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Physicians, Patients, and Poets

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PHYSICIANS, PATIENTS, AND POETS

by
Mary Ball Markow

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

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Approved by

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ABSTRACT

MARY BALL MARKOW: Physicians, Patients, and Poets
(Under the direction of Dr. Ann Fisher-Wirth)

I examined the works of William Carlos Williams, Peter Pereira, Rafael Campo, Tory Dent, Lucia Perillo, and John Rybicki to gain a better understanding of the field of medicine. I selected these authors based upon their varied experiences with illness, disease, and loss. Their prose and poetry illuminate the nature of medicine and provide insight into human nature as well. The thesis has been edited for the SMBHC Thesis Repository to protect the copyright interests of some authors and publishers. The table of contents has been edited to reflect the changes.

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Introduction

When I selected medical poetry as a topic, I expected the research and writing process to be demanding, and I realized that I would be saddened as I read the poems of people suffering from incurable diseases and tremendous loss. However, I could not have imagined how challenged I would be by the haunting words of physicians and patients alike as they struggle to define the indefinable—how to live each day and know that mortality is real and imminent. I have learned that one can never know what someone with an illness or one who has suffered loss is truly experiencing; however, the inability to completely understand should not serve as a deterrent from attempting to do so. The poems, short stories, and essays of physicians and patients record their thoughts, hopes, sorrows, and legacies. Studying and absorbing the pieces that each author left behind in his or her works teach the ability to empathize.

The works of William Carlos Williams, Peter Pereira, Rafael Campo, Tory Dent, Lucia Perillo, and John Rybicki have challenged me to view the many complexities of disease. Each author sheds a different ray of light into the bleakness of illness by contributing a unique voice on the problem of mortality. I focused on the works of three physicians, two patients, and one poet who suffered the loss of a loved one. These authors' varied experiences and strong voices allow them to share their insights into the nature of medicine with the world.

William Carlos Williams

William Carlos Williams once said:

There's nothing like a difficult patient to show us ourselves. . . .I would learn so much on my rounds, or making home visits. At times I felt like a thief because I heard words, lines, saw people and places—and used it all in my writing. I guess I've told people that, and no one's so surprised! There was something deeper going on, though—the *force* of all those encounters. I was put off guard again and again, and the result was—well, a descent into myself. (qtd. in Coles, xiii)

Williams writes about many of his patient encounters through both prose and poetry in *The Doctor Stories*, and in each, he also reveals something deeper about human nature. Through his life from 1883-1963, Williams dutifully served Rutherford, New Jersey as a family practitioner and observed the intimacies of everyday life, which inspired many of his writings (“William Carlos Williams” 1). While Williams mentions that he feels like a thief for using his patients’ words and situations, he knows that the words of his patients actually reveal the common desires and fears of humanity. Williams revolutionized American literature by using the intimacies of his relationships with his patients as inspiration.

In the *Autobiography of William Carlos Williams*, he states:

The poem springs from the half-spoken words of such patients as the physician sees from day to day. He observes it in the peculiar, actual

conformations in which its life is hid. Humbly he presents himself before it and by long practice he strives as best he can to interpret the manner of its speech. In that the secret lies. This, in the end, comes perhaps to be the occupation of the physician after a lifetime of careful listening. (362)

Throughout *The Doctor Stories*, Williams strives to deconstruct the half-spoken words of patients and through them, reveal glimpses of everyday life. He discusses the link between listening to patients and feeling compassion for them. In “Old Doc Rivers” and “The Use of Force,” he explores the question of the place of compassion in medicine. In “A Face of Stone” and “Ancient Gentility,” he demonstrates that compassion can bring mutual understanding. Through his works “Old Doc Rivers,” “The Use of Force,” “Ancient Gentility,” “A Face of Stone,” and “The Poor” Williams describes varied physician-patient relationships; in each, the reader gains valuable insight into the nature of compassion in the medical practice.

Through “Old Doc Rivers,” Williams introduces the reader to a moral dilemma, a doctor void of ethical boundaries who successfully heals a patient. The narrator of “Old Doc Rivers” describes him:

In sum, his ability lay first in an uncanny sense for diagnosis. Then, he didn't flounder. He made up his mind and went to it. Furthermore, he was not, as might be supposed, radical and eccentric in his surgical technique but conservative and thoroughgoing throughout. He was not nervous but cool and painstaking—so long as he had the drug in

him. His principles were sound, nor was he exhibitionistic in any sense of the word. (Williams, *Doctor Stories* 18-19)

Rivers does not abide by the rules for ethical medicine; he goes into surgery without observing proper protocol, and he has a drug addiction. Although he does not abide by the code of ethics expected of a physician, Rivers still heals patients. Williams's use of the word "uncanny" to describe his diagnostic abilities creates the idea that Rivers has a raw power for determining diagnoses and healing patients. In this passage, his drug usage does not seem to impair his natural abilities. This passage emphasizes Rivers's innate abilities as a physician despite his unethical nature.

Williams emphasizes both Rivers's effectiveness as a healer and his lack of compassion when Williams, an assistant to Rivers, tells the story of the man who is a heavy drinker and therefore cannot be sedated for his surgery. The physicians struggle to sedate the patient and administer ether and chloroform. Williams discusses their growing anger at the situation: "By this time, we were all sweating and mad—at the patient, each other, and ourselves" (*Doctor Stories* 20). Williams mentions that the surgical team was mad at themselves, which suggests that they felt guilty of their emotional reactions to the situation. As the tension in the room mounts due to the difficulty of sedating the patient, Rivers takes control of the situation:

Rivers just took the chloroform bottle and poured the stuff into that Bohunk. I expected to see him turn black and pass out.

But he didn't. (Williams, *Doctor Stories* 20)

Williams emphasizes that the medical team administered high dosages of multiple anesthetics and were unsuccessful in sedating the patient, and he also shows Rivers's growing impatience and annoyance at the situation. Rivers angrily proceeds with the surgery: "Go ahead, go ahead, cried Rivers excitedly, hold him down and go to it" (Williams, *Doctor Stories* 20). The patient requires physical force to restrain; however, Rivers proceeds with the surgery. In this passage, the reader sees Rivers's lack of compassion and his impatience. Also, he allows his anger to enter into the surgery. While this story calls attention to Rivers's lack of compassion during the surgery, Williams also seems to believe that there were no other options for sedating the patient.

While this episode questions medical ethics and leaves Williams feeling guilty, he rethinks his evaluation of the surgery when considering its outcome. He describes his encounter with the patient after surgery:

It must have been a month after that I saw the patient, one day, standing in front of the fire house. Curious, I went up to him to find out if he had felt anything while the operation had been going on.

At first he didn't know me, but when I told him who I was, expecting to get a crack in the eye maybe for my trouble, he came up with a start:

Did I feel anything? Said he. My God, every bit of it, every bit of it. But he was a well man by that time. (Williams, *Doctor Stories* 21)

Here, Williams weighs the cost of the surgery against its outcome. The cost of the surgery was high as the physicians recognized that the patient was conscious during

surgery but were uncertain if he could feel the pain or not. However, the outcome was successful and improved the life of the patient. The patient himself has accepted the fact that while he was tormented by the surgery, he has a healthy life because of it. Here, Williams gives an example of a lack of compassion for the patient, since Rivers operated without knowing how much pain the patient would feel, but he also draws attention to the positive outcome. The story of the surgery describes an ethical gridlock; the physicians cause the patient pain but heal the patient as well.

While Rivers's actions are clearly unethical by modern standards, the ethics of the situation with respect to the tools available to these physicians is not as clear. Since Williams describes the multiple attempts at sedating the patient with different anesthetics, it could be that the physicians did not possess the tools that were necessary to sedate the patient. If this was the case, then surgical team's behavior seems more justified since the patient was healed as a result. While the ethicality of the surgery is unclear, Williams does introduce the thought-provoking tension between compassion and medical necessity.

