owner of Atwood Light and Power, the best power company in the world, who is forced to suddenly shut down and close; this applies to Dan Conway, the owner of the Phoenix-Durango Railroad, who is forced not to complete because it is considered unsavory and abandons his railroad and moves on; this applies to Ken Danagger of Danagger Coal who is forced to give up his success and his coal company to satisfy the non-competitive hordes; and the list of characters goes on and on.

Interestingly, the one person who refuses to go on is John Galt. John Galt apparently was a genius of a young inventor initially recruited at the Twentieth Century Motor Company. There in that company was a grouping of some of the best engineers of the world. As the company slowly grew, a few people came up with the philosophy of the day, in which everyone's achievements would be grouped and the group would benefit without any credit to the individual. Once this philosophy is described, a young engineer gets up and defies the others. He says, "NO." That young engineer is John Galt. He then leaves his job and disappears because he refuses to let his skills be used for the benefit of others without as much as a thank you. He states at his departure, "I will be the one to stop the engine of the world." It is understood between the lines that he does this out of responsibility because he feels that this philosophy, and a world based on it, does not need to be salvaged. Hence, after his departure, as the world starts to decay, as the achievements disappear

and as normal daily hardships are encountered, people who are faced with the simple questions of "why is this happening??" "In an answer, I do not know...Who is John Galt???" It is understood that he was a man who described that the world would slowly falter. No one has an explanation except for the legend of John Galt, the "destroyer" of the world.

As Dagny Taggart sees the world slowly decay, she is often asked or often hears the phrase, "Who is John Galt?" She too does not understand the saying until she learns the history. As she tries very much to resist the inertia of the day, she too sees the world of the future and it's failure. But she chooses to continue to resist. She follows the other achievers and sees them slowly disappear. As they disappear, she feels more and more alone. There are very few stars left in society. Through this ordeal, she feels that a power, not society, is fighting her, and stealing the other achievers. She is right. In one area of the book, she finally reaches her foe, which happens to be John Galt, the young engineer. She unknowingly follows him to a new society established in the hills of Colorado. There after the crash of her plane, she is allowed to heal surrounded by all the achievers of the world. These same achievers have joined John Galt in his revolution. They have chosen NOT to contribute their talents to the society at large. They too believe that if society is to take their skills and their inventions away,


they would rather no longer help or invent. They will simply let society rot and fade. In their makeshift village in the hills of Colorado, every achiever lives quietly but chooses to work specifically not in their field of expertise. Each world-renowned thinker makes a pact to study NOT in his area of expertise. They chose to think for thinking itself and not to create because they realize that their creations will be taken.

Soon after her return to regular society, Dagny Taggart herself feels alone. The achievers along with John Galt sit by the sidelines and watch her. Dagny continues to struggle against the rising mount of idiocy and finds that she is losing. However, unlike the others, she cannot give up. She tries and tries. Then as the book nears its end, you see her stranded in the middle of nowhere with her famous Taggart Continental line. She smiles knowing that her friends, the achievers, were right. She survives with the full knowledge that the users and lackeys will not be able to run the world. As the book ends, there is an in built smile both on her (Dagny) and on Ayn Rand, noting that the new world will be forged on top of the bodies of the unachievers. As the book ends, the achievers are ready to rebuild the world anew.

All in all *Atlas Shrugged* is a tremendous novel. The story is an interesting bely of events and char-

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acters. Most importantly, though, in my opinion, it is a story of a philosophy that needs to be ascribed, a philosophy that teaches individuality and individual achievement. This truly applies to our events today. As the modern society of the 21st century is slowly moving forward, all too often there is consensus that achievements mean nothing. The belittling of achievements has become paramount. No one believes that hardship and struggle are necessary. No one believes that standards need to be set high and goals even higher. This society and its young members feel ENTITLED to all that society can muster. They feel that they DESERVE it without having sacrificed. I personally think that is wrong. After reading Ayn Rand's *Atlas Shrugged*, anyone would think that Ayn Rand would not like our current society. The entitlement society is reminiscent of her catalogue of characters of users and lackeys. For this reason, Ayn Rand would find our new society and its thoughts offensive I would agree with her.

Lastly, in the book, it is asked of a person, who is Atlas? In Greek mythology, Atlas is the Titan who holds the Celestial sphere upon his shoulders. For lack of a better description, Atlas holds the weight of the world on his shoulders. When

the achievers are asked what they would tell Atlas, they simply respond, "Tell Atlas to Shrug."—Tell Atlas to shrug off the dead weight of society (a truly Ayn Rand response).

(I have included a few quotes from the book that may be applicable to some. They also tend to relay the mentality and philosophy of the book well.)

—'Who are you to think? It's so, because I say so!'—'Don't argue, obey!'—'Don't try to understand, believe!'—'Don't rebel, adjust!'—'Don't stand out, belong!'—'Don't struggle, compromise!'—'Your heart is more important than your mind!'—'Who are you to know? Society knows best!'—'Who are you to know? The bureaucrats know best!'—'Who are you to object? All values are relative!'

—Public welfare is the welfare of those who do not earn it; those who do, are entitled to no welfare.

—Fight for the value of your person. Fight for the virtue of your pride. Fight for the essence of that which is man: for his sovereign rational mind. Fight with the radiant certainty and the absolute rectitude of knowing that yours is the Morality of Life and that yours is the battle for any achievement, any value, any grandeur, any goodness, any joy that has

ever existed on this earth."

