

SHANE NEILSON

## The Practice of Poetry

Does it hurt? Yes, it hurts  
so sweet. It hurts exquisitely.  
It hurts real good. I feel as if I read it  
in some Bible for the ill,  
that suffering itself is medicine  
and to endure enough will cure you  
of anything.<sup>1</sup>

I'M NOT INTERESTED in rehashing stereotypes, as is done in the foreword to *Blood and Bone: Poems by Physicians*.<sup>2</sup> It begins:

It is a common conceit of academics, intellectuals, and sophisticates to believe that physicians as a whole are mere technicians, innocent of arts and letters and insensitive to the life of the mind. Sadly, this impression seems well-founded when one listens to the way many physicians expatiate at cocktail and dinner parties. Even when some physician belies this stereotype, he or she is classified as the *rara avis* who by this rarity confirms the original taxonomy.<sup>3</sup>

The introduction then goes on to “smash” this stereotype, but did it need smashing? I don't know what parties the author attends, but my friends don't expatiate, especially at parties. Medical schools have long opened their doors to the arts, and the staid old physician conceit just doesn't fit with my experience, when one of my best friends was a photographer, and another an award-winning writer.

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<sup>1</sup> Tony Hoagland, quoted in *The Poetry Cure*, ed. Julia Darling and Cynthia Fuller (Northumberland, UK: Bloodaxe Books, 2005) 48–49.

<sup>2</sup> This is an edited version of a talk I gave to the Alpha Omega Alpha Honor Medical Society, at Dalhousie University on 19 April 2008.

<sup>3</sup> *Blood and Bone: Poems by Physicians*, ed. Angela Belli and Jack Coulehan (Iowa City: U of Iowa Press, 1998) xiii.

But I also rebel against this conceit for another, more important reason: physicians are creative *in the course of their daily work*. Who among us hasn't used a metaphor to better explain a diagnosis or a treatment to a patient? From the "patching up" of tickers to "thinning" the blood, from the impressionistic detail of an X-ray to the body as a battleground, all doctors do it.

So this will not be an essay that trots out the old canard that physicians are stuffy and poetry will free the mind. Poetry does free the mind, and some physicians are stuffy. The ground is well-trod and poetry likes to expatiate in unexpected places. I hope this essay has a few of those.

I'd rather not talk about how I first "became" a poet, because I'm not sure exactly when that happened, or rather how it happened, and I'd like to spare you the doggerel about fauns, snow, and winter maidens. That there were lots of each means I had a long apprenticeship, a tedious one that can be found in the annals of our high school "literary book," which collected the "best writings" of the student body and was edited by a future military wife. In there you'll find the bleeding faun, the tenderly-rendered snowflakes, and the ice queen.

I'd rather like to spend a moment with the first intersection of poetry and medicine in my own life. I was a clinical clerk doing an elective in Ottawa in Consult-Liaison Psychiatry. I was called to assess a man on the ENT floor who was schizophrenic and had a large neck abscess. He was abusing drugs and would disappear for hours at a time, scoring outside the hospital and coming in stoned and generally making a nuisance of himself. And when he couldn't score, he'd pressure the nurses for drugs. When I came to see him, the first thing he said to me was, "C'mon, doc, drug me up!"

This was a fellow with a huge neck swelling in a shabby overcoat (it was winter) and catastrophic pants. The nurses pleaded with him to wear greens, but he refused. He had beat-up shoes and had a unshaven face that looked like it had been whacked repeatedly with a shovel. His hair was of a piece: a one-piece.

I told him that I couldn't get him drugs, that I was only a medical student, and that I was sent by his treatment team to talk to him. By that time I had gleaned a lot of information just from his appearance: that he was slovenly in mental illness, and that he kept looking over his shoulder and seemed to grimace at the wall. Then there was his speech, which was elliptical but clearly derisive. If I couldn't get him drugs, then I was clearly of no use to him. And then, as poetry is wont to do, poetry just happened. He looked up, and said, since I wasn't of much use to him, did I want to hear a poem?

I had never had anyone recite a poem to me before, except Mrs. Spencer, my grade ten English teacher who liked to talk in voices (especially the pursed-lip vibrato English ladies of our reading list), and so I said yes, I'd love to hear a poem.