In "The Use of Force," Williams describes Williams's compassion for the small girl who is his patient, his desire to properly diagnose her, and his anger at her behavior. From the beginning of the story, Williams has trouble getting the patient to open her mouth for a throat examination; however, through his frustration, he sees the patient as an opposing force. He states: "After all, I had already fallen in love with the savage brat, the parents were contemptible to me. In the ensuing struggle they grew more and more abject, crushed, exhausted while she surely rose to magnificent heights of insane fury of effort bred of her terror of me" (*Doctor Stories*

58). Mathilda is a force of nature. Williams recognizes her, unlike her parents, as an equal. Throughout the passage, her parents desperately and unsuccessfully try to appease her. Their weakness and failure at controlling Mathilda are contemptible to Williams, and he is forced to confront the child himself.

He battles with Mathilda in an effort to check her throat for signs of diphtheria and reasons with himself: “The damned little brat must be protected against her own idiocy, one says to one’s self at such times. Others must be protected against her. It is social necessity” (*Doctor Stories* 59). He justifies his confrontation with Mathilda by asserting that he is ultimately serving a higher good by protecting both her and the public from this fatal disease. However, as the battle between Williams and Mathilda escalates, Williams begins to enjoy using force against her: “But the worst of it was that I too had got beyond reason. I could have torn the child apart in my own fury and enjoyed it. It was a pleasure to attack her. My face was burning with it” (*Doctor Stories* 59). While Mathilda’s exposure to diphtheria at school gives Williams a reason to use force to check her throat, the story turns when he realizes that he is enjoying the use of force. The passion of confrontation takes hold of Williams and changes his nature.

Finally, Williams wins:

In a final unreasoning assault I overpowered the child’s neck and jaws. I forced the heavy silver spoon back of her teeth and down her throat till she gagged. And there it was—both tonsils covered with membrane. . . .She had been hiding that sore throat for three days at

least and lying to her parents in order to escape just such an outcome as this. (*Doctor Stories* 60)

Williams emphasizes the blunt force needed to see the back of Mathilda's throat against her wishes. In this passage, Williams utilizes the words "assault" and "overpowered" to emphasize the violence of his confrontation with Mathilda, an assault suggestive of rape. He emphasizes the use of the "heavy silver spoon" and the power that he exerted to pry open her jaws and see the back of her throat.

While Williams needs to see the back of Mathilda's throat, he also realizes that he is acting against her wishes. He feels conflicted about the necessity of performing his role as a physician and the respect that Mathilda deserves as a patient and a person. This story emphasizes the tension between Mathilda and Williams and the tension between Williams' desire to help the child and his fury with her. He realizes that the use of force is necessary to overpower Mathilda. He needs to view her throat since she has been exposed to diphtheria. However, Williams allows his anger to enter into his role as a physician, and he realizes that he enjoys using power to assault Mathilda in the heat of battle. His role as a physician forces him to discover the truth about Mathilda's illness both for her own good and for the good of society. However, the introspective tone of this piece suggests that Williams feels guilty at his desire to use force against Mathilda. He seems to feel that his enjoyment of violence is unethical but the use of force is justified by the pressing nature of the diagnosis.

Both "Old Doc Rivers" and "The Use of Force" describe instances of forceful physicians; however, each portrays a slightly different message. In "Old Doc Rivers,"

the physician's use of force to complete the surgery seems justified at the end of the story when Williams later encounters the healed patient; however, the excruciating pain that the patient went through to achieve a healthy life is also a heavy consideration. In this instance, the patient has suffered horribly, yet the patient gains a healthy life in return. In "The Use of Force" Williams's use of force is justified by the medical need to know if Mathilda has diphtheria, and Williams's anger may be justified at Mathilda's bad behavior. However, Williams also realizes that his anger should not have a place in his medical practice and that he should not enjoy the use of force.

In "A Face of Stone" and "Ancient Gentility," Williams seems to shift from addressing the struggle between ethical boundaries and compassion to addressing the circumstances under which compassion is necessary in patient treatment. For example, in "A Face of Stone," Williams encounters a family that not only causes him inconvenience but also arouses his distaste. The family's initial impression on Williams is not favorable:

She, on the other hand looked Italian, a goaty slant to her eyes, a face often seen among Italian immigrants. She had a small baby tight in her arms. She stood beside her smiling husband and looked at me with no expression at all on her pointed face, unless no expression is an expression. A face of stone. It was an animal distrust, not shyness. She wasn't shy but seemed as if sensing danger, as through she were on her guard against it. She looked dirty. So did he. Her hands were definitely grimy, with black nails. And she smelled, that usual smell of

sweat and dirt you find among any people who habitually do not wash or bathe. . . .

I wasn't putting myself out for them, not that day anyhow. Just dumb oxen. Why the hell do they let them into the country. Half idiots at best. (*Doctor Stories* 78)

Williams notices that the family has most likely immigrated to America, and he immediately assumes the worst of them, characterizing the family as animals through his description of the woman's blank face and the couple's "animal distrust," and labeling them as "dumb oxen." Williams later feels inconvenienced by the late night call and is further exasperated by the difficulty of convincing the mother to let him examine the baby.

At first, Williams does not exhibit compassion for the family because he does not relate to them. However, after several visits and several encounters, Williams understands the family's behavior. He listens to the family's past and examines the woman for the pains in her legs:

Twenty-four years old you say. Let's see. That's different. An unusual type for a Jew, I thought. That's the probable explanation for her legs, I told the husband. She must have been a little girl during the war over there. A kid of maybe five or six years I should imagine. Is that right, I asked her. But she didn't answer me, just looked back into my eyes with that inane look.

What did you get to eat?

She seemed not to have heard me but turned to her husband.

Did she lose any of her people, I asked him.

Any of them? She lost everybody, he said quietly. (*Doctor Stories*

86)

In this moment, Williams discovers that the family has endured unimaginable hardships. Finally, he understands all of their behavior that he once labeled as animalistic and incomprehensible; he understands and compassion grows. He prescribes pills for her leg pain: “Then for the first time since I had known her a broad smile spread all over her face. Yeah, she said, I swallow him” (*Doctor Stories* 87). Williams’s compassion positively contributes to the patient’s treatment.

While in “A Face of Stone” Williams’s lack of understanding for the family prevents his compassion, in “Ancient Gentility,” he graciously takes time to get to know the couple even though the woman is not ill. Williams extends compassion to the patient, and in doing so, he gains the couple’s trust and friendship. Williams examines the woman and realizes that she is not sick: “She said a few words, smiling the while, by which I understood that after all it wasn’t much and that she knew she didn’t need a doctor and would have been up long since—or words to that effect—if the others hadn’t insisted” (*Doctor Stories* 100). Although he realizes that she is not ill, he still examines her and tries to give her husband peace of mind by treating her as a patient.

Although arguably Williams’s compassion is not medically relevant, in treating the woman with respect, he gains respect as a physician. While leaving the house, the old man tries to repay Williams by inviting him to share his box of snuff.

While Williams does not receive monetary compensation for his time, he receives far more intimate thanks instead. He describes his experience:

Imitating him as best I could, I shared his snuff with him, and that was about the end of me for a moment or two. I couldn't stop sneezing. I suppose I had gone at it a little too vigorously. Finally, with tears in my eyes, I felt the old man standing there, smiling, an experience the like of which I shall never, in all probability, have again in my life on this mundane sphere. (*Doctor Stories* 101)

By contrasting the “mundane sphere” with the warmth of the new friendship, Williams shows that there are intangible benefits to treating people with respect. Ultimately, Williams’s compassion forges a physician-patient bond.

In his poem “The Poor,” Williams speaks of his role in the lives of his patients and once again, summarizes his view of compassion. In this poem, his view of compassion is neatly expressed:

By constantly tormenting them
with reminders of the lice in
their children's hair, the
School Physician first
brought their hatred down on him.
But by this familiarity
they grew used to him, and so,
at last,
took him for their friend and adviser. (*Doctor Stories* 132)

Here, the physician’s constant presence in the children’s lives and constant supervision over their health is a type of compassion for them. While the short stories focus on individual physician-patient encounters, this poem demonstrates the growth of the physician-patient relationship over a longer period of time. The

placement of the line breaks in the poem creates a rhythm that feels steady. The rhythm of the poem mimics the passage of time and the steady nature of the school physician. The passage of time allows the eventual growth of friendship between the physician and the patients. In addition to the rhythm, the blunt language of the poem emphasizes the fairly mundane nature of the physician's work with the children. In this poem, the physician is not performing a life-changing operation; he is merely reminding the children's parents of the lice in their hair. However, in this ordinary encounter with the children and their parents, he impacts their lives. His consistency and presence enables the growth of a unique relationship. The physician-patient relationship becomes one of friendship.