Atlas Shrugged
Written by Ayn Rand

In Memory



Dr. Wilbert E. Scott,
Internist,
died February 27, 2014
at the age of 99.
He was a member of
Potter-Randall County
Medical Society
for 67 years.

Spotlight on New Members

The following were approved for membership on May 13, 2014:

FIRST YEAR MEMBERSHIP:

TIDWELL, STEPHEN T., D.O.
EMERGENCY MEDICINE (EM)

1600 Wallace Blvd., Amarillo TX 79106

Graduated from Oklahoma State College of Osteopathic Medicine, Tulsa OK 2010.
Internship and Residency at Integris, Oklahoma City OK 2010-2014.

REGULAR MEMBERSHIP:

LOPEZ, NICOLE D., M.D.
FAMILY MEDICINE (FM)

1000 Craig Drive, Amarillo TX 79106 (Rejoined)

Graduated from Texas Tech Health Science Center, Lubbock TX 1999. Internship and Residency at Texas Tech Health Science Center, Amarillo TX 1999-2002.

NOMINATION FOR RETIRED MEMBERSHIP:

HARRAL, ANN E, M.D. - OBG
TAYLOR, ROBERT LEE, M.D. - CDS

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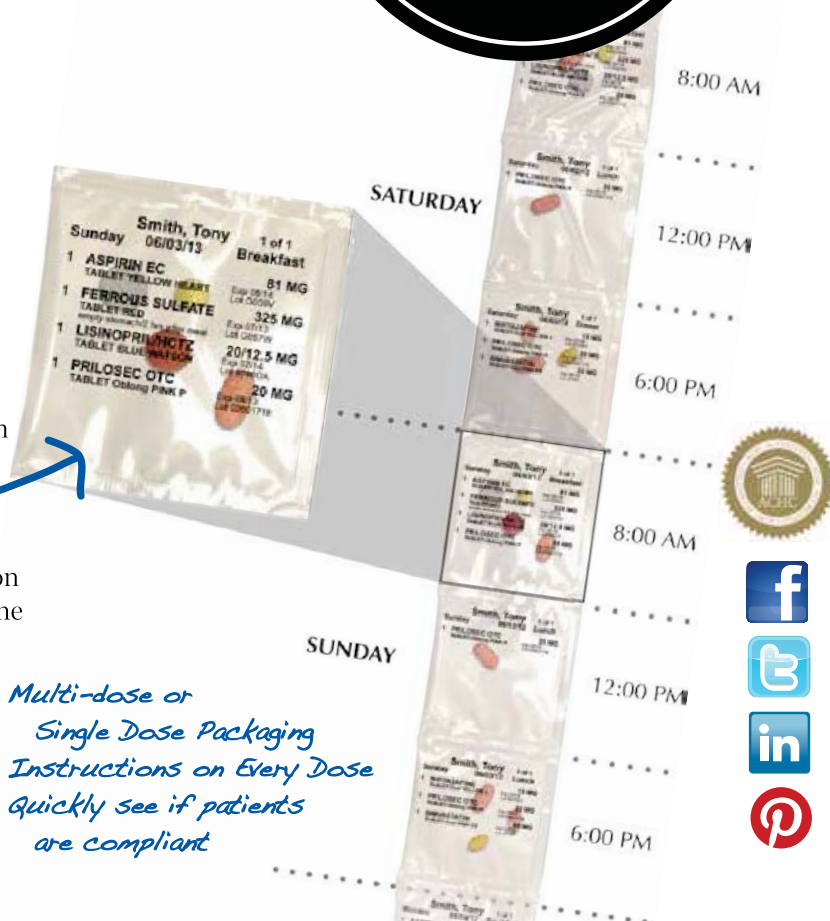
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Book Review: The Glory of Obscure Persistence

The Boys in the Boat

by Philip Periman, M.D.

Today's sport fan has never been to a rowing event. But, in the first decades of the 20th century, crew was a big time sport. As described by Daniel James Brown in his book *The Boys in the Boat*, the crew races held up the Hudson river from New York City were big time sporting events, "...tens of thousands of fans—as many as 125,000 in 1929—came to Poughkeepsie to watch the annual regatta in person; millions more listened to the radio coverage; and the regatta came to rival the Kentucky Derby, the Rose Bowl, and the World Series as a major national sporting event." Brown's book is the true story of how Joe Rantz, abandoned at fifteen, persisted in getting a college education, married his high school girl friend, and won a gold medal in the 1936 Olympics. It is not only the story of personal grit, but also of team work, determination, and success against Nazi Germany by his rowing team whose coxswain was a Jew.

In crew racing the main event requires eight big guys sitting in a twenty-four inch wide lightweight boat, called a shell, steered and directed by a tiny little guy, the coxswain, to row at top speed for six to seven minutes in a sprint and nineteen to twenty minutes in the four mile. The entire U.S. Olympic crew came from the University of Washington where they had rowed together for the previous four years. Their shell was built by George Yeoman Pocock, an Englishman, who worked in Seattle. Pocock sold his shells made from cedar wood to crews all over the world. He also advised the coaches and boys of the U. of Washington crew. Brown quotes him often, usually to set the tone and demands of a particular aspect of rowing, for example, "Rowing is perhaps the toughest of sports. Once the race starts, there are no time-outs, no substitutions. It calls upon the limits of human endurance."