He then recited something that *seemed* spontaneous, that *seemed* off-the-cuff, but this was the genius of his delivery. The poem had no title (at least he did not provide me with one) and it was, word for word, as follows:

I elocute electrocute  
 I slam-bam-thank-you ma'am  
 My slang clangs, slips down a chute  
 God, did I pass the exam?

Astute astute astute,  
 The dictionary has all the answers  
 And I flip flippant, I salute  
 The brain callipers, the disclaimers.

When he finished, he waited for approval (I nodded my head in bewilderment, but it was definitely a performance, so my reaction was genuine) and then reached in his pocket, pulled out a filthy sheet that had the poem written in cursive, untitled, with the date of composition on the bottom: June 9, 1999. It was clear that he was done with me, that he didn't want to talk to me anymore, when he promptly went to sleep. Poets.

I took the poem back to my staff, who instructed me to copy it out into the consult note, but I kept the sheet of paper as if it were a gift. An enigmatic gift, which poetry often is. And this was undoubtedly a poem: it showed wordplay (elocute-electrocute, slang-clangs, flip-flippant) and it had its own paranoiac universe: the idea of passing God's exam, the image of "brain callipers," the martial "salute," the slipping down a secret "chute." That the poem is rhymed ABAB I think is interesting in that it was a scaffolding that this disturbed street poet could grab ahold of; his mind was ordered by it. But there is indeed a secret life of this poem: my staff rightly used it as the centrepiece of his mental status formulation, but I must admit I didn't initially think of the poem as an indictment of his disordered mind. Instead, I thought of it as a meditation on poetry itself.

Think of it: "I elocute electrocute" is a poet asserting his craft, the power of his craft. "Slam-bam thank-you-ma'am" can be a kind of word *braggadocio*, a statement that what I'm writing is good, damn good. "My slang clangs, slips down a chute" is interesting in that it admits to clanging,

which is merely an obvious use of rhyme, and so I think it disingenuous; but the “slip down a chute” completion suggests that the audience is being played with here, that there is a hidden meaning to be found, perhaps chiefly that I’m judging this dirty man based on his appearance (which, as part of the mental status exam, I was forced to do).

The repetition of “astute” is a comment on poetry: what good is it if it’s not astute, which is defined in *The Canadian Oxford Dictionary* as (1) shrewd; clever. (2) crafty. Good poetry playfully cuffs us, hoodwinks us. And it’s important to note that “astute” comes from the Latin *astus*, meaning craft. The use of this word could be thought of as the equivalent of a gang sign.

And he’s definitely being playful by bringing definitions into the mix in the next line “The dictionary has all the answers”; look it up, he seems to say. One gets the sense there is an internal code to this poem. When he says that he “flips flippant” we’re definitely being toyed with; this poem is precise and linguistically capricious. And then he’s teasing poetry itself by treating all of it as a “disclaimer,” or perhaps that it should be read with a disclaimer.

So it was that I received poetry on the ward of the Ottawa General. And if I read too much into the poem, and I may be, I may be excused by the fact that it was important how it was read: regally, and to a young prospective doctor who was not far from the days of fauns and snowflakes. And this proved a lesson I will come back to later: that poetry *connects*. (Others use the term “rapport-building.”) When I came to visit him on rounds with staff, the poet always winked at me when the staff wasn’t looking. And he would sneak in rhymes from his poem into conversation with staff: he’d refer to “bangs” and “acute” and many others, continuing the secret clanging conversation that began with his poem.

Sadly, one morning he got a big speedball score and had a heart attack and died.



I’ve been a doctor now for eight years, but in that time I’ve seen a full eight-years-worth of suffering and I’ve often wondered what else I can do besides listening, besides referring patients for grief counseling, besides recommending support groups, besides high-dose empathy. In short, I often feel powerless, which is how a doctor ought to feel sometimes, and out of this powerlessness I hit upon a solution: perhaps I could use poetry as a tincture, if not a cure. Maybe the poetry of suffering and of transcendence (but not necessarily of cure, which could entail false hope) could help people

through their suffering. It's caused me some anguish, enough to write the poem "Campanology:"

I've sat, dumbfounded  
 in my office, as death robs all vocabulary  
 and grief fills in interstices,  
 bends consonants and vowels  
 to its will, and the bereaved  
 make one long lowing moan.