Through "Old Doc Rivers," "The Use of Force," "A Face of Stone," "Ancient Gentility," and "The Poor" Williams gives many different examples of physician-patient relationships. In "Old Doc Rivers" and "The Use of Force," Williams focuses on physicians who must take a harsh approach toward their patients in order to achieve a positive outcome. Through these stories, Williams explores the impact of compassion on a medical practice. By giving examples of times in which compassion should not take precedence over the necessity of doing what is best for the patient, he emphasizes the tension between being compassionate and being strong enough to be an effective physician. In addition, he explores the boundary of medical ethics. Rivers is unethical in his approach to surgery, and Williams allows his anger to enter into his relationship with Mathilda. However, Rivers ultimately heals his patient, and Williams confirms his diagnosis. Through these stories, Williams reveals the

difficulty and complexities associated with maintaining balance in patient treatment.

Williams's works reveal the qualities that make a good physician; however, they also serve as mirrors that reflect little pieces of humanity. His stories are relatable outside of the realm of the medical practice. He utilizes his job as a medical practitioner to connect with individuals. He is not a thief for taking the words and situations of his patients. His works prove the opposite. One cannot steal what belongs to all, and Williams's works reveal that the everyday experiences of his medical practice reflect fundamental problems and tensions of the human experience.

Peter Pereira

While William Carlos Williams writes about his experiences serving the Rutherford, New Jersey community in the early twentieth century, Peter Pereira writes about his experiences serving the urban Seattle community as a primary care physician (“Peter Pereira” 1). Pereira, born in 1959, has written several poetry collections and has founded the Floating Bridge Press (“Peter Pereira” 1). While his experiences as a physician differ greatly from those of Williams, Pereira and Williams exhibit the same enormous respect for the physician-patient relationship, the human condition, and suffering. Pereira’s works introduce the reader to various ethical dilemmas of modern medicine. He offers hope through his examination of the nature of illness. His poems “Laying Off of Hands,” “Nothing’s Broken,” “Beauty Mark,” and “What’s Written on the Body,” in his collection *What’s Written on the Body*, propose listening as the foundation to the physician-patient relationship, the gateway to cultural understanding, and the source of inspiration for compassion.

In “Laying Off of Hands,” Pereira discusses the sense of touch and its importance to listening to the patient. At the beginning of the poem, he describes the patient’s words:

The patient was talking.
I was listening and I wasn’t.

Something about an extra piece of bone
inside his head. One eye that won’t track.

Something about something stuck in her throat, how her heart

in the night whispers *silly lady, silly lady...*

The patient was talking about her... about his... (29)

The complaints that Pereira attributes to the patient are seemingly groundless and impossible. The “extra piece of bone” and the mysterious “something stuck in her throat” are difficult to label and specify. In addition, the reader does not know if the patient is actually making ridiculous claims or if the physician is listening so little that he is missing information and is reconstructing the patient’s words into nonsensical sentences. This idea is continued with the mention of the patient whose heart whispers “silly lady.” It is unclear if the patient reports that she is suffering from self-doubt, if Pereira genuinely feels that the patient is suffering from self-doubt, if Pereira feels that the patient is senseless, or if Pereira merely imagines this scene. Pereira could either connect with the patient on a deeper level or imagine her symptoms. The ambiguity of this line serves to demonstrate the complex process of listening, which involves more than hearing words. While listing the patient’s complaints, Pereira also switches between the possessive pronouns, his and her. This switch suggests that the physician is referring not to an individual patient but rather to many of his patients in the collective form. The illogical nature of the beginning of the poem suggests that while listening to the patient, the physician combines the patient’s words with his own personal thoughts and interpretations of the patient’s behavior.

Pereira turns the poem by suggesting that he has a relationship with the patient based upon an inner connection instead of hard external data. Pereira continues, to conclude the poem:

The patient was talking and I was watching
a mouth move. Was noticing the eyes, the hands
and their color, just how the breathing.

The patient was talking and I was not
hearing a sound. But I was listening and

I was there. I was standing beside and I was
listening with my hands. (29)

Although Pereira lists the physical traits of the patient whom he seems to be observing, he notices the intangible as well and synthesizes the two. The final line of the poem shifts the poem's meaning. In the beginning of the poem, it is unclear how the physician is arriving at his conclusions. Pereira does not specify if he is physically listening to learn about the patient or if he is merely imagining the encounter. The final line of the poem solidifies Pereira's definition of listening. The last line of the poem suggests that listening means relying upon external data, hearing the patient's words, and intuitively synthesizing the spoken and unspoken words of the patient. This definition of listening expands the traditional idea of the physician-patient encounter in which the physician listens dutifully then begins the examination. Pereira's listening actively synthesizes many types of data and pieces of information simultaneously. Hands signify a connection with the patient. Ultimately, an unspoken connection exists between the physician and the patient, and this connection allows the physician to listen to the patient and glean more about the patient than can be verbally expressed.

The idea of listening with hands in "Laying Off of Hands" suggests the power of a connection between the patient and physician. However, in "Nothing's Broken,"

Pereira gives a situation in which listening to the patient is not enough to completely heal her. The poem begins with a physical description of the patient:

She's drunk, covered with bruises,
won't say one way or another
who did this to her or why, refuses
to let me call the police,

a social worker, or counselor.
Through swollen lips she mumbles
something about a dealer,
her ex-husband, how

all she really wants
is X-rays, something for the pain,
and not to be
asked so many questions. (Pereira 40)

The patient does not give Pereira any concrete information about her condition, yet she clearly comes with a history that is critical to understanding her physical condition. The physician notices the details of her condition and cares for her. In this way, he seems to listen to her by synthesizing her explanation of her condition with an intuitive understanding of her. The tone that the physician takes throughout the poem while he is trying to get the woman to consent to help from the police, social workers, or counselors shows that he is compassionate towards her situation and wants to help her.

While Pereira's idea of listening to the patient is consistent with the poem "Laying Off of Hands," the power of this connection with the patient does not truly help her. This poem gives an example in which the power of the physician-patient encounter cannot change the harsh reality of the patient's life. Still, Pereira demonstrates compassion for her:

She returns from radiology,

blue hospital gown slipping from her
bare right shoulder, an ice pack
covering her left eye. Dressed in my white coat

and clipboard, I tell her, *The good news—
nothing's broken*, but it neither comforts nor consoles.
She calls her sister for a ride home, but disappears
out the back door before she arrives. (40)

Pereira uses imagery of the patient's appearance and the physician's appearance in order to contrast the two different people. The imagery emphasizes disconnect between the patient and physician. The "white coat and clipboard" seem to stand for the empirical data and diagnosis, the only solution that the physician can offer. In the hospital, the physician and patient are cast into the roles of adviser and advisee, but the poem insinuates that the empirical data and diagnosis that the physician can offer will not solve the patient's problems. The ironic line "nothing's broken" suggests that while nothing is physically broken, there are emotional and spiritual areas of life that are. This poem gives an example in which the physician's listening skills and compassion may help the patient temporarily but are unable to truly heal.

While "Nothing's Broken" suggests that there are some limitations on the healing powers of a physician's compassion, Pereira paints a beautiful picture of the power of such compassion in "What's Written on the Body." The poem shows a conversation between an interpreter and a physician:

He will not light long enough
for the interpreter to gather
the tatters of his speech.
But the longer we listen
the calmer he becomes.
He shows me the place where his daughter
has rubbed with a coin, violaceous streaks
raising a skeletal pattern on his chest.
He thinks he's been hit by the wind.