Joe Rantz from an early age faced the severest of demands for human survival. Perhaps, the most dramatic was when Joe was fifteen and his dad drove off with Joe's stepmother and half-brothers leaving him to fend alone on a 160 acre stump farm in rural Washington. Joe got off the school bus one dark, rainy afternoon in November to discover the family car packed and running in the driveway and his father waiting for him on the porch. Rather than being invited to climb in the car, his dad told Joe that he was on his own. "Look, Son, if there's one thing I've figured out about life, it's that if you want to be happy, you have to learn how to be happy on your own."

Brown's book is the story of how Joe found success and happiness in the middle of the depression and at the beginning of Hitler's anti-Semitic destructive domination of Germany and the rest of mainland western Europe. It is also the story of how eight American guys came out of obscurity to dominate the world of crew racing and win the gold medal against unfair conditions set up by the Nazis to favor the German crew.

To get to the final day of racing the Americans had to win in the preliminaries. They did this with a new Olympic record, easily the fastest time of any shell in the races. By tradition this should have given their boat the inside lane for the final race. Instead the Olympic officials, obviously under German pressure, forced the Americans to row outside in lane six which exposed them to higher waves, a danger for swamping their boat, and a strong head wind which would not only make the rowing harder, but also slower.

With Hitler and his henchmen on the reviewing stand, Joe Rantz and his University of Washington teammates won in a thriller. The American boat came from behind in the last few hun-

dred yards of the race to edge out both the Italian and the German boats who had the advantage of the inside lanes. The U.S. team did that by rowing the fastest pace (forty-four strokes per minute) ever seen at the Olympics. It is possible to view the end of the race on YouTube:

<http://www.youtube.com/watch?v=n58w0BctOvs>.

To understand how daring and demanding this win was, think of an NFL team down by four points, on their own one yard line, less that two minutes to go, running a no-huddle offense without pause or substitution until they score with one second left on the clock and win the game. This is the equivalent of what Joe and his teammates did in the 1936 Olympics for their gold medals.

Two of my college classmates rowed; one was a little guy, the coxswain, the other was the captain of the team and to this day he claims to be pound for pound, year for year, the strongest guy in Colorado. He had this to say about *The Boys in the Boat*: "I just finished this most remarkable book, obviously thoroughly researched into compelling history centered about rowing but seamlessly telling the tale of America and its noble citizens at home and in the world over that 20 year period beginning with WWI. His descriptions and character sketches are remarkable, particularly the ones about rowing and racing and what it means."

Although I have never been in a shell or even watched a complete race, I found this to be a book I could not put down until I finished it. I recommend it to you as a wonderful summer read.

The Boys in the Boat
by Daniel James Brown
Viking, 2013

A Complete List of Oprah's Book Club Selections

- 2014 – Invention of Wings – Sue Monk Kidd
- 2012 – Twelve Tribes of Hattie – Ayana Mathis
- Wild – Cheryl Strayed
- 2010 – A Tale of Two Cities and Great Expectations – Charles Dickens
- Freedom – Jonathan Franzen
- 2009 – Say You're One of Them – Uwem Akpan
- 2008 – The Story of Edgar Sawtelle – David Wroblewski
- A New Earth – Eckhart Tolle
- 2007 – The Measure of a Man – Sidney Poitier
- The Road – Cormac McCarthy
- Middlesex – Jeffrey Eugenides
- Love in the Time of Cholera – Gabriel Garcia Marquez
- The Pillars of the Earth – Ken Follett
- 2006 – Night – Elie Wiesel
- 2005 – A Million Little Pieces – James Frey
- As I Lay Dying – William Faulkner
- The Sound and the Fury – William Faulkner
- A Light in August – William Faulkner
- 2004 – One Hundred Years of Solitude – Gabriel Garcia Marquez
- The Heart is a Lonely Hunter – Carson McCullers
- Anna Karenina – Leo Tolstoy
- The Good Earth – Pearl S. Buck
- 2003 – East of Eden – John Steinbeck
- Cry, The Beloved Country – Alan Paton
- 2002 – Sula – Toni Morrison
- Fall on Your Knees – Ann-Marie MacDonald
- 2001 – A Fine Balance – Rohinton Mistry
- The Corrections – Jonathan Franzen
- Cane River – Lalita Tademy
- Stolen Lives: Twenty Years in a Desert Jail – Malika Oufkir
- Icy Sparks – Gwyn Hyman Rubio
- We Were the Mulvaney's – Joyce Carol Oates
- 2000 – House of Sand and Fog – Andre Dubus III
- Drowning Ruth – Christina Schwarz
- Open House – Elizabeth Berg
- The Poisonwood Bible – Barbara Kingsolver
- While I Was Gone – Sue Miller
- The Blues Eyes – Toni Morrison
- Back Roads – Tawni O'Dell
- Daughter of Fortune – Isabelle Allende
- Gap Creek – Robert Morgan
- 1999 – A Map of the World – Jane Hamilton
- Vinegar Hill – A. Manette Ansay
- River, Cross My Heart – Breena Clarke
- Tara Road – Maeve Binchy
- Mother of Pearl – Melinda Haynes
- White Oleander – Janet Fitch
- The Pilot's Wife – Anita Shreve
- The Reader – Bernhard Schlink
- Jewel – Bret Lott
- 1998 – Where the Heart Is – Billie Letts
- Midwives – Chris Bohjalian
- What Looks Like Crazy on an Ordinary Day – Pearl Cleage
- I Know This Much is True – Wally Lamb
- Breath, Eyes, Memory – Edwidge Danticat
- Black and Blue – Anna Quindlen
- Here on Earth – Alice Hoffman
- Paradise – Toni Morrison
- 1997 – The Meanest Thing To Say – Bill Cosby
- The Treasure Hunt – Bill Cosby
- The Best Way to Play – Bill Cosby
- Ellen Foster – Kaye Gibbons
- A Virtuous Woman – Kaye Gibbons
- A Lesson Before Dying – Ernest Gaines
- Songs in Ordinary Time – Marry McGarry Morris
- The Heart of a Woman – Maya Angelou
- The Rapture of Canaan – Sheri Reynolds
- Shores from the River – Ursula Hegi
- She's Come Undone – Wally Lamb
- 1996 – The Book of Ruth – Jane Hamilton
- Song of Solomon – Toni Morrison
- The Deep End of the Ocean – Jacquelyn Mitchard

