Welcome to Skull and Bones! The production staff is proud to present the first issue of this student journal after an almost twenty-five years hiatus.

Skull and Bones was originally a student newspaper first published 91 years ago on November 5, 1915 by the Class of 1918. In Vol. 1, No. 2 published in 1915, students of the Medical College of Virginia indicated that they were “not satisfied with the humble scalpel” and “sought to wield the mightier pen, and from their effort has been born The Skull and Bones, a weekly which is to mirror the thoughts and deeds and aspirations of the followers of Hippocrates.”

During its early years, Skull and Bones was published every Friday, and an annual subscription cost $1.50.

In keeping with the tradition of the first Skull and Bones, we hope to serve as an outlet for students’ creative expression—from photography and artwork to poetry and prose; in addition, we hope to promote medicine as both an art and a science.

In this issue, we will trace the transformation of the Medical College of Virginia into the Virginia Commonwealth University School of Medicine over its 167 years history. We will also follow one student’s heartfelt journey from the frenzy of the emergency room to the emotions of patients in pediatric oncology...and this is just the beginning. Our contributors will also enlighten you with some much-needed comic relief after the rigors of medical school. In addition, Skull and Bones will provide students and student organizations with a forum in which they can promote their activities and announce events to the VCUSOM community.

The latest revival of Skull and Bones is scheduled to be published at least once each semester. The student body has welcomed this inaugural edition with many inspiring and informative contributions, and the creative spirit of these contributors are reflected in each of our articles. We will gladly accept contributions for future editions from students, faculty, administrators, and friends of this institution. Please e-mail submissions to mcvskullandbones@gmail.com.

It is our pleasure to bring you Skull and Bones, a student journal published by the Medical Student Government of the Virginia Commonwealth University School of Medicine.

Sincerely,
Kristin Ondecko, Class of 2007
Van Ta, Class of 2009

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My first month of medical school did not start the way I expected it to. I had worked towards getting into med school for over 10 years and not only had I finally gotten in, but I was also going to be matriculating with my best friend. After amassing a ton of preparatory coursework and clinical experience, I expected to start school with a bang. I pictured myself getting to classes early, pre-reading the night before every lecture, and reviewing every day after class. I envisioned myself meeting lots of people and making new friends. I saw myself having an impact. I pictured the final realization of a dream.

But that’s not the way it happened. You see, as I was working towards getting into med school, I started working as a Clinical Technician on a Peds Oncology Floor, which means I was a nursing assistant, but with IV and phlebotomy skills as well. It was one of the greatest experiences I have ever had. I had the privilege of caring for kids with cancer and along the way growing to love many of them as if they were my family. I met some of the most amazing people you will ever meet. And, it was incredibly rewarding. But unfortunately, not all of them win their battle with cancer. And this is what happened at the beginning of school.

It started during orientation. During one of our lunch breaks, I got a call from the Peds Onc Floor,

Dianne had died.

The week after Dianne died, Mark died.

The week after Mark died, Ryan died, just 2 days before my first exam.

The week after Ryan died, Michelle died just 2 hours before my 2nd exam.

It’s hard to describe what it felt like every time I got a call from the floor. I wasn’t a stranger to loss. After a year of working in an ER and 3 years working in Peds Oncology, you become quickly acquainted with death. But I had never lost that many kids that were so close to me in such rapid succession. There’s a part of your brain that almost seems to shut down. And your days feel very surreal. You start wanting to do the most mundane things; grocery shopping, laundry, watching TV, cooking, playing guitar, driving to office supply stores that are as far away as possible. After each call, I would go into a mild vegetative state and then find myself crying at the most random moments; while I was eating, brushing my teeth, watching TV, or even as I would get dressed. The one constant that I felt every time was a desire to be as far from medical school as possible. I didn’t want to study and I didn’t want to listen to lectures about Chi squares and case-control studies. In the back of my mind, I was worried that I was not going to get through the month. But, I didn’t want to have to start all over again. I didn’t want to see my dream slip away.

So, at least once or twice a week, I dragged myself to school and either sat in part of the lectures or went to the library and tried to study. It was tough. A lot of my friends from class teased me about not being in class. I joked with them about how much I hated Pop Med and wasn’t going because it bored me. The truth was, I didn’t think I could make it through 10 minutes of class without crying out of the blue or having a massive anxiety attack. I just didn’t feel like getting into a discussion of my grief right there on Marshall Street.

The fact that it happened every week began to create a horrible sense of dread. I used to stare at my phone whenever it rang, not sure if I wanted to
answer it. Every time I thought I was getting my grief under control, it seemed I got another phone call. It wasn’t just the fact that these were kids or that they were patients of mine. The thing is, I had met all of them when they were first diagnosed and had become very close with each of them over the last few years.