I've tried to make my own vocabulary,  
 one with a syntax of comfort,  
 a grammar of relief,  
 but all that comes out  
 is a sound like a tolling bell.<sup>4</sup>

All physicians have been there. At the time I had one major tutor in pain: Alden Nowlan, the New Brunswick poet who developed thyroid cancer at the age of thirty-three. Before he was diagnosed and eventually underwent three major surgeries, he wrote a poetry of fine lyric, a mainly descriptive poetry that stuck to stanza. But after his cancer, his style exploded: he started to write about himself, about his own impressions and feelings, about his own frailties and how they manifested themselves in others and, most importantly for the purposes of this essay, about his own life-threatening illness. Nowlan revolutionized his own subjectivity; he wrote about two dozen poems that deal with death frankly, and with fear, and with the little rituals that make us human. I have written about this subject extensively before, in *Alden Nowlan and Illness*,<sup>5</sup> where all of Nowlan's illness poems are collected with an explanatory foreword, but let me revisit "The Boil":

Am I alone  
                   I wonder  
 in finding pleasure  
 in this,  
                   the thumb  
 and forefinger  
 rolling tight

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<sup>4</sup> Shane Neilson, in *The Pharos* (Spring 2008).

<sup>5</sup> Neilson, *Alden Nowlan and Illness* (Victoria, BC: Frog Hollow Press, 2005).



again), but one can attain a measure of control. It's epiphany, and I'll discuss the purpose of the poem—epiphany—later.

Apropos the boil, shouldn't we, as physicians, try to encourage a sense of participation in our patients, a sense of acceptance? Again, the patient may not be the master of the ailment; but they can be masters of their experience. As Julia Darling, Fellow in Health and Literature in the English School of Newcastle University, writes: "One of the hardest things about being unwell is feeling disempowered and out of control. [Reading and writing] poetry can make you feel in charge again."<sup>7</sup>

As I read and reflected on Nowlan I began to think, *this could be good for my patients*. I thought of Charlene Breedlove, editor of the Poetry and Medicine section of the *Journal of the American Medical Association*, who writes that:

Whether as patient, doctor, friend, care giver, or observer, we often struggle to come to terms with the odd tensions and paradoxes generated by the medicalization of human encounters. The wonder in this may be simply that in the face of these deep uncertainties, poetry remains the language of choice, the only language that gives solace to the soul and revives the imagination.<sup>8</sup>

And so I tried it once: a lady with terminal breast cancer. I hesitatingly gave her the poems, and she returned a week later, saying she had read them, and that they "helped." There were no unintended side effects. I pried a little, asking her how they had helped; she simply said "I don't know." I don't think she was just trying to please me; I don't think she was telling the doctor what he wanted to hear. We had a frank relationship. I think she was just reading good poetry: epiphanies are not just for the articulate. And at the next visit, she gave me a poem written about chemotherapy. Epiphanies indeed.

As a doctor, I can want my medications to do too much; the same can be said of poetry. But perhaps the effects of poetry are difficult to express, like that of a medical student, astounded at the sight of a street person in possession of the real thing, for as Rafael Campo encourages, "It is important—indeed, critically so—for each of us, future patients all, to examine the link between healing and the imagination, to reawaken the bond between body and soul, to explore this territory not merely as some

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<sup>7</sup> *The Poetry Cure* 48–49.

<sup>8</sup> *Uncharted Lines: Poems from the Journal of American Medical Association*, ed. Charlene Breedlove (Albany, CA: Boaz, 1998) xvi.

wasted battleground on which science and culture duel but as a living garden of what the mind is able to accomplish.”<sup>7</sup>I was given a glimpse of what my schizophrenic’s mind was able to accomplish; I had no idea what I was to do, what I was able to do.



The first instance of bibliotherapy occurred in ancient Greece, where the door to the library at Thebes read *PSYCHESIATREION*, or “The Healing Place of the Soul.” It is worth noting that Apollo, the supreme Greek deity, was god of both poetry and healing, and whose implements were the harp (often used for the recitation of poetry) and the staff (a symbol of medicine that persists to the present). Aesculapius, Apollo’s son, was the god of physicians and his shrine at Epidarius, a place where supplicants slept to have a curative dream, was called the *abatou*; it was located next to a theatre where epic Greek poetry was performed.