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Pickwickian Syndrome (Obesity Hypoventilation)

What is Pickwickian syndrome?

Pickwickian syndrome (also called obesity-hypoventilation syndrome) is a syndrome that affects morbidly obese persons who cannot ventilate their lungs well due to restriction applied by weight of obesity on their breathing. Therefore a buildup of carbon dioxide accumulates in their body making them sleepy (not carbon monoxide)

How do I suspect Pickwickian syndrome?

We suspect Pickwickian syndrome when a morbidly obese person is noted to fall asleep frequently during normal awakening hours; for instance, during a meeting or in a class room. Usually these patients have poor quality of sleep at night and therefore they fall asleep during the day due to sleep deprivation. They snore during sleep and may have leg jerks, whereas during the day, they are usually fatigued and sleepy.

How to diagnose Pickwickian syndrome?

When your doctor suspects obesity-hypoventilation syndrome from the history and examination, s/he may order a sleep study. The study involves monitoring the patient while asleep in the sleep clinic and evaluating the oxygenation level, breathing pattern, and leg jerks during night sleep. Many times, the diagnosis is made during a hospital admission due to a presentation of respiratory failure.

What are the causes of Pickwickian syndrome?

Obesity-hypoventilation syndrome is related to morbid obesity and obstruction of upper airways during sleeping.

Where did the name come from?

The syndrome of obesity hypoventilation was first described after a character in Charles Dickens' first novel, the *Posthumous Papers of*

the Pickwick Club. The character, Joe, a "fat boy" who is a member of the Samuel Pickwick Club, constantly falls asleep in any situation and any time.

How do doctors treat Pickwickian syndrome?

Weight loss improves obesity hypoventilation among other benefits. Also, continuous positive airway pressure mask helps ameliorate the symptoms by improving the oxygenation at night. In some patients who do not like the mask application during sleep, oxygen supply by nasal cannula may help. Preventing oxygen drop during sleep improves sleep efficiency and ameliorates fatigue and sleepiness during daytime.

How can I help management of Pickwickian syndrome?

Watch your diet in order to achieve weight loss. You may use physician-directed weight loss using nutritional discretion or, if diet fails, get evaluated for weight loss surgery (bariatric surgery). Until weight loss is achieved, a patient with obesity-hypoventilation syndrome should use the CPAP mask regularly during sleep.

Reported by Tarek Naguib, MD, MBA, FACP

Based in part on Uptodate-accessed on May 14, 2014 http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-obesity-hypoventilation-syndrome?source=related_link#H6

FYI

Dr. Brian Eades served as chair on the Reference Committee on Financial and Organizational Affairs during the annual session at TexMed 2014 in Fort Worth.

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- News & Alerts

by Tarek Naguib, M.D., M.B.A., F.A.C.P.

Stress Linked to Obesity Medscape (5/6) – Chronically stressed women who eat more fat and sugar have greater risk of obesity and insulin resistance than low-stressed women who eat similar meals. The research was published in Psychoneuroendocrinology online.

Weight Loss Benefit JAMA (2/5) – Another confirmation of benefit of gastric bypass reported resolution of hypertension in 40% of patients, whereas only 20% of patients with gastric banding lost their hypertension.

No Healthy Obesity JACC (4/30) – Metabolically healthy obese persons had more than double coronary calcification than their normal weight counterparts. The increase of coronary atherosclerosis in these individuals suggests that there is no metabolically healthy obesity!

Diabetics Live Longer after Kidney Transplant ASN in the Loop (5/8) – Survival of diabetic patients after kidney transplant has increased to match that of non-diabetics after 2007, presumably due to better transplant management.

Diabetes on the Rise in Youth ASN in the Loop (5/6) – Both type 1 & type 2 diabetes have surged by 21% and 30% respectively among U.S. youth, from 2001 to 2009. Type 1 is most prevalent among whites and least among American Indians. The opposite is true for type 2, while other races fell in between.

Type 2 Diabetes Shrinks Brain! ASN (5/3) – MRI evaluation of the brain of 614 persons with type 2 diabetes for about 10 years revealed loss of brain gray matter that reflected the longer duration of disease rather than blood sugar control.