I had taken care of Dianne since her family had first walked through the doors of the hospital. They had come over directly from Korea in order to get her treatment for a rare type of kidney cancer and had come over straight from the airport. Her parents did not speak much English, so I spent a great deal of time with them to help translate as we went along. Working with Dianne was especially precious, because she was incredibly cute and very smart. And I got to work with her as she was turning 1 year old and hitting major stages of development. I used to hold her hands and help her walk down the hallway. She used to point to my pocket and open her hands for me to give her all of my pens. She didn’t know what to do with them once she got them mind you, but it was important to her that she have them. When she got really sick, and was unable to even lift up her head, she would still point to my pens. And I can still picture her with her tired eyes and nasal canula, clutching an odd mixture of pens and highlighters in both fists. I knew her prognosis was bad. I just didn’t expect it to happen the day before my white coat ceremony.

I had taken care of Mark since he was first diagnosed with Ewing’s sarcoma. At 18, he had just started college when he was diagnosed, and he was pretty bitter. We used to talk a lot about playing guitar and I tried to get as many tips from him as possible. And I was at the desk when we got back the results of his MRI and saw the gigantic mets that had spread to his brain. I remember feeling like I was going to throw up. When he left the hospital to go the hospice center, he said, “Thanks for everything,” and I had to bite the inside of my cheek not to cry as I shook his hand.

I had taken care of Ryan since he was first diagnosed with a rare form of Lymphoma. His grandmother was Korean, so he used to share his 4 year old Korean vocabulary with me. Mostly they revolved around Korean words for foods, bodily functions and funny body parts. His parents were good friends with some parents of another cancer survivor that I was really close to. So, his parents and I obviously became very close as well. When he relapsed, I was there with them and we cried together in the hallway. When he went to Duke for his Bone Marrow Transplant, I recorded a bunch of video messages from staff members in the hospital. He especially liked the ones when some of the nurses would make kissy faces. Actually, he would feign disgust, but wanted them played over and over again. He was in love with Beyonce, the Power Rangers and Pokemon. He was always the Red Power Ranger and I was always the Blue Power Ranger… because of my scrubs. And for his last birthday, he actually got to meet Beyonce and she blew him a kiss.

I had taken care of Michelle since she was first diagnosed with Leukemia. At 12 years old, she was depressed for most of her first 3 months of treatment. It wasn’t until her 6th month that she started to laugh at my jokes. But once she started, we formed a special bond. I used to bring her teen magazines. We used to laugh at how the cashiers looked at me funny whenever I picked up Teen Cosmo or Elle Girl. We would read the articles together and laugh at them. Although, I think I laughed at them more than she did. She used to tell me favorite stories from before she got diagnosed. I used to tell her all of the funny things that had happened to me since I had started working in the hospital. I used to hold her hand during procedures and go with her for scans. No matter how miserable she was, she always smiled when I walked into the room and even when she couldn’t talk because of horrible sores in her throat and mouth, she would still gather up the energy to say thank you every time I pulled up the covers for her or brought her ice water. She used to tell me about boys that she had a crush on and I would tease her mercilessly about them. I used to tell her which nurses or celebrities were going to become my girlfriend in the future and she would laugh at me and tell me I needed help. I wiped away her tears when an experimental chemo began giving her internal chemical burns on her hands and feet. I wiped away my own tears the second time she relapsed and I knew she wasn’t going to make it.

When I got the call about Michelle’s death, I remember almost laughing, because I felt as if God was
playing a horrible joke on me. It was as if he was saying to me, okay, I’ll let you go to Medical School, but you have to prove that you really want to be there. The fact that Michelle’s passing came 2 hours before my 2nd exam was even crueler, because I didn’t really know what I could do. I was in danger of not passing Pop Med, but I didn’t want to go to school and take a test. But if I had a full day to let the reality of Michelle’s death hit me, then I was positive I was going to do worse. So, I just took it. It was the minutes before the exam started that were the toughest. It took a lot of effort to have to smile and make up stories as people asked me where I had been. It hurt to make jokes about disliking Pop Med as people teased me about never being around. But, I had to. If I had let on what was really going on with me, I would have come undone. It made me wish I had just called the curriculum office and asked for a deferral. But once the exam started, I found some peace as I lost myself in the questions. I wanted to self-grade afterwards to see if I had passed Pop Med, but I couldn’t. I had to go see a counselor right away or I knew I wasn’t going to be right.

The fortunate thing is that I knew that there weren’t any more kids that were terminal. Plus, Michelle’s viewing was on a Friday night, so I knew that I would finally be able to attend a ceremony to help me gain some release and a bit of closure. It ended up being exactly that. At the viewing, I cried with her parents and my nurse friends from the floor. I cried for every one of the kids that had died in the past month. I cried for all of the funerals I couldn’t go to. I cried for all of the days that I had sat in my apartment quietly hurting. And when I got home, I slept better than I had since school started. And the following Monday, came a new start. I began to go to class regularly. I passed Pop Med. I started trying to meet my fellow classmates. I felt like I made about 50 friends that week. I finally started feeling like I was doing the things that I had always wanted med school to be like. And that is where I am now.

So why am I writing about this? Obviously, I wanted to honor the memory of the kids I lost this summer. I wanted to be able to share some of my memories of them with a community that I thought would be able to understand. But I am also writing, because I was talking with a classmate who was telling me about a pretty serious health scare that he had with his father and how helpless he had felt being so far away and not being able to be there with him. I am writing, because I ran into a classmate who was overcome with emotion after a session with breast cancer survivors had forced her to relive her grandmother’s fight and ultimate survival with breast cancer.