The comparable healing place for the soul is now online. PUBMED was searched using “Bibliotherapy” as a heading and “review” and “randomized controlled trial” as limits. Eighty-eight papers popped up, and a few trends were obvious: bibliotherapy is used mainly for mental illness, trauma, and grief, specifically being best studied in the context of depression. Most of the papers don’t actually prescribe literature as balm; they looked at the benefit of manuals specifically designed for their problem. Unfortunately, there wasn’t a single paper that investigated the therapeutic effects of poetry as a controlled trial, though there were numerous observational studies. It should be mentioned here that the *Journal of Poetry Therapy*—yes, there is such a thing—is not indexed by PUBMED and that there is a National Association for Poetry Therapy which offers training in how to become a licensed poetry therapist. But this is rampant subjectivity, you may charge; and I agree. As per Nowlan, let us become revolutionaries of the subjective, for it’s inside the poem where empathy—and hence healing—lies.

Let me for the purposes of this essay allow a review article to have the final word on bibliotherapy—not considering true literature, but self-help manuals, especially *Feeling Good* by Burns—in general, surveying the literature circa 1999:

Eight studies were identified examining written interventions based mostly on behavioural principles. Although the majority of trials

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<sup>7</sup> *The Healing Art: A Doctor’s Black Bag of Poetry* (New York: W.W. Norton, 2003) 16.



reported some significant advantages in outcome associated with self-help treatments, the number of included studies was limited and a number of methodological limitations were identified. There were no data concerning long-term clinical benefits or cost-effectiveness. In conclusion, self-help treatments may have the potential to improve the overall cost-effectiveness of mental health service provision. However, the available evidence is limited in quantity and quality and more rigorous trials are required to provide more reliable estimates of the clinical and cost-effectiveness of these treatments.<sup>10</sup>

But this is the case with manuals. What of the real stuff? Campbell et al have stated that “Fictional books have not benefited from the same empirical research as have nonfiction resources, although both need further study.”<sup>11</sup> So much for PUBMED being the healing place of the soul.

Yet surely poems are good for something. For years the *Lancet*, *Journal of the American Medical Association*, and the *Canadian Medical Association Journal* have been printing poems. *The Pharos* has been doing that important work as well. Would we be printing and reading poems if they were no good at all? What good is poetry, anyway? If the journals cannot provide an answer, then I attempt to confirm what Nadezdha Mandelstam claims when she writes, “I do not know how it is elsewhere, but here, in this country, poetry is a healing, life-giving thing, and people have not lost the gift of being able to drink of its inner strength.”<sup>12</sup>

Darling and Fuller proclaim, in a little book field-tested on the wards, that “Finding feelings reflected back to us brings comfort. Poetry can say things in a way that speaks directly to our experience and takes us down to the deepest levels. It allows us to acknowledge the intensity of what we are feeling.”<sup>13</sup> This seems to me to be a serviceable definition of the rejuvenative role of the poem. The poem as restorative, the poem as truth-telling, as divining. This is beyond content, beyond mere message; that a poem touches on illness or death is incidental. Real poems are intrinsically healing, are shockingly curative. They are the soul speaking, are intrinsically ordered constructions that impose order: something can be taken from them, something kept. And as is true for most medical poems, there is usually a

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<sup>10</sup> P. Bower et al., “The Clinical and Cost-effectiveness of Self-help Treatments for Anxiety and Depressive Disorders in Primary Care: A Systematic Review,” *British Journal of General Practise* (October 2001): 838.

<sup>11</sup> L.F. Campbell and T.P. Smith, “Integrating Self-help Books in Psychotherapy,” *Psychotherapy in Practice* 59.2 (2003): 179.

<sup>12</sup> *Hope Abandoned* (New York: Athenum, 1974) 11.

<sup>13</sup> *The Poetry Cure* 48–49.

message. But as is true in all successful poems, message is drudgery; it's the how of a poem that's interesting, not the what. How obviously monstrously impersonal we can be as physicians, as Wendy Cope writes:

She was Eliza for a few weeks  
 When she was a baby—  
 Eliza Lilly. Soon it changed to Lil.

Later she was Miss Steward in the baker's shop  
 And then 'my love', 'my darling', Mother.  
 Widowed at thirty, she went back to work  
 As Mrs Hand. Her daughter grew up,  
 Married and gave birth.