Uninsured Rate at Five-Year Low Bloomberg – Gallup reported the decline of the uninsured American rate from 15.6 to 13.4 percent

ACA Enrollees Paying Premium ACPE Daily Digest (5/8) – Eighty some percent of the ACA enrollees have paid their premium, making the true enrollment nearing 7 million beneficiaries. Major insurers appear to be satisfied with plan, so far.

Medicare Readmissions Drop AP (5/8) – US Dept of Health and Human Services reported a second consecutive yearly drop in hospital readmission rates for Medicare patients. Of note, the Affordable Care Act (ACA) imposes penalties on hospitals for Medicare patients who are readmitted for the same diagnosis within 30 days.

ACA Burden on System okay USA Today (5/11) – A Kaiser Health News report said that, under the ACA, “the nation’s primary care system is handling the increased number of insured patients without major problems so far”.

Missouri still Declines to Expand Medicaid ACPE Daily Digest (5/9) – Republican-led legislature again rejected adding 300,000 low-income adults to Medicaid in Missouri in a \$26 billion budget. While Illinois republicans made a similar move, Pennsylvania is ready to launch its Medicaid expansion alternative plan and Virginia’ Gov. McAuliffe does not rule out expanding Medicaid without General Assembly’s approval.

Healthcare Spending Up USA Today (5/4) – Healthcare spending is up by 9.9% annual rate in the first quarter as ACA increases access to care for more people. Some also cite job growth, more expensive technology, and fewer drugs coming off patent. The increase prevented contraction of the economy.

New Harms from Smoking JAMA (4/2) – Surgeon general highlighted new evidence that smoking causes liver and colon cancer, diabetes, and

rheumatoid arthritis and that secondhand smoke causes stroke.

Synthetic Marijuana Sends Hundreds to ER JAMA (2/5) – Made of chemicals sprayed on dried herbs, synthetic marijuana cause aggression and agitation enough to require emergency treatment. It is sold in the streets under names including Spice, Dead Man Walking, and Mamba.

Cook your Frozen Dinner JAMA (2/5) – *Salmonella* outbreak resulted from undercooking frozen dinners. In order to fully cook your frozen dinner you need to know your microwave wattage!

Polio Spreads in Central Africa (4/25) – Polio outbreak was reported last fall in the Cameroon is spreading to neighboring Equatorial Guinea, which was polio-free for 15 years. The setback is very alarming to the global efforts to control polio.

Polio Related Illness in California CID (5/1) – Twenty-five children were diagnosed with a mysterious paralytic illness that was found to be related to an enterovirus strain that had caused polio-like illness in Asia and Australia over the past decade.

FYI

Dr. Ryan Rush completed TMA Leadership College at TexMed 2014 in Fort Worth. TMA established the Leadership College in 2010 as part of its efforts to ensure strong and sustainable physician leadership within organized medicine. It is designed for active TMA members younger than 40 or who are in their first year of practice. Dr. Rouzbeh Kordestani completed Leadership College in 2013.

Enoxaparin-induced Spontaneous Fatal Retroperitoneal Hemorrhage: A Case for Modifying Dosing Guidelines in the Elderly

by Tarek Naguib, M.D., M.B.A., F.A.C.P.

Abstract

Enoxaparin-induced hemorrhage requires prompt intervention due to its rapid deterioration and the potential of a fatal outcome. Elderly persons with severe kidney disease are especially at risk for this complication. This case report delineates the complex and serious nature of this problem. Factors that increase the likelihood of hemorrhage in this population include age, eGFR and concomitant therapy. The current dosing guidelines for enoxaparin therapy do not provide adequate safety in this population. In addition, the arbitrary dose reduction recommended by these guidelines may also impair the efficacy of anticoagulation. This population should be monitored by measuring factor Xa concentrations to ensure both safety and efficacy during enoxaparin therapy.

Case

A 78-year-old woman was admitted due to shortness of breath and worsening edema. She had a history of diet-controlled diabetes mellitus and hypertension treated with olmesartan and bisoprolol/hydrochlorothiazide. Physical exam, radiographs, and electrocardiogram revealed decompensated congestive heart failure and atrial fibrillation. Body weight was 69.5 Kg. An echocardiogram revealed an ejection fraction of 50% and severe aortic valve incompetence. Serum chemistry and hemogram were normal except for hemoglobin of 11.8 g/dL. Brain natriuretic peptide level was 1164 pg/mL while the international normalized ratio (INR) was 1.3. Furosemide, spironolactone, digoxin and 70 mg of 12-hourly subcutaneous enoxaparin were all begun. Cardiac catheterization revealed severe aortic incompetence with no coronary stenosis.

On day 7, the patient was discharged with a plan to return one

week later for aortic valve replacement. Serum creatinine was 1.77 mg/dL prior to discharge, up from an admission value of 1.1 mg/dL. Medications on discharge were enoxaparin 70 mg every 12 hours, furosemide 40 mg daily, spironolactone 25 mg daily, digoxin 0.1 mg daily, and bisoprolol/hydrochlorothiazide 10 mg/12.5 mg daily. Hemoglobin was 11.3 g/dL at discharge.