I am writing this, because I wanted to remind everyone that while being in medical school may be the ultimate fulfillment of a dream for us, it doesn’t mean life stops happening. No matter how much we want to just be able to focus on being a student and enjoying the crazy combination of classes, tests, and having fun, the truth of the matter is that sometimes... life gets in the way. Each of us has a story that the rest of us may or may not know. And for some the story may be one that takes a turn that can be emotionally crippling. I am writing this, because I don’t know if that girl down the row or that guy in the corner is just stressed out from school or has something else going on. But I wanted them to know that they aren’t alone. And that there’s someone in their class that is always willing to talk if they ever need anyone. I wanted them to know that after struggling for over a month... I’m finally here.

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**Light the Night**

Every year, during the months of September and October, over 200 cities throughout the United States take part in the Leukemia and Lymphoma Society’s Light the Night Walk. The walk is an opportunity to raise awareness on blood-related cancers and to offer support to those whose lives have been touched by it.

Cancer survivors, friends, families and community members walk together in a beautiful sea of flickering red and white balloons, hence, lighting up the night! This year, Richmond’s Light the Night Walk was held on Saturday, October 8th at Mary Munford Elementary School—people came together in the spirit of giving and hope to make the walk a success! MCV/VCU was well-represented with teams from the Class of 2007, Class of 2008, and Class of 2009.

This year, the Class of 2008 and 2009 raised $586 for a total of $765 with outside donations. Thank you to all of the people who contributed to this wonderful cause.

- Patricia Peters, Class of 2008
Heiroglyphics from left side of lentil of the Egyptian Building, translated in MCV Bulletin, Fall, 1958:

“I was performing it (duty) and thou didst make me great.”
Stemming the Evil of Hunger

by Matt Morgan, Class of 2009

It seems that the hopelessly jellied discussion about the use of stem cells in research, appropriately left in the back corner of the refrigerator by those sensitive souls of conversationally inoffensive taste, has missed the true flavor of the debate. Is it right to seed more zygotes than necessary to harvest a cornucopian crop of stem cells, and give thanks for the bountiful totipotent blessings? Is it wrong to box up the cells from embryos that for one reason or another were headed to the bin and put them in the freezer? Were you finished with your zygote... I'll trade you my fruit roll-up?

These petty quibbles back and forth about the utility of human stem cells in biomedical research are missing one extremely salient point... stem cells make a savory and nutritious spread, which in many ways is eminently superior to all but the finest caviar. Instead of discussing the merits of stem cells to possibly cure disease — and the thousands of papers pending for, as yet, unrecognized institutional scientists — it seems logical that both sides of the argument could agree on mass production of savory stem cells for a disease killing millions, hunger and malnutrition.

It could be quite rightly argued that this “disease” is not one that afflicts first-world nations, and since the cost of stem cell research is borne almost exclusively by first-world nations, the concept should first be tried in franchised fast-food establishments. This seems hard to deny. Scientists could divert their research into designing different flavors for stem cells of different genetic material, (for example, a unique flavor for a gourmet can of trisomy 16). It’s hard to imagine that only a short time ago, a nasty, short, and certainly mostly ugly existence could not be converted into something absolutely delightful and appropriate on either a sunny picnic or at a suave social gathering. As long as you share your can of stem cells, the benefits of life can be doubled, tripled, or multiplied even beyond that — if you can bear to share.

So really, when you get to the heart of the matter, the issue of stem cell research is less a recipe for strife than a foregone matter of good taste. Nature teaches us to economize and make use of her abundance for our survival. Millennia ago, our ancestors collected the wasted tongues and heads of their slain enemies, constructing fearsome necklaces that would terrify their foes, appease the gods, and thus save their lives. Now we, observing the same Natural law (but I hope with a much more highly refined fashion sense) have been wise stewards of the mysterious bounty of nature, cooking up a delicious feast from Nature for the health of all.

“Were you finished with your zygote... I’ll trade you my fruit roll-up?”

by Matt Morgan, Class of 2009
Richmond Night
by Kevin Lee, Class of 2009
Too Lazy for JAMA

by Meghana Gowda, Class of 2006

A
dmit it. You don’t really read the issues of JAMA. Neither do I. I mean, there are so many of them. They’re sent EVERY single week. And God knows, after a long day (and night) of hitting the syllabi/reading UpToDate articles/working on ERAS - the only thing a medical student’s mind can handle is repeat episodes of My Super Sweet Sixteen on MTV. Unfortunately, watching bratty, insecure teenage girls cry their way to lavish parties and bully their way into the upper stratifications of the high school social scene do nothing for enhancement of medical education. Fortunately, we’ve found a way to get you a periodical sampling of current medical literature without having you go anywhere near the stack of JAMA’s that are sitting in your dining room. Introducing... Too lazy for JAMA.

For the duration of my last year here, I vow to put some of my fourth year free time to good use: the education of my fellow medical students. This first installment is dedicated to all the third years in the urology rotation — and to avid bicycle riders everywhere.