Now she was Nanna. 'Everybody  
 Calls me Nanna' she would say to visitors.  
 And so they did—friends, tradesmen, the doctor.  
 In the geriatric ward  
 They used the patients' Christian names.  
 "Lil,' we said, 'or Nanna,'  
 But it wasn't in her file  
 And for those last bewildered weeks  
 She was Eliza once again.<sup>14</sup>

An old message, to be sure—the dehumanizing element of illness, the rendering by professionals who can never begin to appreciate a life—but how un sentimentally it is proposed, how matter-of-fact, how powerful! This is a kind of aerial view of a life, a dispassionate chronological survey that somehow transforms into a tremendously personal account—in its short lines it contains an entire life—and it does this containing, this telling, in a circular, un sentimental way. It is a profoundly literal naming of a person.

Could a poem like this be curative? I think it could, for a family member who was full of the life of their mother, and who had no means to express that to the treating team. But the content is no mere anecdote; the message is universal, Eliza is all of us against the hospital wall. "Eliza" is Hebrew for "My God is a vow," and the vow of this woman, at the beginning of her life, is promise, and, at the end of her life, is silence. There's a whole woman's life in this poem and it is a rebellion, a paradoxical celebration of

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<sup>14</sup> "Names," quoted in *The Poetry Cure* 26–27.

that life. At the very least, a poem like this is a lifeline thrown to the patient's family, a bit of connective tissue that can bind the doctor to the patient and their loved ones.

Message, schmessage. And what about rhyme, meter? Again, order. Elizabeth Bishop, in "Sonnet," puts it best:

There is a magic made by melody:  
A spell of rest, and quiet breath, and cool  
Heart, that sinks through fading colours deep  
To the subaqueous stillness of the sea ...<sup>15</sup>

Illness can interrupt normalcy, can rob the common; poetry can reinsert the common by imposing rhythm. Clearly, Bishop is talking about poetry, but it also doubles as a prescription: find in poems what's amply found, song. My schizophrenic knew that. Doctors talk in sentences, but poetry talks in poetry, and we can use it.

And what of all this seriousness, this high-mindedness, this sanctimony and capital-P poetry? Can't some fun be had? Consider J.B.S. Haldane's "Cancer's a Funny Thing":

I wish I had the voice of Homer  
To sing of rectal carcinoma,  
Which kills a lot more chaps, in fact,  
Than were bumped off when Troy was sacked.  
Yet, thanks to modern surgeon's skills,  
It can be killed before it kills  
Upon a scientific basis  
In nineteen out of twenty cases.  
I noticed I was passing blood  
(Only a few drops, not a flood).  
So pausing on my homeward way  
From Tallahassee to Bombay  
I asked a doctor, now my friend,  
To peer into my hinder end,  
To prove or to disprove the rumour  
That I had a malignant tumour.  
They pumped in BaSO<sub>4</sub>.

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<sup>15</sup> *Elizabeth Bishop: The Complete Poems 1927–1979* (London: Chatto and Windus, 1983) 214.

Till I could really stand no more...  
 Where holes were made to make me better.  
 One set is in my perineurn  
 Where I can feel, but can't yet see 'em.  
 ... A third much smaller hole is meant  
 To function as a ventral vent:  
 So now I am like two-faced Janus  
 The only god who sees his anus.  
 I'll swear, without the risk of perjury,  
 It was a snappy bit of surgery.  
 My rectum is a serious loss to me,  
 But I've a very neat colostomy ...  
 ... My final word, before I'm done,  
 Is "Cancer can be rather fun".  
 Thanks to the nurses and Nye Bevan  
 The NHS is quite like heaven  
 Provided one confronts the tumour  
 With a sufficient sense of humour.  
 I know that cancer often kills,  
 But so do cars and sleeping pills;  
 And it can hurt one till one sweats,  
 So can bad teeth and unpaid debts.  
 A spot of laughter, I am sure,  
 Often accelerates one's cure;  
 So let us patients do our bit  
 To help the surgeons make us fit.<sup>16</sup>

There's a laugh track to this poem, the guffaw-ometer is high, but this is good light verse: bracing stuff that's a spoonful of sugar, for Haldane's light-handed aim is for patients to see their doctors sooner in the course of their illnesses, to not procrastinate. And as for Haldane: the illness he so deftly dispatched, rectal cancer, killed him, but I don't think it had the last laugh. And the impulse to laugh is based in the capacity to be astonished, and that's the plane that poetry operates on. Poetry can be good for you, but it can also be good fun.