He's worried it will become pneumonia.
In Cambodia, he'd be given
a special tea, a prescriptive sacrifice,
the right chants to say. But I
know nothing of Chi, of Karma,
and ask him to lift the back of his shirt,
so that I may listen to his breathing. (Pereira 46)

The simple narrative structure of the poem explains a complex belief system. The patient frantically attempts to explain his situation to the physician through the interpreter. Although the physician and the patient do not speak the same language, the physician still listens, and the patient is calmed by the physician's willingness to listen. In this moment, the act of listening becomes more than a means to communicate. It is a sign of reverence.

The physician immediately notices the differences between the patient's cultural beliefs about medicine and his own medical knowledge. The physician maintains a respectful tone while he discusses the Cambodian cultural beliefs of Chi and Karma. In the beginning of the poem, the differences between the patient's culture and the physician's are emphasized, and the physician remains respectful and open to learning. This openness contributes to the patient's ability to listen to the patient and understand him.

The physician continues to question the interpreter to learn about the patient's cultural conditions so that he may understand him:

Holding the stethoscope's bell I'm stunned
by the whirl of icons and script
tattooed across his back, their teal green color
the outline of a map which looks
like Cambodia, perhaps his village, a lake,
then a scroll of letters in a watery signature.
I ask the interpreter what it means.
It's a spell, asking his ancestors

*to protect him from evil spirits—
she is tracing the lines with her fingers—
and those who meet him for kindness.
The old man waves his arms and a staccato
of diphthongs and nasals fills the room.
He believes these words will lead his spirit
back to Cambodia after he dies.
I see, I say, and rest my hand on his shoulder. (Pereira 46)*

Through this section, the physician is gathering information about the patient attentively. Although he cannot communicate with the patient directly, he studies his tattoo and asks the interpreter about its cultural significance. The tattoo literally writes the man's cultural heritage on his body. The tattoo of his home and the spell to his ancestors show that a large part of the man's identity is in his heritage. The physician opens himself to learning about the patient's cultural beliefs and in doing so, begins to understand him. The poem continues:

*He takes full deep breaths and I listen,
touching down with the stethoscope
from his back to his front. He watches me
with anticipation—as if awaiting a verdict.
His lungs are clear. *You'll be fine,*
I tell him. *It's not your time to die.*
His shoulders relax and he folds his hands
above his head as if in blessing.
*Ar-kon, he says. All better now. (Pereira 46-47)**

The word choice of the patient "awaiting a verdict" suggests that he views medicine as an outside force. His cultural heritage causes him to believe that his fate is unchangeably laid out before him. The physician understands this aspect of the patient's cultural beliefs, and he is able to clearly explain his diagnosis in terms that the patient will understand. In this poem, the physician's compassion and openness to new ideas allow him to connect with the patient.

While in “What’s Written on the Body,” the physician uses his cultural understanding of the patient to communicate with the patient more directly, in “Beauty Mark,” the physician’s own medical ethics come into conflict with the cultural beliefs of the patient. The grandmother’s cultural beliefs immediately conflict with the beliefs of the physician, as seen in the first lines of the poem:

The grandmother wants me to excise
a little freckle like a teardrop
just below her granddaughter’s left eye.
Too much sadness, she says, suggesting
through the interpreter that if I do not
she will cut it out herself—
It’s our culture belief.

I tell her: In *my* culture
we call this a beauty mark—
to remove it, purely cosmetic,
uncalled for with a child. (Pereira 31)

In these lines, the physician’s desire to observe the grandmother’s cultural beliefs comes into conflict with his sense of medical ethics. Pereira adds another dimension to the ethical dilemma by including that the grandmother might cut the freckle out. By excising the freckle, the physician would ensure that it is removed correctly. However, he would also act against his personal beliefs. In the beginning of the poem, the physician’s openness to other cultural beliefs conflicts with his own beliefs.

Ultimately, the physician’s deep thought on the matter reveals his compassion for the patient; however, the ending of the poem is ambiguous as to whether the patient is ultimately helped or not. The poem continues:

But the grandmother persists, herself
a survivor of Pol Pot’s camps.
Several visits we argue back and forth. My

usual compasses: first Do No Harm,
Autonomy Trumps Beneficence,
Lose the Battle of Initiative—
all fail me. I begin to weaken.

What is my duty to protect a child?
And what exactly am I
protecting her from? (Surely, finger-pricks
and immunizations carry as much risk
as a simple mole removal.)

I agree to do a shave-excision,
hoping to leave the tiniest scar.
Weeks later, the grandmother shows me
her granddaughter's unblemished cheek, claps her palms
together to thank me. Years later, I still wonder
if what we did was right. (Pereira 31)

The physician puts a great deal of thought into his decision-making process regarding the granddaughter. He carefully weighs the risks associated with the procedure and decides to go ahead. However, he still is uncertain if his decision to remove the mole was ethical. While he respects the grandmother's wishes because he feels that the procedure would not be dangerous for the granddaughter, he still breaks his own rule of not providing unnecessary care.

Ultimately, "Beauty Mark" and "What's Written on the Body" both address the issue of cultural understanding as a key component to developing compassion and listening to the patient. While in both of these poems cultural understanding is exhibited, each poem presents a different perspective. In "What's Written on the Body," cultural understanding is the key component to the success of communicating with the patient. In "Beauty Mark," cultural understanding certainly positively contributes to the physician's ability to communicate with the patient, but it does not guarantee that the physician will make the right decision regarding the

patient. In this poem, cultural understanding steers the decision-making process, but it is separate from the physician's sense of medical ethics. Together, these poems show that cultural understanding is an important aspect of patient care, but it is not the only factor that should be considered when devising a course of treatment for the patient.

While Pereira's poems cover many different aspects of the physician patient relationship, the importance of listening is the one common thread that unites "Laying Off of Hands," "Nothing's Broken," "What's Written on the Body," and "Beauty Mark". "Laying Off of Hands" and "Nothing's Broken" show that listening is sometimes an intuitive skill. While the physician does not listen to the patient's actual words in "Laying Off of Hands," he understands the patient intuitively through his hands. In addition, in "Nothing's Broken," the physician only receives pieces of a mumbled story from the patient, yet he understands her need for help. In "What's Written on the Body" and "Beauty Mark," the physician must see the patient through the lens of a different culture. In each of these, poems, the physician listens and understands the patient, and the act of listening inspires compassion.

Rafael Campo

Rafael Campo was born in 1964 in Dover, New Jersey (“Rafael Campo” 1). He attended Amherst College and Harvard Medical School. He continues to practice internal medicine at Harvard Medical School and Beth Israel Deaconess Medical Center. According to the Poetry Foundation’s biography of Campo, “His primary care practice serves mostly Latinos, gay/lesbian/bisexual/transgendered people, and people with HIV infection” (1). In addition, the Poetry Foundation’s biography also includes Campo’s own description of the role that his poetry plays in the medical field:

“We come to poetry,” he has said, “I think because we are silenced in many ways. In biomedicine, we’re so good at appropriating the narrative—the biopsy report, the CT count, the potassium level. Writing gives patients an opportunity to say, this is my cancer, this is my HIV. It’s not a generic, what you see on the mammogram or how many lymph nodes are positive—I’m an individual. (“Rafael Campo” 1)

Campo expresses his desire to return words to the patients. He writes essay collections in which he describes his personal relationship with medicine. In his book *The Desire to Heal*, Campo focuses on the importance of giving back to the community, finding compassion for others, and in doing so, loving oneself. He mentions William Carlos Williams as one of his heroes, and like Williams, he loves his patients and works tirelessly in both his medical practice and in his life as a

writer (Campo, *The Desire to Heal* 199). Through his works, Rafael Campo exhibits empathy for patients.