Penis vs. Bicycle Seat

In a departure from our namesake journal (JAMA), we will refer to a series of articles in the September issue of the Journal of Sexual Medicine. Both established and newer research suggests an association of causality between chronic exposure to bicycle riding and impotence. The editor of the JSM, a urologist by trade, also happens to be the director of the Boston University Institute for Sexual Medicine. As head of the Institute, Dr. Irwin Goldstein has been studying the effect of bicycle riding since the 1980s (20+ years of research on this subject - who knew??). His data show that riding a bicycle for more than three hours a week can compromise both the vasculature and innervation of the penile region. In a direct quote from Dr. Goldstein, “Copying the riders of the Tour de France is probably not a wise thing to do if you like having sexual activity.”

But when on a bike, perineal pressure is increased seven-fold, more so when the rider is overweight. The cumulative effect translates to reduction in blood flow, to the point where there is difficulty in achieving erection.

The significance of this lies in the increased risk of impotence in a very young population. Dr. Goldstein authored a study in which 40 subjects (male bikers, all experiencing erectile dysfunction) allowed measurements of penile blood flow in various positions/situations. Many of his subjects were under forty years of age. If that weren’t alarming enough, Dr. Goldstein asserts that “there are only two kinds of male cyclists - those who are impotent and those who will be impotent”... ominous. His research estimates that 5% of men who ride bikes intensively have developed severe to moderate erectile dysfunction. However, this number may be higher due to underreporting.

According to an editorial, even the safe ‘ergonomically designed’ saddles have been shown to be harmful. In fact, they may be the culprit of increased damage: “the ergonomic saddles have smaller surface areas, so the rider’s weight presses harder on less saddle”.

Sorry, fellas — I suppose this wasn’t the most uplifting of topics to begin the Too lazy for JAMA series, but if it’s any consolation... the ladies aren’t completely off the hook either. Similar vascular anatomy exists in the female perineal area, but damage incurred during cycling hasn’t been studied as extensively in the female population. For all of you Barr body carriers out there, rest assured that I will be scouring Pub Med for tales of woe and doom for the next installment.

In concluding this mini-update on injuries occurred on the path towards athleticism, I would like to leave you all with a quote for further reflection. “We make kids wear helmets and knee pads,” Dr. Goldstein remarks in a recent NY Times article. “But no one thinks about protecting the crotch.” Truer words were never spoken.

“Copying the riders of the Tour de France is probably not a wise thing to do if you like having sexual activity.”
The first year of medical school is an exciting adventure of learning, meeting new people and dipping one’s toes into the icy waters of what will hopefully be a successful career in medicine. MCV’s learning experience has little room for strict bookworm types except, perhaps, for those interested in the MD/PhD program. The group-learning experiences, social activities (liver rounds, MCV Ball), and extracurricular activities/associations ensure a student’s best friend is not an imaginary Krebs cycle rate-limiting enzyme. That’s right first-years—leave your microbial action figures at home. They won’t come to your aid when you tee off everyone in your anatomy group and someone tosses a chunk of peri-rectal fat your way and ruins your brand-new set of smurf-colored scrubs.

If you’re like me and most other medical students, you started medical school with perhaps only an inkling of what type of medicine you might want to pursue — or no idea whatsoever. Perhaps you have a catchy line or two and a moving story you gave the interviewer when you had your extensive thirty-minute interview that somehow determined whether or not you’ll make a good doctor some day. Well, now you’re in medical school, you’re going to be a physician and that’s all there is to it, right? Wrong!

I have bad news. There is no class called “Finding the perfect medical career for me” just as there is no “Guide to safe, cheap, and efficient parking at MCV.” Finding out what you want to do in medicine is important, challenging and is up to you and only you. I’ve had the displeasure of talking to several residents who have yet to decide what they want to do and were simply buying time. A bit late and costly if you ask me. Even with the highly popular residency match program far away in your fourth year. You need to start looking at career choices early on for several reasons. Applying to any residency is more than just board scores, grades and explaining to the program director that VCU SOM is the same school as MCV. The people you know, what experience you have, and what you’ve done outside of getting good grades matters. Furthermore, how does one know if a particular field is a good fit or not? How does one find out about the advantages and disadvantages of a particular field?

Get involved with a medical society. Whether it is the David Hume Society for those interested in surgery but not sleeping or the Anesthesia Interest Group for those interested in getting paid well to surf the web. These societies have a lot to offer for students, especially when attending local or national meetings. Talking to various established physicians in a particular field can provide one with valuable insight or hindsight without the peri-rectal fat. The first society I became involved with was the American Medical Association, the largest medical association with physician members in all fields. It allowed me to meet various physicians throughout the country in fields that I was interested in. The meetings I attended had invaluable programs for medical students to help them determine career options.