Pindar once said that the poet's "sweet words" may heal; and as Edmund Pellegrino says, "if not the patient, then the poet." There are no studies which document the beneficial effects of prescribing poetry on the medical practitioner, but two immediate heavyweights come to mind; both

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<sup>16</sup> *Oxford Anthology of Twentieth-Century English Verse* (Oxford U Press, 1973) 271–72.

Anton Chekhov and William Carlos Williams wrote poems inseparable from their medical practices. Both felt that poetry was an ordering force, a revivifying impulse, and that each sphere complemented the other. To deal with the living, I might cite Jack Coulehan and Rafael Campfo (the latter who reputedly prescribes poetry to over a third of his patients) or, to make a Canadian example, Ron Charach, as distinguished medical men who write poems, but this is anecdotal. As I am left to anecdote, I'll tell of myself: writing poems about medicine started out as an egocentric enterprise. I wrote out my thoughts and feelings, and there was much use of the pronoun "I." As you can imagine, this faun-gazing didn't get me very far and eventually I realized I was going to have to write about other people as they felt about themselves; I was going to have to understand them before I was going to understand anything about poetry. And this empathic leap opened the poetry up, I stopped talking with myself and started communing, and the benefit was that I learned more about myself in this way. I mimicked Williams:

The cured man, I want to say, is no different from any other. It is a trivial business unless you add the zest, whatever that is, to the picture. That's how I came to find writing such a necessity, to relieve me from such a dilemma. I found the practise, by trial and error, that to treat a man as something to which surgery, drugs and hoodoo applied was an indifferent matter, to treat him as material for a work of art made him somehow come alive to me.<sup>17</sup>

Most of my poems are composites of experience, and usually resort to the epiphanic—a word derived from the Greek *epiphaneia*, for "manifestation"—moment that is all that one patient has taught me. Like this poem, "The Death of Leo Emberson," which commemorates the death of a friend:

Leo, at the end it wouldn't have mattered  
if they weighed you soaking wet.  
Pre-death gaunt, a Tinker-Toy man,  
you used a motorscooter, wheeling to  
bimonthly transfusions and whirling rounds  
of doctors. Lung biopsies, intubations:  
you suffered, your hospital chart well-nourished,  
outweighing. The doctors kept saying,  
*longshot, longshot* as if they were masters of probability,  
dice-men who threw on every patient.

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<sup>17</sup> William Carlos Williams, *Autobiography* (New York: New Directions, 1967) 287.

But survival was in you. From the wrong end  
of Hamilton, you became a Dofasco foreman  
and drank until the day you ended up in the ICU.  
Delirious and dehydrated, you'd have fought  
if there was a fight.

Your wife was asked and asked again  
if she wanted heroic measures,  
and it must have been strange  
for her to hear the word "hero"  
and your name together.  
She said, *Yes*.

It took you cheerful years to die.  
You lived to tell me,  
between hospitalizations,  
that you found life hard, but rewarding.  
Your life a matter of application and luck.  
Your philosophy homespun and honest;  
just like a father's.

Your doctor said, *I've never seen such determination  
to live*. And when the end came, you clung,  
the monitors beeping, the code team  
resuscitating a hero, and your wife,  
watching, knew the time had come,  
the time when *Yes* is to admit defeat  
and *No* to resuscitate it.  
She'd seen the readmissions,  
heard the team call them, cruelly,  
*bounce-backs*, she knew all the doctors,  
and had fortitude to stare them down  
and say, *Yes, I want you to save him*.  
One muttered, *Full court press*,  
disgusted.

But this time, on the adjustable bed,  
it seemed like you let go—the tremulous heartline  
sloped down, the shocks caused you to jump  
lifelessly, the drugs coursed into dead veins,  
and the doctors watched the clock and called out time.

It was clear you weren't coming back,  
and she let you go, Leo, she let go  
and the staff left the room. You died.

At your funeral, I met all the people  
you fathered as your wife grimly greeted  
well-wishers. Her own full court press:  
keep everything together.  
Her makeup thick, as it always was;  
the pinks and blues a matter of composure.