In “Health,” Campo fantasizes about a world in which not illness but health is prevalent. He writes:

While jogging on the treadmill at the gym,
that exercise in getting nowhere fast,
I realized we need a health pandemic.
Obesity writ large no more, Alzheimer's
forgotten, we could live carefree again.
We'd chant the painted shaman's sweaty oaths,
we'd kiss the awful relics of the saints,
we'd sip the bitter tea from twisted roots,
we'd listen to our grandmothers' advice.
We'd understand the moonlight's whispering.
We'd exercise by making love outside,
and afterward, while thinking only of
how much we'd lived in just one moment's time,
forgive ourselves for wanting something more:
to praise the memory of long-lost need,
or not to live forever in a world
made painless by our incurable joy. (Campo, *Alternative Medicine* 58)

Campo's list of remedies in the poem “Health” shows the happiness that old traditions can hold. While they are not necessarily considered to be a part of modern medicine, these ancient, alternative remedies are the source of health in Campo's imaginary world. The “shaman's sweaty oaths,” “awful relics of the saints,” “bitter tea,” and “grandmother's advice” all hold inherent value, and all connect people to the earth, to spirituality, and to each other. Understanding the “moonlight's whispering” goes beyond connecting people to the earth; it suggests transcendence beyond the limits of human knowledge. Exercising “by making love outside” is another way in which people and the earth all are unified. Time cannot limit the amount of love or the ability of people to connect with the world.

The tone of the poem changes when Campo mentions forgiveness for wanting more. Campo proposes connectedness as a solution for illness, yet he still admits that even in his ideal world, there is a desire for more. The “long-lost need” suggests that people can transcend the limits of time and space by connecting to each other but will never fully achieve a level of connectedness that will feel satisfactory. Without need, happiness cannot be fully appreciated because nothing provides contrast to happiness. In addition, Campo mentions mortality when he expresses the desire “not to live forever in a world/made painless by our incurable joy.” Ultimately, he wishes for mortality, which he fantasizes about living without in the beginning of the poem. The cyclical nature of the poem suggests that happiness cannot exist without illness and pain to provide contrast.

While in “Health” Campo speaks about the power of connecting with people, in “The Abdominal Exam” from the collection *Diva*, Campo’s compassion clashes with the necessity of maintaining a professional composure:

Before the glimmer of his sunken eyes,
What question could I answer with my lies?

Digesting everything, it’s all so plain
In him, his abdomen so thin the pain

Is almost visible. I probe the lump
His boyfriend noticed first, my left hand limp

Beneath the pressure of the right. With AIDS
You have to think lymphoma—swollen nodes,

A tender spleen, the liver’s jutting edge—
It strikes me suddenly I will oblige

This hunger that announces death is near,
And as I touch him, cold and cavalier,

The language of beneath the diaphragm
Has told me where it's coming from

And where I'm going, too: soft skin to rocks,
The body reveling until it wrecks

Against the same internal, hidden shoal,
The treasures we can't hide, our swallowed gold. (Campo, *Diva* 40)

Campo begins this poem by recognizing the patient's humanity, yet he maintains a professional distance. The "glimmer of his sunken eyes" reflects the patient's fighting spirit stifled within his frail body. This image both opens the poem and foreshadows Campo's ultimate realization that he too is stifling an essential part of his humanity under his professionalism. As the poem continues, the punctuation within each line and the line breaks create a slow, methodical rhythm that mirrors Campo's deliberate examination of the patient. Campo's word choice "Digesting everything" uses cold, medical terminology to describe his slow, thoughtful process. Campo describes the severity of the patient's situation, yet he remains distant and emotionally detached from his patient.

The poem turns when Campo feels the "liver's jutting edge" which also seems to signal that he has reached an emotional edge. In the next half of the poem, he breaks away from his original methodic punctuation, and the poem's rhythm changes as lines flow more smoothly. As he describes "the language of beneath the diaphragm," he allows himself to recognize that the patient is more than a diagnosis. In this moment, he relates himself to the patient and recognizes that they share the same mortality. However, this recognition also carries an undertone of despair. The image of wreckage against rocks describes the frailty of the body against the harsh conditions of the world. The imagery reveals a vast and terrifying nature against

which the body is unprotected, and creates the idea of hopelessness. The “treasures we can’t hide” are the unique talents and abilities of each individual, yet these too are reclaimed by death. Campo’s work as a physician will not prevent the inevitable death that awaits both him and the patient. This realization allows him to connect with the patient; however, it also lends a sense of hopelessness to his work as a physician.

In “The Abdominal Exam,” Campo writes of shared humanity and mortality; in *The Desire to Heal*, he discusses the physician-patient relationship and emphasizes the human need to love and be loved. He works to break the boundary between patient and physician by calling attention to the shared nature of mortality and humanity. The gradual destruction of this boundary has positive effects because it allows Campo to respect all of his patients as equals. However, the destruction of this boundary also poses potential threats, such as the danger having his objective, medical opinion clouded by his emotional relationships with his patients.

In the last chapter of *The Desire to Heal*, Campo discusses the meaning of service and the importance of giving back to his community. Campo discusses his relationship with the underserved communities where he works. He also comments on his evolving view of the meaning of community. Through his works, Campo addresses many issues such as the boundary between personal and professional lives, the connection that he feels with his patients, and the common thread of mortality that unites him to his patients. However, the single theme that runs through all of his works is his love for humanity and his desire to extend this love to marginalized communities.

Tory Dent

Tory Dent lived from 1958-2005. (“Tory Dent” 1). She completed a master’s degree in creative writing at New York University. (“Tory Dent” 1). She exposed the complexities of living with AIDS that she personally experienced and called attention to the AIDS awareness movement. Through her poetry collections *HIV*, *Mon Amour* and *What Silence Equals*, she details her connectedness with her physician, desperation over a lack of medical knowledge, and solitude.

In the tenth section of “Fourteen Days in Quarantine” in her collection *HIV*, *Mon Amour*, Dent describes her face-to-face encounter with her physician. Although Dent has been quarantined in the hospital for tuberculosis, her physician does not wear the typical mask when he visits her. She describes this instance in her poem:

My physician arrived every day at about 9:00 am, announcing himself
with that jingle
of raps on my door which signifies a friend, not foe, outside. He never
wore the prerequisite quarantine mask, perhaps because he knew the
perimeters
of exposure and didn’t feel his short visits to be a danger or perhaps
because
he thought that communicating with a full face was important for our
discussions,
for my confidence in him, in the treatment decisions, in myself as
something
more than another verified statistic with tubes flowing out from my
limbs attached to plastic bags of clear medication, my form
reconfigured as
needing something larger than a god, something scientifically derived
in order
to be sustained. (Dent, *HIV*, *Mon Amour* 8)

This description of the physician presents two different possibilities for the physician's choice of not wearing the mask. While one option is practical—the physician does not need to wear the mask since he is not exposed to the patient long enough to contract tuberculosis—the other option reveals the physician's sense of compassion for the patient. Dent senses that he feels that "communicating with a full face" is necessary for the physician-patient encounter to not only be productive but also offer reassurance to the patient. Dent points out that the physician sees her as a person rather than the object that the medical equipment and tubes make her feel. The face-to-face meeting reaffirms Dent of her human identity, lost beneath the cold machinery. This description of Dent shows the dehumanizing aspects of her hospital stay. It also sharply contrasts the importance of the physician's humanity with the sterility of the hospital room.

In the next lines of this section, Dent briefly offers a glimpse of the abilities of religion and science to cure her. She writes, "my form reconfigured as/needing something larger than a god, something scientifically derived in order/to be sustained" (8). Her experience in the quarantine room has made her feel that she is a cold, product of science, beyond the help of religion or spirituality. Although science is sustaining her, it is not curing her.

Later in the section, Dent further contemplates the idea that science is unable to offer a cure. She describes her discussion with her physician:

For the most part it worked, the matching up of my two identities,
the reality of me sick and the memory of me well, centered my soul
like glass
slides containing a blood smear for microscopic inspection.
Particularly in the eye
contact when we discussed the alternatives, in the pauses after when

we remained
looking at each other in mutual contemplation of the seriousness of
the situation,
I would sense myself positioned thus between the imagined
researcher's hands. (*HIV, Mon Amour* 8)

Once again, parallels are seen between the "verified statistic" and the "reality of me sick," and between Dent's humanity and "the memory of me well." These two identities seem to be separate within her. However, although the "memory of me well" remains it serves to confine her soul. She states that she imagines herself held between "the imagined researcher's hands," which also serve to temporarily preserve her but ultimately stifle her. "The imagined researcher's hands" and the "glass slides" both demonstrate Dent's reliance on science, yet neither image offers hope for progression. Instead, the images both show that science may temporarily sustain her but is ultimately unable to change the course of her disease. The description of the physician's discussion with Dent emphasizes the severity of her situation.