Time and peri-rectal fat flies in medical school. Use your time wisely. Before you know it, you’ll be applying for a residency. Hopefully, it is in a field you want and you have what it takes to get it.
Honduras
by Sam Khandker, Class of 2008

The elderly woman smiled and thanked me repeatedly in Spanish as she stood and backed away, carrying the small strip of paper in her hand like a prized possession. It was the prescription I had written for her arthritic pain, to be filled immediately at our makeshift pharmacy across the courtyard in the other wing of the elementary school. It's only a temporary relief from her pain, I thought sadly as I checked my watch: 5 pm. It was nearing time to wrap up the day's work. I rubbed my fatigued eyes vigorously. We had been seeing patients since 9 in the morning with only a half hour lunch break—not because anyone had told us to, but because the never-ending line of people at this school-turned-clinic, waiting for several hours to see the American doctors, necessitated it.

I glanced around the 5th grade classroom I was working in, converted into our adult general medicine clinic. The other medical students all had tired expressions etched on their faces and in their movements, some starting to clean up their workspaces, others finishing up with their last patients. My wandering gaze stopped at the line of chairs against the wall that led to my desk. There was one last patient to be seen, but my mind failed to register this thought initially, because the woman that waited for me was someone I knew.

It was Ana*, one of the teachers who had volunteered to help our medical team with translation and logistics during our time at their school. I remembered Ana well because she had helped us log patients the day before when I was working in the optometry clinic. She was probably in her mid-twenties, attractive, and extremely patient with the inherent communication problem between the medical staff's broken Spanish and the colloquial dialects spoken by our patients. It wasn't uncommon for the teachers to come to the optometry clinic to ask for a pair of glasses for themselves. But Ana seemed to be in good health; I couldn't understand why she was waiting to be seen in the adult general medicine clinic, and moreover, why she was waiting specifically for me. She's playing a game, I thought. Play along.

I invited her to approach my desk. She came forward and sat down, smiling pleasantly. “How can I help you, Ana?” I asked her in Spanish.

“I'm sick, doctor. Can you help me?” She was still smiling.

“I'll try my best,” I answered, wondering what pretend illness she would come up with. “Can you tell me more about how you're not feeling well?”

“I'm depressed.” Her response caught me by surprise. I'd had very little experience with psychiatric illnesses, let alone in Spanish, but I saw it as an opportunity to practice. “One moment,” I asked, and reached for my medical Spanish book. I found the section for depression and proceeded to ask Ana the list of questions. Some of them seemed ridiculous and we both couldn't help but smile at them.

“Do you sometimes feel like you want to kill yourself?”

“Do you feel like you want to kill someone else?”

“Do you hear voices in your head?”

“Do they tell you to hurt yourself or someone else?”

Ana gamely answered yes to all of my questions, until I eventually asked her, “Are you satisfied with your sexual life?”

She paused and seemed hesitant. Then she replied, “No.”

I was starting to feel uncomfortable; in the back of my mind I wondered if this were her way of coming on to me. I didn't know how to proceed but Ana was still smiling and I didn't want her to think I was embarrassed, so I continued. “Tell me
about your sex life. Do you have multiple sex partners?”

“No. I’m married.” I wasn’t expecting that answer, but it did relieve my earlier anxieties.

“How often do you have sexual relations with your husband?”

“Once, twice a week.”

“And it doesn’t satisfy you?”

Suddenly Ana’s eyes welled up with tears and she began to cry softly. I had no idea what was going on. I thought this was a game! I looked around frantically and offered her some tissues. I could feel the situation slipping out of my control, but I didn’t know who to turn to help; the other students had left and the doctor working with us was busy with someone else. I threw out questions aimlessly.

“Are you being sexually abused?” Ana continued to cry. “Is your husband abusing you?” She shook her head. “Who is then?”

She leaned forward and whispered, “The school principal.”

The same principal who had greeted our team the previous day with heartfelt thanks and sincere formality. He was a middle-aged man, probably married, portly, well-dressed and well-spoken. I would never have thought of him to be a sex offender. It didn’t make any sense.

My medical training up to this point was exhausted. I was an unqualified callow student who had somehow gained a poor woman’s trust as her only medical resource and confidante. My own sympathy for her situation was asking the questions now.

“Have you told anyone about this?”

She nodded. “Some of the other teachers- my good friends- know. And so does my mother.” I was only then aware of an elderly woman who had come to occupy the chair that Ana had been previously sitting in while waiting to see me. I hadn’t even noticed her walk in. “Are you Ana’s mother?” I asked the older woman. She nodded and added how there was nothing anyone could do about the principal.

I looked back at Ana for clarification. She nodded in tearful agreement, “If I say anything about him, he’ll just say that I’m lying and I’ll lose my job.”

The ethical considerations overwhelmed me. How do I deal with this kind of situation? Had I been in the States, I would have been required to report a case of sexual abuse. But this was rural Honduras, and no laws protected Ana. I again looked desperately for help to our physician. Thankfully, David had finished with his patient. I waved him over to my desk and quickly related the story to him. Ana seemed uncomfortable with me telling another person, but I reassured her that David was more experienced than I was and that both he and I would work together to help her.

David thoughtfully scratched his long graying beard while I gave my report. His caring eyes twinged with sympathy when I had finished. But he mentioned a point to me- in English- that I hadn’t yet considered. What if Ana was fabricating the story, for whatever reason, to get us to wrongly incriminate the principal? It wasn’t our job as medical professionals to make such assumptions; we could only rightly help the woman from a strictly medical and counseling perspective. I asked Ana what it was she wanted us to do.