There I learned how big a man  
you really were: how that bald head  
and ratty moustache meant a friend,  
was the disguise of a hero, and I felt sorry  
that I doubted your multitudes, and looking at you,  
I knew I needed no more fathers.<sup>18</sup>

A little prosy. But the epiphany is definitely in the letting go, as most epiphanies in grief are, and this poem was also my letting go, but it wouldn't have got there until I understood his wife, and until I understood him. How could I know how I felt about him until I formed the words? And how could those words mean as much as they could until they were confined into a poem?

I try to make sense of the world, of myself and others, and the major tool I use is poetry. Glen Downie, a Canadian poet and social worker, has written extensively on medicine and poetry, and echoed William Carlos Williams when he wrote that poetry, because it is borne of acute observation, improves the powers of medical observation.<sup>19</sup> So we're getting out of the subjective here: this is poetry as practical tool. Though there's no evidence for that, but so what? I think he's right: poetry as compass, poetry as map, often poetry as last resort, for last makings.

What can poems do for us? What other than observation and self-care? What is the chief, the almighty, the benefit and design and goal of poetry? I would suggest it is to weather suffering. Not to absorb it, and not necessarily to be empathic (although that follows.) Writing a poem is often an act of solidarity: there's trying to understand and approximate another's experience, sure, but then there's just simply taking part in the suffering,

<sup>18</sup> Shane Neilson, in *Antigonish Review* 152 (Spring 2008) 7–8.

<sup>19</sup> Glen Downie, "The Medical Benefits of Vitamin P," *Dalhousie Medical Journal* 28:12.

whether it be active or passive, whether it be as small an act as passing a handkerchief or as hallowing as being overcome with emotion. Good poems do that; they seek the soul, and when they find it, they transform it. And they so do momentarily.

Transform away. During my training in the Emergency Department, a senior clinician challenged us: “What good is a stethoscope? Our department’s too noisy to hear anything anyway; and, after all, what do we hear? How does hearing a gloop or a gurgle change what we do? We order tests. That’s what we do. History trumps the stethoscope.”

I wish I’d had the wherewithal to recite Dannie Abse’s “The Stethoscope” at that moment.<sup>20</sup> The poem is deceptive, is self-mocking, is whimsical, and simultaneously reverent: it is gloriously rhetorical, beginning:

Through it,  
over young women’s abdomens tense,  
I have heard the sound of creation  
and, in a dead man’s chest, the silence  
before creation began.

This is the term of reference: the stethoscope is a powerful instrument, it is also mysterious, talismanic. It is bound up in identity; it is a symbol of the doctor, his tool and an extension of himself, but how powerful is it?

Should I  
pray therefore? Hold this instrument in awe  
and aloft a procession of banners?  
Hang this thing in the interior  
of a cold, mushroom-dark church?

Now Abse starts playing around with himself (and us) by lampooning the stethoscope somewhat, by asking if the simple limp instrument should be honoured. But in asking the question, there’s an undercurrent of seriousness that becomes evident in the poem. Every question asked begs an answer in two senses: serious and ironical.

Should I  
kneel before it, chant an apothegm  
from a small text? Mimic priest or rabbi,  
the swaying noises of religious men?  
Never! Yet I could praise it.

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<sup>20</sup> In *Blood and Bone*, ed. Angela Belli and Jack Coulehan, 8.



Here we get the poet's unadulterated feelings—though there are two senses to this, some subterfuge. The poet continues in a mocking vein, and exclaims that he would “never” take the stethoscope too seriously, although he says he “could praise it,” and thus admits he takes the stethoscope seriously enough. This gives the poem another life, a higher valence.

I should  
by doing so celebrate my own ears,  
by praising them praise speech at midnight  
when men become philosophers;  
laughter of the sane and insane;

I love this verse. Abse is returning to first principles, as they say: what is the stethoscope if not an improvement upon the ear? And what good is the ear if it cannot overhear life, life in the form of “speech at midnight” and—the best detail of all in the poem—the “laughter of the sane and insane.” Why distinguish? The ear hears it all, is blessed to hear it all, and note he didn't write the laughter of the “genuine and the false.” And the “Should I's” and the inversion of “I should”—it's the two-mindedness of great poetry, it's self-doubt and self-goading or, read alternatively, it could be a lament as to why he should have to be reverent while simultaneously expressing a confidence that there should be some respect.