On the next day, home healthcare recorded extensive bruises over the abdomen and extremities. Two days later, the patient was readmitted with severe weakness and orthostatic hypotension. Chest radiograph was normal. Electrocardiogram showed atrial fibrillation at 76 beats per minute. Serum chemistry was normal except for BUN of 44 mg/dL, creatinine of 1.8 mg/dL, and carbon dioxide of 19 mmol/L. Hemoglobin had declined to 7.8 g/dL. Cardiac and pancreatic enzymes were normal. Intravenous levofloxacin was started after procuring blood cultures. Blood pressure plummeted to 48/10 mmHg while enoxaparin was on hold. Intravenous dopamine, epinephrine, norepinephrine, ceftriaxone and vancomycin were added along with aggressive fluid resuscitation. Abdominal ultrasound showed a large complex fluid collection behind the right kidney extending to the pelvis, but unstable hemodynamics precluded performing computed tomograms.

Several hours later, INR rose to 2.9 and activated plasma thromboplastin time was 79 seconds. After 2 units of blood transfusion, hemoglobin declined to 6.8 grams/dL, platelets to 89 K/uL, and fibrinogen to 168 mg/dL. There was elevation of ST segments as well as troponin and liver enzymes. Hemoglobin failed to improve despite the infusion of a total of 7 units of packed red cells, 2 units of fresh frozen plasma, and 20 mg of protamine sulfate in the 10

hours immediately preceding a fatal outcome, which took place within 24 hours of admission. No surgical exploration or autopsy was possible. Blood cultures were finalized later as negative for growth.

Discussion

The risk of life-threatening hemorrhage during enoxaparin therapy is well documented. It has been noted that the risk is particularly elevated in elderly patients and in patients with kidney disease [1, 2, 3]. The sites of hemorrhage include the retroperitoneum, the rectus sheath, muscles, the skin and subcutaneous structures [1]. It is important to realize the lack of an effective agent to reverse enoxaparin-induced coagulopathy, although protamine sulfate has a partial effect [2]. Therefore, prompt intervention is usually required in order to control the bleeding before a fatal outcome supervenes. The intervention is usually operative to evacuate the hematoma and control the bleeding source while aggressively replacing blood and coagulation factors, although elective angiography to control the identified bleeding vessel has been used with success [1]. Accordingly, a high level of suspicion is crucial to rule out a potentially life-threatening hemorrhage when a patient is admitted with hypotension during enoxaparin therapy.

In our patient, the lack of improvement of hemoglobin from 7.8 g/dL, after 7 units of packed red cell transfusion, made it clear that a major bleeding was going on. However, the window for early detection and intervention quickly passed while the patient was too unstable to have computed tomography to accurately delineate the bleeding. When the ultrasound suggested retroperitoneal bleeding, aggressive resuscitation with blood products and fluids was pursued resulting in diluting the platelet and fibrinogen levels but failing to support

perfusion in the face of the persistent hemorrhage. As a result, intractable hypotension precipitated cardiac, hepatic, and renal ischemia and lead to the patient's demise.

We ought to ponder the factors that made this fatal hemorrhage take place in the setting of a brief deviation from the guidelines. On day 6, eGFR declined from 36 mL/min to 27 mL/min (serum creatinine up from 1.33 to 1.77 mg/dL) which was presumed to be due to olmesartan, in combination with spironolactone. The dose was not flagged by the pharmacy. Also, a nephrology consult was not requested as it was presumed that holding olmesartan would restore the renal function to above 30 mL/min. Because of this, and because enoxaparin therapy was planned to be stopped after 6-7 days for the aortic valve replacement, a strict dosing adjustment was not pursued. On day 7, an unexpected bruising, albeit large, was not reported by home healthcare until day 9, when the patient became fatally unstable. These several failures are likely to recur in different settings and scenarios despite increased awareness.

The rapid evolution of this fatal hemorrhage should serve as a wake-up call to revisit the dosing guidelines for enoxaparin therapy in the elderly, a population already known to have a high risk of bleeding [2]. In a study to evaluate the effect of age on enoxaparin-induced bleeding, a threefold and twofold increases in risk were shown at ages 75 and 60, respectively, compared to age 50 [4]. Another study revealed significant increase in major bleeding in patients receiving enoxaparin with moderate renal impairment (defined as creatinine clearance of 30-50 mL/min), suggesting the need for further study of the appropriate dose in these patients [5]. Therefore, protecting the elderly population by adopting safer guidelines is crucial, especially when kidney disease is present [3-5]. In these patients, individualizing the dose appears to be the way to achieve both safety and efficacy of therapy [6]. This is particularly important considering the wide-spread use of enoxaparin for a variety of both therapeutic and prophylactic indications [2].

The dosing guidelines for enoxa-

parin call for monitoring the elderly patients, but not for dosing adjustment, if eGFR is 30 mL/min or more [2]. Since, only eGFR less than 30 mL/min will trigger a dose reduction, by half in most indications, these guidelines recommend double the dose of enoxaparin when eGFR is 30 mL/min compared to 29 mL/min [2]. Neither data nor clinical sense accepts eGFRs of 29 and 30 mL/min as materially different in terms of the risk for enoxaparin-induced hemorrhage [5]. Nor can we accept the eGFRs of 29 and 16 mL/min as equal, for the same purpose. These arbitrary dosing recommendations lose more credence considering the variability among different eGFR formulas, which is why newer formulas were developed. Even more, the current guidelines for dosing enoxaparin have actually preceded the advent of some of the recent eGFR formulas. In a nutshell, these dosing guidelines give clinicians a false sense of security while ignoring the risk of bleeding among the geriatric-age population.