“Please, I just want your help.” Her sorrow was so earnest, I couldn’t fathom the possibility that she could be lying. David and I counseled her on ways to protect herself in the future and ways to cope with the past injustices, using sources of support. We weren’t sure if she was clinically depressed, neither of us being qualified to make such a diagnosis. Furthermore, our pharmacy carried no anti-depression drugs. However, I offered to write Ana a referral for a good psychiatrist in the capital city, to whom her visit would be free. She seemed visibly relieved by our aid. She stopped crying and her pretty smile resurfaced as she walked out of the clinic with her mother. When she was gone, I admitted to David how horrible I felt for not initially taking Ana seriously. I wished it were him she had gone to for help rather than me.

“You were great,” David reassured me. “I don’t know how I could have handled that situation better than you did.” Despite his approbation, I told myself that Ana’s visit was an invaluable lesson for me.

Today, I am recounting this incident several months after it occurred, but it is still vividly etched into my memory. Of all the patients I saw during my two weeks in Honduras, Ana is the one I will never forget.
Scratch
by Aditi Dhakar, Class of 2009
New Orleans Relief Work

by Christine Gebert, Class of 2006

Christine Gebert, a fourth year medical student at VCU-SOM, was studying for the USMLE Step 2 of the Boards in New Orleans when her and her fiancé, an ENT resident at LSU, had to evacuate the city for Hurricane Katrina. After watching millions of people lose their homes and nearly everything they owned, and to see an entire city shut down, there was only one thing left to do - go back and help those in need and left behind, mostly the poor and elderly.

After the hurricane when three entire medical hospitals were deemed condemned due to flooding, thousands of people were left without adequate medical attention. There were no doctors in town to see patients, no pharmacies open to refill medications, no clinics for them to receive blood pressure and blood glucose checks. To fill the need, a group of medics started to provide basic medical care, in what later turned into the CommonGround clinic. When Chris arrived in the beginning of October, she found herself surrounded by over three dozen kindhearted medical personnel, some who traveled from as far away as southern California to care for the people of New Orleans.

The clinic was very busy, sometimes seeing close to 150 patients per day. The clinic was run completely by volunteer medics, nurses, medical students, residents and two-three attending physicians from around the country. They provided free vaccinations for tetanus, hepatitis A and B. They were able to refill most of patient’s medications for free thanks to generous donations from doctor’s offices around the country. They also heavily screened patients for depression, and offered intense emotional support and counseling to devastated patients. They explained mold precautions as many patients had returned to the area to survey their homes destroyed by flooding. Basic first aid, routine blood pressure and diabetes checks, and nebulizer treatments were also performed.

The experience Chris had was special because it was the first time that she had done a medical mission trip within the domestic United States and what would be her new home. To her, it was the most wonderful feeling to practice medicine in its purist, altruistic form. To find out more information about how you can help, or to see pictures of the clinic experience/New Orleans today, please email her at c_gebert@hotmail.com.
The history of the Medical College of Virginia, now officially recognized as the VCU School of Medicine, dates back over 167 years. Throughout this time, its official name and charter have changed several times, but its evolution into a world-class medical school & hospital, as well as its location here in downtown Richmond have remained constant. The following historical highlights & timeline will serve as a good introduction to the founding principles, the trials and tribulations endured, and the great people that have made this institution what it is today. It is comprised of three parts and in this issue of Skull & Bones, we present Part 1: The Early Years.

The Early Years: 1838-1860

November 5th, 1838, was the day on which the new Department of Medicine of Hampden-Sydney College opened its doors to Richmond’s first medical students. The new department was largely the dream of four Richmond physicians, most notable of which was Dr. August Lockman Wamer, who petitioned the President and Board to Trustees of Hampden-Sydney College to establish a medical department in Richmond, under their charter. Dr. Wamer left UVA to begin a new medical school because he didn’t agree with Jefferson’s philosophy that professors shouldn’t corrupt their teaching by making money caring for patients. He was the medical school's first Dean and the Professor of Surgery & Surgical Anatomy. The test of time has proven his model of practicing academic medicine while treating patients with financial compensation as the accepted norm.

There were 46 students in the first class and on April 4, 1839, after just 5 short months and the successful completion of 6 courses, they celebrated their graduation. Tuition was $20 for each course and was paid directly to the professors by the students attending their lectures. In addition, students were charged a dissecting fee of $10 and a matriculation fee of $5. The total cost of their medical education was $135! A far cry from the $150,000 today’s out-of-state students are paying for their education. For an additional $4/week payable to the city, students received a room that included fuel, lights, and a servant’s attendance.
The first classrooms and infirmary were located in the Union Hotel that stood at 19th and Main Street, a site currently occupied by the Canal Walk Lofts. The hotel was leased by Hampden-Sydney College and converted into the medical department. The hotel ballroom was converted into a surgical theater, which the school brochure at the time boasted was where “limbs instead of capers” were being cut and physicians were “mixing potions instead of punch”. This location was used for 7 years, until 1845, when the Egyptian Building was built on the corner of Marshall & College.