Night cries  
of injured creatures, wide-eyed or blinds'  
moonlight sonatas on a needle;  
  
lovers with doves in their throats; the wind  
traveling from where it began.

And here we end as how we began, with the idea of breath, that symbol of life. Even the “cries” are such symbols, and a poem that is self-conscious about reverence turns out to be reverent. If anything, the stethoscope is good for poetry. And I'm sure the clinician who challenged me and my little Cardiology II SE was just gently mocking himself, too.

Consider Ron Charach's poem, “Failure to Thrive”:<sup>21</sup>

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<sup>21</sup> In *The Naked Physician: Poems about the Lives of Patients and Doctors*, ed. Ron Charach (Dallas, Quarry Press, 1990) 40–41.

We wish there was only one way to fail,  
 a hapless babe or two  
 lacking the know-how  
 to drink, breathe and swallow  
 at the same time.

Charach is after the heart immediately: the lyrical first line suggesting that it would be wonderful if failing were just a matter of failing a test, or not getting a job; but there is this other, more lethal way to fail, the inability to gain weight as an infant. Life is reduced to its elements: infancy, drinking, breathing. (One consciously asks: where is love on this list?) He then goes on to talk about the true inability to gain weight, the baby too sick to gain weight, but then goes on to survey the true problem:

Instead this progeny of souls  
 who received no love,  
 so can give none;  
 legions of near-retarded moms on welfare  
 with a drunken father on a parkbench  
 as a template,  
 and an ex-con boyfriend

who likes his women fat  
 and afraid.

Charach doesn't stray from the strategy of the first stanza; we get the rather beautiful "received no love, / so can give none," that terrible calculus, and then get an unsparing description of multiple failures to thrive, a real assessment of the socioeconomic problem: the baby failing to gain weight is just the end of many ends, the final point of intersection with the health system. The poem goes on, itemizing the many ways the baby has been failed in a rather brutal, jagged style, and concludes in the lyrical style that is surely meant as a juxtaposition to reality:

Oh, you sunken-eyed kid  
 with the big round head  
 and the "preemie look"  
 pulled so early from the promised land  
 of infancy,  
 one wintry night of early darkness  
 I saw your nurse come alive,

no, *thrive*,  
 when you finally kept down  
 all your feeds,  
 and your great big eyes  
 started shining.

So Charach has written a love poem to the unloved, a poem of promise to the unpromising; this is what poetry can do for physician and patient; it can elevate them, it can recast them, through force of honesty and insight; it is intrinsically rehabilitative. Note the reversal, the reclamation, of the word “thrive”; the poem turns on this word, it soars on this word, and the poem itself thrives, as all good poems must. Normalcy, the child who vigorously eats and drinks, is interrupted; the poem restores it.

What kind of physicians would we be if we communed with Charach, if we read him, if we wrote ourselves, if we heard what Charach’s poem tells us? I suggest that we would be better observers, we would be better weatherers (how difficult the letting go, for both physician and patient) but we would, as Charach’s poem divining, be more alive, keep more alive. As Tony Hoagland put it: poetry is endurance. As Campo has written: “When [poems are] shared by doctors with their patients, they inspire a conversation that instructs each of the participants in the timeless art of love.”<sup>22</sup>

Well, one last retort to that mischievous professor, this one from Vernon Rowe, who subtitled the value of a test best in “MRI of a Poet’s Brain”:<sup>23</sup>

In this image  
 of your brain  
 I see each vurve  
 in the corpus collosum,  
 curlicues of gyri,  
 the folding of fissures,  
 sinuous sulei,  
 mamillary bodies,  
 arcuate fasciculus,  
 angular gyrus,  
 tracts and nuclei,  
 eyes and ears,

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<sup>22</sup> *The Healing Art* 16.

<sup>23</sup> In *Blood and Bones* 43.

tongue and pharynx.

but not even  
a single syllable  
of one  
tiny  
poem.

Which is merely a technologically-recast restatement of Williams' newsy "Asphodel, that greeny flower,"<sup>24</sup> but we need our updates, each age its medical and poetic advances.

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<sup>24</sup> *The Collected Poems of William Carlos Williams*, Vol. 2, 1939–62 (New York: New Directions, 2001) 318.