The dosing guidelines for enoxaparin appropriately recommend monitoring of anti factor Xa concentration in both pediatric and dialysis patients and in those who have mechanical heart valves or exceed 190 kg of weight. These guidelines suggest titrating enoxaparin dose for a target anti factor Xa of 0.5-1.0 units/mL; otherwise, enoxaparin use is discouraged in these patients [2]. In addition, researchers recommend individualizing dosing in order to achieve therapeutic effect and reduce mortality of bleeding in patients with renal impairment [4]. It is certainly appropriate to adopt similar guidelines for the elderly population, especially when renal impairment is present.

Proposed recommendations

1. All persons who are 75 years or older shall be monitored with anti-factor Xa concentration using the manufacturer's recommendations for pediatric dose titration [2]. The same should be done for patients who are 60 to 74 years of age whenever the eGFR is less than 35 mL/min (rather than 30 mL/min). Therefore, calculating eGFR should be carried out for all persons who are between 60 and

74 years, even with seemingly normal serum creatinine concentration, since serum creatinine may grossly underestimate renal function in the elderly with small body mass [2]. The rationale for changing the cut-off limit of eGFR is to offer a safety margin by allowing for variability among different formulas. Clinicians should be encouraged, but not required, to use anti factor Xa monitoring, whenever eGFR is near 35 mL/min, regardless of age.

2. Measures should be considered in elderly persons during enoxaparin therapy to prevent the decline of creatinine clearance which may render an appropriate dose dangerously inappropriate. Therefore, the avoidance of intravenous contrast and renin-aldosterone system antagonists (ACE inhibitors, angiotensin receptor blockers, and spironolactone) during enoxaparin therapy is recommended.

3. Pharmacy services should flag medical records that reflect the use of enoxaparin therapy in combination with renin-angiotensin system antagonists to alert physicians regarding potential interactions that may decrease creatinine clearance and therefore increase the risk of bleeding.

Conclusion

Fatal enoxaparin-induced retroperitoneal hemorrhage, reported above, highlights the need for safer dosing guidelines in the elderly population, especially when chronic kidney disease is present. Anti-factor Xa monitoring should be mandatory during enoxaparin therapy in persons who are 75 years or older. The same should be done for patients who are 60 to 74 years of age whenever the eGFR is less than 35 mL/min (rather than 30 mL/min). Therefore, calculating eGFR should be carried out for all persons who are 60 to 74 years of age during enoxaparin therapy. Clinicians should be encouraged to consider the use of anti-factor Xa monitoring whenever the eGFR and/or patient age approach the cut-off limits for dose monitoring and to take measures to avoid a decline in renal function during enoxaparin therapy.

| continued on page 38

Citations

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How Many Have You Read?:

Top 20 Best Selling Books of All Time

1. Bible – Sold 800 Million – Published 300 B.C. – 95 A.D. – Language: Hebrew
2. Quotations from Chairman Mao (Little Red Book) – Author: Mao Ze Dong – Sold 800 million – Published 1964 – Language: Chinese
3. The Qur'an (Koran) – Sold 400 million – Published 610 – 632 A.D. – Language: Arabic
4. Xin Hua Dian (Xinhua Dictionary) – Wei Jiang Gong (Chief Editor) – Sold 400 million – Published 1957 – Language: Chinese
5. Chairman Mao's Poems – Author: Mao Ze Dong – Sold 400 million – Published 1966 – Language: Chinese
6. Selected Articles of Mao Ze Dong – Author: Mao Ze Dong – Sold 252.5 million – Published 1966 – Language: Chinese
7. Tale of Two Cities – Author: Charles Dickens – Sold 200 million – Published 1859 – Language: English
8. Scouting for Boys: A Handbook for Instruction in Good Citizenship – Author: Robert Baden-Powell – Sold 150 million – Published 1908 – Language: English
9. Lord of the Rings – Author J.R.R. Tolkien – Sold 150 million – Published 1954 – Language: English
10. Book of Mormon – Author: Prophet Mormon (revealed by Joseph Smith) – Sold 140 million - Published 1830 – Language: English
11. The Truth That Leads to Eternal Life – Author: Jehovah's Witnesses (Watchtower Bible and Tract Society of New York) – Sold 107 million – Published 1968 – Language: English
12. On the Three Representations – Author: Jiang ZeMin – Sold 100 million – Published 2001 – Language: Chinese
13. And Then There Were None – Author: Agatha Christie – Sold 100 million – Published 1939 – Language: English
14. The Hobbit – Author: J.R.R. Tolkien – Sold 100 million – Published 1937 – Language: English
15. Dream of Red Chamber – Author: Cao Xueqin – Sold 100 million – Published 18th Century – Language: Chinese
16. She – Author: H. Rider Haggard – Published 1887 – Language: English
17. Le Petit Prince (The Little Prince) – Author: Antoine de Saint-Exupery – Sold 80 million – Published 1943 – Language: French
18. The Da Vinci Code – Author: Dan Brown – Sold 80 million – Published 2003 – Language: English
19. Catcher in the Rye – Author: J.D. Salinger – Sold 65 million – Published 1951 – Language: English
20. O Alquimista (The Alchemist) – Author: Paulo Coelho – Sold 65 million – Published 1988 – Language: Portuguese

SURPRISES: Is it surprising to see that most of the books on the top 20 are spiritual books? Even the only new novel, The Da Vinci Code, has a slight religious element. Some titles are surprising. The books on *Mao Tze Dong* have incredible sales figures! But the novels on the list are dominated by old novels, the only relatively new one being The Da Vinci Code.