The Egyptian Building
The Egyptian Building was designed by Philadelphia architect Thomas Stewart, and inspired by Dr. Warner, who realized a permanent home was essential to the future of the medical school. The building was erected on a site known as Academy Square, originally developed in the 1780s for the opening of an International Academy of Arts and Science in collaboration with the French. The idea was spearheaded by the esteemed Frenchman, Quesnay De Beaurepaire, and supported by Thomas Jefferson, but plans for the academy were soon abandoned after the French Revolution began. Of note, is the fact that because the academy building was the largest of its time in Richmond, it was used as a theater, and in 1788, is where the Virginia delegates ratified the Constitution of the United States. A plaque commemorating this momentous occasion is mounted outside the George Ben Johnston Auditorium.

Over the years the Egyptian Building has had many looks, from having once unobscured views of Church Hill and Shockhoe Bottom, to being entirely covered with ivy from the years 1905 to 1938. It reported that its original floor plan had a massive laboratory that could seat 750 people. Today it remains the oldest university building in the country still used for its original purpose and it currently houses the M-1 lecture hall and foundations of clinical medicine classrooms.

MCV is Born
In 1853, just 16 years after its inception, the Hampden-Sydney’s Department of Medicine fell victim to internal politics. The 6 faculty members at the time found themselves at odds with the College Board of Trustees and a power struggle ensued regarding the appointment of new faculty members. A crisis ensued. As a result, on February 25th, 1854, the fledgling department declared its independence. A new charter was drawn for an independent institution to be known as the Medical College of Virginia.

MCV’s independent status, however, was short lived. After only 6 years with an independent charter, the MCV board of visitors, lured by the need for better financing and a new hospital, accepted the provisions of an act of the General Assembly of Virginia. They handed over the deed to all MCV property and officially declared MCV a state institution in 1860.

The new hospital was built from state funds at the cost of $22,336.57. Called the College Infirmary, it was built directly across from the Egyptian Building, and was a 3-story brick building with 75 beds, central heat and gas lights. Up to this point the college and clinical services were conducted under the same roof. This was the Medical College of Virginia’s first true hospital and in the coming years of Civil War, it would prove invaluable to the care of Richmond’s civilians and Union soldiers alike.

Next issue we present part two: The War Years.

“...The total cost of their medical education was $135! A far cry from the $150,000 today’s out-of-state students are paying....”
Photo Gallery

AMA WAC Night Out

Parents’ Weekend: Samantha Vogt, Class of 2009, with Mom & Dad

Class of 2009
First Day of Anatomy

Sunrise over the Greek Mediterranean

Mozart’s Final Symphony...Austria

Sunset in the City of Lights

Pictures by Kevin Lee, Class of 2009

Pictures by Kristin Ondecko, Class of 2007
A Tribute to the Female Pioneers in Medicine

by Tiffany Kelly, Class of 2008

Look back in time

September is Women in Medicine Month - a time to honor those women who were pioneers and served as role models for future generations of medical professionals. Women have been practicing the art of medicine since the beginning of recorded history, from the Egyptian queens of 2000 B.C. to the midwives of 14th century Europe to the apothecaries of the 18th century (Hurd-Mead). However, earning an MD has been another story, especially in the U.S. When medical schools opened in America, partitions formed between church and medicine and between women and medicine (Hurd-Mead). It was quite an accomplishment when, in 1849, Elizabeth Blackwell graduated from medical school, distinguishing her as the first woman with an official medical degree in the United States (AMA2). Blackwell’s sister, Emily, graduated with an MD five years later (Brooke). (Oddly enough, Dr. Blackwell was actually the second famous Elizabeth Blackwell in medical history, the first noted for writing Curious Herbal, a book describing plants and their therapeutic properties, in 1737 (Brooke).) In 1864, Rebecca Lee Crumpler became the first African-American female physician (AMA2). Dr. Crumpler later came to Richmond to work with freed slaves as medical director for the Freedmen’s Bureau (Brinson and Hampton). In 1889, Susan La Flesche Picotte graduated as the first Native American female with a medical degree (AMA2). More recently women have made major strides in medicine in both the public and private domains. In 1947, Gerty Cori became the first woman to receive the Nobel Prize in Physiology or Medicine (AMA2). We all recognize the last name of Dr. Virginia Apgar, who, in 1952, reserved her place in medical history with the development of the Apgar Score to assess neonates (AMA2). Egyptian-born Nawal el Saadawi earned her medical degree from Columbia University in 1955 (Windsor). She became a prominent psychiatrist, is well known for using written word as a means to expose the hardships that Arab women face, and acquired a distinguished position with Egypt’s Ministry of Health (Windsor). In 1990, Hispanic physician Dr. Antonia Novello became the U.S. Surgeon General (AMA2). According to the AMA, there are now over 225,000 female physicians in the United States (AMA1), and there are over 32,000 female medical students (Baransky and Etzel). We certainly have come a long way since 1849, and women continue to make advances in the U.S. and in the world.