The next section of "Fourteen Days in Quarantine" in *HIV, Mon Amour* builds on the previous description of science, and she does not suggest that the physician holds any knowledge that will help her heal. On the contrary, she suggests that he does not hold any insight into her disease that she herself does not hold. She states:

On the eve before the TB drugs were reintroduced, my physician and I
tossed a coin in order to decide which one would likely cause another
allergic response akin to that which had required hospitalization a
week
earlier. The embossed profile of George Washington signified rifampin
instead
of isoniazid, a choice that brought no reassurance since the outcome
remained
equally uncertain: I continued revolving, a quarter dollar in the air,
glints

of fluorescence ricocheting off our forefather's cheekbone, the claw-foot of the eagle alighted atop of neither branch nor rock. (*HIV, Mon Amour* 8-9)

Dent relates the coin revolving in the air to her two different treatment options, neither more likely to help than the other and each posing a new set of horrors. The coin toss shows the complete blindness of the decision. The statement "my physician and I tossed a coin" demonstrates the perceived hopelessness of the situation. She believes that her condition is beyond the help of her physician and beyond help at all. She lets rough chance determine her course. Both she and the physician are equally limited in making the decision because there is no answer. She feels that there is no point in discussing the pros and cons of each treatment because she could have an allergic reaction to either. In this passage, the physician may provide an emotional support, but he is unable to provide scientific support.

In addition, she discusses the act of the coin toss in a way that reiterates the idea of loneliness. She states, "I continued revolving, a quarter dollar in the air." She refers to herself as the quarter, hard and cold, and she omits the physician completely in this analogy. Her fate rotates in the air, and she remains indifferent to which side it lands on. She breaks from her previous tone in which she suggests that she and her physician are equally blind. Here, she is alone. Her uncertain fate has been reduced to a revolving quarter. This feeling of loneliness is reiterated by Dent's description of the images on either side of the quarter. For example, she discusses George Washington only in noting that he symbolizes one of the drug options, rifampin. When she mentions George Washington again, she does not mention him as a person but rather only mentions the "glints of fluorescence ricocheting off our

forefather's cheekbone." In doing so, she removes some of the humanity from the line as well. In her description of the other side of the coin, she mentions "the claw-foot of/the eagle alighted atop of neither branch nor rock." Once again, here she does not refer to the eagle as a symbol traditionally associated with liberty and freedom, but rather only to its clawed foot. This deconstruction of the eagle increases the idea of isolation. In addition, it does not have a resting place. She draws attention to the transitory nature of the eagle and in doing so, suggests the transitory nature of her treatment as well. The feeling of instability reflected in her description of the eagle reflects her personal feeling of instability regarding her treatment options. The imagery involved in the coin toss reveals a deep feeling of loneliness in addition to her feelings about the blind decision-making process.

In "Apology to the Doctor" in the collection *What Silence Equals*, Dent presents a physician-patient relationship of connectedness yet hopelessness, similar to the relationship presented through "Fourteen Days of Quarantine." However, while the toss of the coin represents the role of chance in the medical process in "Fourteen Days of Quarantine," in "Apology to the Doctor," the role of religion demonstrates a sense of the shortcomings of medicine in the ability to preserve life.

The poem begins:

The consultation room blurs around us as for a noyade
does the ocean.
The plate glass window convexes beyond its means
in a last ditch attempt to reach the world,
and the world, empathetically, concaves as a sail pivoted leeward
by our conversation, our ballooned cheeks puffing madly to save us.
Lifted like a ghost ship, a slaughtered rabbit, a tray of
personal effects,
in suspended animation afore such inexplicable refusal the sky-cult
shows us,

aft the earth which has become a roof, ubiquitous and shoddy,
sheltering a tenement of graves, slaves in a galley. (Dent, *What Silence
Equals* 17)

This initial description of the consultation room as a blur immediately creates the idea that there are no empirical data or simple black and white decisions that are made there. The consultation room does not hold any solid answers, and the emotional heights that surround it make it feel like a blur. The description “as for a noyade does the ocean” creates the feeling of hopelessness and desperation. In addition, the separation between the consultation room and the rest of the world is emphasized through the description of the glass window and the sail. This separation adds to the feeling of the transitory nature of the conversation in the consultation room.

The physician does not seem to play a major role in the consultation room, but rather, is introduced indirectly by the phrases “our conversation” and “our ballooned cheeks puffing madly to save us.” This phrase suggests that the physician too is in the same situation as the patient. Here, they somehow seem to be equals in the fight against mortality. The poem continues several lines later to expand upon the consultation room conversation further: “We navigate by default, for there is no right decision” (Dent, *What Silence Equals* 17). Once again, she refers to the physician and herself collectively with the word “we.” The description of navigating the situation implies that there is no clear destination or end of struggle.

The poem discusses the physician and patient as enacting an ineffective religious ritual, and this description continues to expand upon the feelings of hopelessness earlier in the poem. In this section of the poem, the role of the

physician is colored as ineffective, yet Dent seems to be desperately hoping that he will be able to fulfill the traditional role of healing:

Spotlit by our situation we extemporize some outdated existential
play,
divulge the way strangers passing en route might,
when sharing the same compartment or guilty Catholic albeit
at heart
atheistic who seeks confession as the most efficient method of
unburdening.

The souls lean closer, avert their heads to the better ear;
we sense the pressure as if their breathing could be heard.

"I've lost so many patients over the past eleven years." I imagine
their bodies felled with expedience into a pit just beneath us.

When I mention my dead friends I envision a bed of red tulips,
then the nothingness of pavement, then nothing at all.

We stare into our separate abysses for a moment almost like prayer,
but I wonder if either of us really prays anymore.

Your office posits itself like a Buddhist shrine,
haunted, thus protected, and stripped of religious innuendo.

The single desk survives on its own, statuary and symbolic:
the desire to heal—a sheet of water eternally poured
on the octagonal rock.

The two leather chairs of community and isolation:
the desire to heal—a drilling for water; a searching for the doctor.

(What Silence Equals 17-18)

The first image in this section of the poem is that of the physician and patient as two strangers who divulge information about their lives to each other. The relationship of the patient and physician is described as that of two strangers, and the image of the two strangers is related to the process of confession. Dent applies the idea of confession to the physician's role as a healer. She compares an atheist confessing to a priest to herself seeking medical advice from her physician. She seems to believe that discussing help for AIDS with the physician is as futile as an atheist seeking confession. This metaphor relates medicine and religion, but in Dent's world, neither can provide her with hope or relief from illness. She believes that the

physician's role is to help her and heal her emotionally, but she seems to think that the physician is ineffective and does not believe in his ability to provide any substantial pain relief or a cure.

Through the next lines, the physician and Dent each express their feelings on the topic of mortality, yet while they are discussing the same topic, each is secluded in his or her individual world. The physician confesses that he has lost patients, and Dent expresses her thoughts on her lost friends, but even the commonality of loss is lost between them. Dent writes that both of them are beyond the help of religion. This interaction between the physician and Dent differs from the analogy of the confession discussed previously. While seeking absolution through confession, Dent reaches out for help, even though she does not believe that help truly exists. In these lines, she shifts from seeking company to seeking quiet introspection.

Dent continues to use religious allusions to describe the relationship between the patient and physician. In the next lines, she describes the physician's office as a shrine to medicine, yet it too seems ineffective for its purpose. In describing the office as a shrine, Dent makes it seem impersonal and inhuman. It seems like a place of respect and reverence, much like the view she holds of medicine. She does not feel the humanity of its design. Her description of the desk, "statuary and symbolic" shows that the desk itself holds more of a formal purpose of representing medicine's purpose of healing rather than an actual purpose. In addition, she compares the "desire to heal" to the "sheet of water eternally poured," which presents the idea that the desire to heal can never be fully satisfied. Dent

suggests that the desire to heal can never be fulfilled because perhaps one can never be fully healed.