FYI

Dr. Rodney Young served as chair of the Council on Medical Education during TexMed 2014 in Fort Worth.

Ben Carson:

Neurosurgeon, Father, Writer and Philanthropist

by Rouzbeh K. Kordestani, M.D., M.P.H.

Ben Carson, M.D., is a legendary physician, turned neurosurgeon, who at 62 is now at the pinnacle of his surgical career. His life and career started with what many consider to be an upward battle. His mother, Sonya Carson, a house cleaner by trade, is credited for being the diligent parent overseeing the raising of her sons, Ben and his older brother Curtis. Ben was always seen as a likely success story. He excelled early and was able to graduate from high school and move on to Yale University. His initial success was in the field of psychology in which he received his undergraduate degree. His focus then shifted to medicine. He matriculated into the medical school at the University of Michigan and then followed his new interest into the field of neurosurgery.

After graduating from medical school, he started his career in neurosurgery at the Johns Hopkins Institutions. He excelled there in residency and became a young faculty surgeon. He showed his abilities early and was quickly promoted. At the age of 33, he became the youngest chief of division in Johns Hopkins history, as the chief of the section of pediatric neurosurgery. That was back in 1984.

Since that time, Dr. Carson has moved the field of neurosurgery forward. He has been credited for multiple different operations and successes. These include the first successful cerebral hemispherectomy for intractable seizures (1985) and the first intrauterine craniotomy operation to alleviate intracranial hydrocephalus. He has also been accredited for the first successful cranial separation of occipitally attached twins (Binder Siamese) and the first successful cranial separation of vertically attached twins (Zambian).

Along with his surgical successes, he has contributed to the field of neurosurgery with over 90 neurosurgical publications and book chapters. He has received multiple honors and awards. Amongst these, the most notable are his 24 honorary degrees and national citations. While he recently retired from the active practice of neurosurgery, he continues to be active in multiple organizations. He is a member of the Alpha Omega Alpha Medical Society, the Horatio Alger Society of Distinguished Americans, and the American Academy of Achievement. His non-medical commitments include his participation(s) in the directorships of the Kellogg Company, Costco Wholesale Corporation, the Yale Corporation and America's Promise.

As a philanthropist, he has also accomplished much. Dr. Ben Carson is the co-founder (along with his wife) of the Carson Scholars Fund, which was organized to help recognize exceptional leaders in young people of all backgrounds. Also, with his wife, Dr. Carson is co-founder of the Benevolent Endowment Network Fund (the BEN Fund), a charity fund with the specific function and purpose of covering the medical expenses of pediatric neurosurgery patients with minimal or no funds, who are in need of complex neurosurgical care.

As a writer of non-medical books, Dr. Carson is accredited for writing five best selling books. These are titled *THINK BIG*, *The Big Picture*, *Gifted Hands*, *Take the RISK*, and most recently, *America the Beautiful: Rediscovering What Made This Nation Great*. Along with this publishing success, he has also been the focus of a recent movie that has received wide acclaim. In 2009, his story was told in movie fashion with Oscar winner

Cuba Gooding Jr. playing the young Dr. Ben Carson. The movie received moderate acclaim for the story and for the depiction of Dr. Ben Carson's life story and struggles. It was nominated for 4 Primetime Emmy Awards.

In the last several years, Dr. Ben Carson has been much more visible as he has slowly transitioned out of medicine into the public eye. He has emerged as a prominent speaker on behalf of physicians everywhere. He appears regularly on Fox News as a medical expert and correspondent and also writes a weekly column for the Washington Times newspaper.

As a parent, he is father to three sons, all grown and all in their individual careers.

As his past accomplishments have shown, Dr. Ben Carson is poised to make quite an impression in his life after medicine. At the age of 62 in 2014, he has many years left to achieve so much more.

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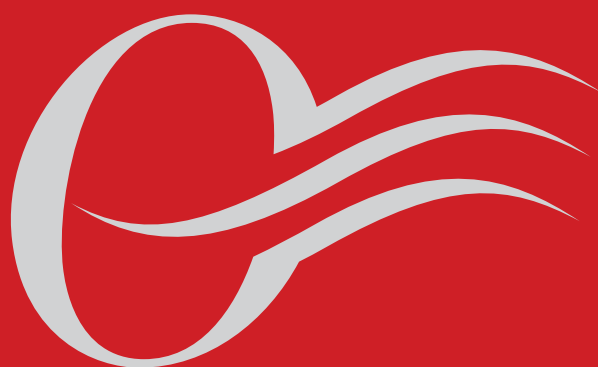
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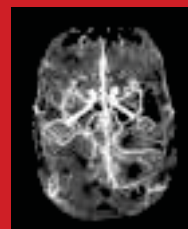
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local businesses, individuals, and non-profits
who make this area great.

You're interested in a stronger
Amarillo — and so are we.



**Amarillo
National
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