"MCV began granting women admission into medical school in 1918"

Our History

MCV began granting women admission into medical school in 1918 (Brinson and Hampton). In 1920, Innis Steinmetz, a transfer student, became the first female to complete her medical studies here (Brinson and Hampton). Thirty years later, in 1955, Jean Harris became the first African-American woman to receive a medical degree from MCV (Brinson and Hampton). The Women in Medicine student program began at MCV/VCU in 1991 (Brinson and Hampton) to promote the professional development of women and to shed light on women’s health issues. In 1992, the Women in Medicine Organization emerged to encourage communication and support growth of female professionals (Brinson and Hampton). To join the Women in Medicine Student Organization, contact Tiffany Kelly at kellytb@vcu.edu.
On October 12, 2005, the School of Medicine held its 7th Annual Faculty Excellence Awards presentation. These awards serve to recognized outstanding faculty members for their dedication to the education of future physicians.

- Faculty Teaching Excellence Award: Robert F. Diegelmann, PhD, Professor of Biochemistry.
- Irby-James Award for Excellence in Clinical Teaching: Alpha (Berry) A. Fowler, III, MD, Chair of the Division of Pulmonary and Critical Care Medicine.
- Distinguished Mentor in Basic Sciences Award: Roland N. Pittman, PhD, Professor of Physiology.
- Distinguished Mentor in Clinical Sciences Award: David X. Cifu, MD, Chairman of the Department of Physical Medicine and Rehabilitation.
- Educational Research Award: J. Dennis Hoban, EdD, Director of Education Research.
- Leonard Tow Humanism in Medicine Award presented by the Arnold P. Gold Foundation: Linda J. Abbey, MD, Associate Professor of Internal Medicine and Director of House Calls.
- Women in Science, Dentistry, and Medicine (WISDM) Professional Achievement Award: Ann S. Fulcher, MD, Professor and Chair of the Department of Radiology.
- MCV Physicians Distinguished Clinician Award: James S. Levenson, MD, Chair of the Division of Consultation-Liaison Psychiatry and Chair of the MCV Ethics Committee.
Geriatric Student Interest Group
Ron Thomas, Class of 2008
thomasam@vcu.edu

The Geriatric Student Interest Group offers medical students excellent opportunities to learn more about medical care for America’s fastest growing health care demographic. Older Americans will be seeking medical care at unprecedented rates during our careers, and regardless of the specialty one chooses, basic competency with the elderly will be needed.

The group plans fun, informal activities every 4-6 weeks that allow medical students to interact with local senior citizens and also with like-minded medical students. Last week, the group visited Linwood Robinson Senior Center in Church Hill to visit and play games with the adults after lunch. The group is planning a pumpkin decorating contest for seniors on Friday, October 21. Based on input from organization members, ballroom dance lessons and a bowling tournament are being planned for later in the year. The annual Art of Aging photograph contest will take place in the spring as well, which offers cash prizes for the best photo submissions that portray the theme of “aging.”

Another popular activity is holiday caroling at nursing homes. This was the clincher that attracted me to join GSIG. Prior to medical school, I never considered working with the elderly, as I feel I am not very strong in interacting with this population. However, at the last minute, I joined the group and while singing off key (but with enthusiasm), I realized how much it meant to the residents. My classes also exposed me to the medical issues that affect the elderly, and now, I’m very interested in gaining real proficiency in providing health care to older folks.

In addition to community activities with senior citizens, the group also provides lunch lectures that attempt to educate students on relevant issues and policies. Look for announcements over the course of the year. GSIG members also get to know MCV’s favorite geriatrician, Dr. Peter Boling.

Oncology Interest Group
Kim Anh Nguyen, Class of 2008
Shakun Gupta, Class of 2008, Co-Presidents
MCVoncology@yahoo.com

The Oncology Interest Group is a completely student run organization that is dedicated to raising awareness and interest in the field of oncology among medical students here at MCV. We focus on not only hematology/oncology but also surgical oncology, radiation oncology, pediatric oncology, and many other specialties under the broad umbrella of oncology.

One of our largest and most popular activities is the annual Cancer Day. This event is traditionally held in March and consists of a lecture and lunch open to faculty and students alike. This year we are also expanding our activities through providing shadowing opportunities for students, lunch lectures throughout the year, and other chances to participate in community service events. In this way, students can gain a better appreciation of the field of oncology as they see the direct effects they can have on patients and the MCV community.

Our first event for the year will be a lunch lecture on November 14th given by Dr. Michael Chang from Radiation Oncology. He will be discussing not only his field but also general information about what cultivated his interest in oncology and how interested students can go about pursuing this career. Look out for more information on the Eboard as we get closer.

ANNUAL MEDICINE BALL
Mahesh N Raju, Class of 2006
rajumn@vcu.edu

On November 5, 2005, VCU medical students will once again convene for the annual Medicine Ball. It has the same pomp and flair as a college Homecoming, without the football game, of course! This year it will be held once again at the Science Museum of Virginia. There will be appetizers, cash bar and music. For those that did not attend last year, it is quite an event! You can bring a date or go solo, its a blast either way. Its a great time to catch up with students from other classes and a nice break from the daily grind for the M3’s. C’mon down and have some fun!