Through the ending section of the poem, Dent continues her idea that she and the physician are equals, and she relates to him on a human level only after he seems stripped of medical occupation:

The body a given, a gift, a limitation, also a mystery
of which there be no end to the cruel suspensions of its mystery.
Over my interiority as if, paradoxically, outside myself
how powerful am I, Doctor? You who know and do not know the
body,
how powerful are we? Our differences as doctor and patient
fall away like personas instantly absorbed by the industrial carpet.
The mass grave gives a rumble, a volcano threatening activity.
Our ineptitudes, perceived through a stauroscope, form in a
myriad that crowds us;
The deaths so recent, their faces still excruciatingly fresh in the
morning,
the throng of their voices pitched at an acoustical intensity
we can no longer hear ourselves think in the locked auditoriums
of our minds
We stare instead, thirs[t]y and bewildered, at our stupidity
as if it were a talisman, mesmerized by its depth and black comedy
of its proportion, gargantuan in authority over our plebeian
knowledge.
We stare as if our ignorance, like knowledge, were something to
be applied,
that taken far enough might turn, inadvertently, on a dime into
luck. (*What Silence Equals* 18)

Again in this passage, Dent refers to the body as a mystery; it can only be understood through that which is not understood. It paradoxically serves to confine her and to connect her with her surroundings. She writes that ultimately, both her own knowledge and the physician's knowledge amount to nothing because both are equally powerless in their circumstances. For Dent, the physician and patient alike

are equally inept at preventing death. Deaths of friends haunt them by tormenting their minds.

For Dent, the obscurity of medicine fits with the obscurity of religion and mystery. Dent connects with the physician on a human level after she abandons his role as a healer. For Dent, luck is more desirable than knowledge because human knowledge is not able to confront death. As in the poem "Fourteen Days of Quarantine," the difference between life and death is condensed to the flip of a coin. Dent returns to her previous hopelessness and relies upon ignorance and forgetting to escape her torment.

In the collections *HIV*, *Mon Amour* and *What Silence Equals*, Dent expresses her hopeless desires and anger at her disease. She has a great deal of vitality and passion for her life, and she is forced to deal with the anguish of death's untimely approach. Through writing about her feelings of isolation and hopelessness, Dent writes about her struggle and channels her anguish into words. Through her words and her work with the AIDS movement, Dent lives on to give a voice to combat silence, to give a voice to those who are not heard.

Lucia Perillo

Lucia Perillo is a nature enthusiast, poet, and essayist. She was born in 1958, and she grew up in New York (“Library of Congress” 1). She has spent extensive time in Olympia, Washington as well (“Library of Congress” 1). Through her works *The Body Mutinies* and *I’ve Heard the Vultures Singing*, she describes the effects that the diagnosis of multiple sclerosis has had on her relationships, her ability to enjoy nature, and her view of herself. In the final section, “From the Bardo Zone,” of *I’ve Heard the Vultures Singing*, she describes the changes that she has felt:

I originally came to the Northwest to work as a park ranger, but after one particularly arduous summer I noticed that something strange was happening to me. I had no diagnosis, and yet I knew my body was changing—its muscles had become unreliable, as if they were no longer fully solid. My arm would sometimes act like an arcade crane that has trouble grabbing even the lightest toy. And my legs turned rubbery, or a jolt of electricity would sometimes travel down their lengths. (202)

Perillo describes in detail both the physical challenges of life with multiple sclerosis and the emotional challenges of learning to live with her changing body. Through her works, she focuses on the idea of change and learning to cope with the change. While she does not shy away from any of the difficulties that she has faced, she reaches out to confront them and live her life in spite of them. She provides

important insights into life with multiple sclerosis because she details her emotional response to her illness. She also provides the reader with hope as she herself searches for hope and makes sense of her new life.

“The Body Mutinies” is a brief yet poignant account of presumably Perillo’s physician telling her that she has multiple sclerosis. While there is not clear evidence in the poem that this conversation is a multiple sclerosis diagnosis, the dazed quality of the first person speaker, the title “The Body Mutinies,” the position of the poem before “Retablo with Multiple Sclerosis and Saints,” and Perillo’s own life experiences all suggest that this is the case. However, this poem retains an aloof quality because it could apply to any serious conversation with a physician. This aloofness allows it to reach many different readers who may be experiencing similar trials. She writes:

When the doctor runs out of words and still
I won’t leave, he latches my shoulder and
steers me out doors. Where I see his blurred hand,
through the milk glass, flapping goodbye like a sail
(& me not griefstruck yet but still amazed: how
words and names—medicine’s blunt instruments—
undid me. And the seconds, the half seconds
it took for him to say those words.) For now,
I’ll just stand in the courtyard, watching bodies
struggle in then out of one lean shadow
a tall fir lays across the wet flagstones,
before the sun clears the valance of gray trees
and finds the surgical-supply shop window
and makes the dusty bedpans glint like coins. (*The Body Mutinies* 30)

Through this poem, Perillo expresses her response to a life-altering diagnosis. Her raw shock is immediately evident. In the first lines of the poem, it is clear that she cannot respond when the physician gives her the diagnosis. In addition, the physician’s act of steering her out of the office implies that she is not thinking about

leaving but rather focused on the shock of her diagnosis. This act implies distance between the patient and physician, and it could also explain the disconnect between Perillo and the outer world. Perillo is so startled by the news that she reflects introspectively instead of acknowledging the world around her. In the first moments of having learned about her diagnosis, it serves as a barrier between her and the world. Perillo uses the imagery of the physician's "blurred hand" and the "milk glass" to describe the cloudiness that she feels as she first hears her diagnosis so that the reader too can visualize her emotional state.

After describing her initial reaction, Perillo admits that when she first heard her diagnosis, she was incapable of feeling grief. The metaphor of words and names as "medicine's blunt instruments" describes the weight that the newly gained knowledge of her condition brings. The bluntness also emphasizes the slow acting nature of the "words and names." The life-altering diagnosis cannot be fully understood in a moment. Perillo will spend a lifetime working to understand her disease. In addition, she comments on the few seconds that the words took to cause grief. In this line, Perillo shows the power that words have to permanently change lives.

In describing her reaction to her diagnosis, Perillo also describes her experience with her physician. The silence of the doctor is opposite of the words to the poem itself. The physician does not have any words that are capable of comforting her or helping her grasp her diagnosis. From the very first line, Perillo presents the limitation that exists on human knowledge. The doctor quickly seems to run out of descriptive words and treatment options for multiple sclerosis;

however, the disease itself will fundamentally alter Perillo's life in innumerable ways.

Finally, Perillo concludes the poem by once again relying upon imagery to describe her surroundings. Her description of the sun's movement shows that she has frozen while waiting for the initial shock of her diagnosis to wane. She notices and describes people walking through the shadow of a single tree. Her description of the people as bodies is dehumanizing and mirrors the dehumanizing effect of her diagnosis. Also, the verb "struggle" to describe their passage through the shadow mirrors her reaction to the diagnosis. In the same way that the people are passing through the shadow of the tree, she is passing through the shadow of the paralyzing nature of her diagnosis. With the knowledge of Perillo's love of nature, the sun rising over the trees and casting light on the medical supplies shop could reflect the changing nature of her life. Instead of spending time in nature, she will begin to spend time focusing on her body and searching for relief from her disease. The description of the sun coming up over the trees suggests that Perillo will move past the shock of her initial diagnosis to a different part of her journey.

While "The Body Mutinies" describes Perillo's painful diagnosis and the shock that she feels initially, "Thinking About Illness After Reading About Tennessee Fainting Goats" suggests that Perillo has begun to accept her diagnosis. She employs the use of the Tennessee fainting goats to describe her feelings on disease. Through the lines of the poem, Perillo concludes section two of *The Body Mutinies* with dark humor:

Maybe they're brethren, these beasts bred clumsy,
hobbling stiff-legged over cheatgrass tufts.

Prized for how they'll freeze unpredictably
then fall, rehearsing their overwrought deaths.
Sometimes it's the woman who brings the meal
who sets them off by wearing yellow slacks,
or sometimes the drumming a certain wheel
makes on the road's washboard. Stopped in their tracks
they go down like drunks: Daisy and Willow
drop always in tandem, while Boot will lean
his fat side first against the hog-hut door.
How cruel, gripes a friend. But maybe they show
us what the body's darker fortunes mean—
we break, we rise. We do what we're here for. (42)

Perillo immediately sets up the fainting goats as a metaphor for illness through the title of the poem; however, she also furthers the metaphor through the first line of the poem when she calls the goats brethren. This use of metaphor introduces black humor to the issue of disease through comparing human mortality to fainting goats.

Perillo continues the metaphor throughout the poem and offers an analysis of the fainting goats' behavior. She describes the fainting goats' reactions to the slight provocations such as the woman with the yellow pants or the sounds of passing cars. By describing the ridiculous causes of the goats' fainting spells, Perillo introduces dark humor to the serious issue of her illness. The image of the fainting goats falling at any slight provocation is much lighter than the weighty issue that Perillo is actually discussing. However, by comparing the small provocations that cause the fainting spells of the goats to the serious nature of illness, she diminishes the power of illness. Perillo finds humor in this comparison as a survival mechanism. This comparison suggests that she has overcome the initial shock of her diagnosis and has begun to look for a way to understand her new life impacted by illness. Perillo applies the fainting and rising of the fainting goats to the idea of people succumbing to illness and pressing forward. While the ending of this poem is

a dark understanding of illness, it reveals that Perillo is trying to come to terms with it.

In addition to her poetry, Perillo also expresses her struggle with illness through essays. In the chapter “Medicine” of her book *I’ve Heard the Vultures Singing*, she discusses the many forms of alternative medicine practices that she has tried. These attempts at finding help with her disease are another step in her journey. Through each of her experiences with alternative medicine, she desperately tries to find ways to combat multiple sclerosis and return to her previous life. In the first section of “Medicine,” she writes:

First thing that happened, after I got diagnosed with the disease, was that my mother urged me to see the famous holistic doctor in Seattle. I was surprised to find his office in a strip mall, his waiting room under perpetual construction, with sheets of milky plastic flapping across holes where doors and windows had once been. This gave an especially pathetic aspect to the stricken, who looked like citizens of a Soviet republic that no longer existed. Perhaps because they trembled in their winter coats.

Oh right, I had to remind myself, now you are one of the stricken.

Perhaps because we trembled in our winter coats. (*I’ve Heard the Vultures Singing* 31)

This first section of “Medicine” is indicative of Perillo’s exploration of alternative medicine practices. The “perpetual construction” parallels her ongoing search to prevent the perpetual deconstruction of her body. She attempts everything: a

multitude of vitamins that she carries around in a knapsack, a visit with a Chinese doctor who examines her tongue and decides her liver is failing, Jin Shin Jitsu therapy, the healing powers of a brew derived from the Kombucha mushroom, a machine with flashing lights called *The Voyager*, Sphingolin—a pill derived from cow brains—bee stings, psychic healing, and Blue Emu cream. Each attempt leaves her without an answer or a cure; however, through this section, she keeps searching. Her search for pain alleviation or a cure through alternative medicine treatments shows her resolve to continue working towards rising.

In addition to the search for pain alleviation, the first section of “Medicine” also shows that Perillo’s view of herself has shifted. While looking at the other patients in the waiting room, she arrives at the realization that they all hold illness in common. In this section, she mentally separates herself from the outside world and from her previously healthy life. Her discussion of doors and windows covered with plastic is indicative of boundaries and new limitations that illness presents. Also, her description of the substandard waiting room emphasizes that she is seeking treatments that are not commonly sought after. She writes that she now views herself as “one of the stricken.” By creating and including herself in this category, she begins to define herself by her illness. In addition, she uses the winter coats to group the “stricken” together. In this analogy, the winter cold represents the illness that is impacting her. The chapter “Medicine” reveals both Perillo’s hope to find relief from illness and the effect that her illness has on her view of herself. Although tinged with desperation, she hopes to seek a solution.

While Perillo views herself differently because of her disease, she acknowledges that change is a natural part of life, and on the last page of her book *I've Heard the Vultures Singing*, she comes to this conclusion:

Yet our unsuccessful hunt for other life in the galaxy tells us that life itself is the aberration, a quirky miracle we've been allowed to participate in—which for some is proof enough of God and for others is what makes antidepressants superfluous. Still, death is our default mode, and the process of maturation means coming to accept our mortal nature with humility and wonder. (208)

After many of the essays in the book describe life with multiple sclerosis or describe the change that Perillo has undergone since her diagnosis, the last passage of the book does not mention multiple sclerosis at all. In her acceptance of her condition, Perillo views mortality as a natural process. In viewing life as “a quirky miracle” Perillo’s illness seems to have made her value life more and focus on its transient nature. While her view of life certainly seems influenced by her condition, she seems to believe that her illness has not separated her from the rest of the world in that she too is bound by the same laws of nature. This view has evolved from her view earlier in the chapter “Medicine” that her illness sets her apart from the rest of humanity. Through this work, she evolves through different views of her relationship with the world and with herself; however, she returns to the idea that her disease does not make her different from her surroundings.

Conclusion

In the chapter “Of Medicine and Poetry” of *The Autobiography of William Carlos Williams*, Williams states, “When they ask me, as of late they frequently do, how I have for so many years continued an equal interest in medicine and the poem, I reply that they amount for me to nearly the same thing” (286). The brief moments of physician-patient contact serve as a lens through which the real human drama can be viewed more acutely. Human struggles with illness and death raise to light haunting questions of identity, the extent to which illness defines the ill, the nature of suffering, the fear of loss, and the hope for a life free from limitations. While these questions are often unanswerable, the physician-patient relationship brings them into focus. Medicine and poetry coexist because the study of medicine grants the physician unique insight into the everyday dramas of humanity.

In “Of Medicine and Poetry,” Williams explains that the intimacy of medicine fleetingly presents him with truths that he records in his poetry.

This immediacy, the thing, as I went on writing, living as I could, thinking a secret life I wanted to tell openly—if only I could—how it lives, secretly about us as much now as ever. It is the history, the anatomy of this, not subject to surgery, plumbing or cures, that I wanted to tell. I don’t know why. Why tell that which no one wants to hear? But I saw that when I was successful in portraying something, by accident, of that secret world of perfection, that they did want to

listen. Definitely. And my “medicine” was the thing which gained me entrance to these secret gardens of the self. It lay there, another world, in the self. I was permitted by my medical badge to follow the poor, defeated body into those gulfs and grottos. And the astonishing thing is that at such times and in such places—foul as they may be with the stinking ischio-rectal abscesses of our comings and goings—just there, the thing, in all its greatest beauty, may for a moment be freed to fly for a moment guiltily about the room. In illness, in the permission I as a physician have had to be present at deaths and births, at the tormented battles between daughter and diabolic mother, shattered by a gone brain—just there—for a split second—from one side or the other, it has fluttered before me for a moment, a phrase which I quickly write down on anything at hand, any piece of paper I can grab. (288-289)

Williams writes of his “medical badge” as a pass into another world. It allows him to escape trivialities and cross to a place in which he can intimately connect with the patient. In caring for the patient physically, Williams also has the opportunity to emotionally connect with the patient. He witnesses life-altering moments and in these moments, he witnesses “the thing” which “has fluttered before me” as well. He uses words such as “thing” and “it” to color abstract concepts as concrete and to collectively refer to the different views of humanity that he sees through his patients. He relies upon his poetry, short stories, and essays, to paint scenes to show these moments to the reader, but he does not tell the reader how to interpret them.

Perhaps, these fleeting glimpses do not need interpretation because they reveal the most basic parts of humanity. For him, everyday moments seem to reveal a reality unclouded by the trivialities of everyday life. Williams allows the reader to draw his or her own conclusions based upon individual experience.

Similarly, Pereira's descriptions of different cultural attitudes towards medicine and Campo's discussion of the role of emotion in medicine also convey glimpses into human nature. Dent and Perillo both write of the maddening deterioration of the body. Rybicki details the painful loss of his wife. When placed side by side, these stories, perspectives, and opinions form a kaleidoscope view of the human condition. They may be unable to make sense of illness and death, but each individual view contributes a small piece to a greater understanding of humanity. The physician-patient encounter enables the physician to briefly see a small piece of truth, and it is the job of the poet to record these moments.

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