
Encounters with the Inexplicable

By Parker A. Towle, M.D.

A Dartmouth physician who is also a much-published poet was recently featured on National Public Radio's *Writer's Almanac*. He spends his days diagnosing strokes and seizures and on his own time explores "the inexplicable" in verse.

Cases

Man in his late seventies comes in with his wife, weak, lost twenty-five pounds, can't eat, hard to talk, seeing double off and on past eighteen months, been to a family doctor and two specialists.

They don't know, I've got some ideas. It's beyond my scope here in the rural north country. I get him tucked away in the Medical Center by the following morning. He's out in five days

with a diagnosis, I was right for once. He's eighty percent better on treatment, says he's two hundred percent. Gives me the credit for once. The gray hair helps. Man comes in

to emergency with loss of vision in one eye, works full-time, in his sixties. It goes away and he wants to go home. Internist and eye doctor find nothing. I find something and say, no.

Family says I'm overreacting but they all agree, reluctantly. Urgent angiogram—surgery on the neck arteries is booked for the following morning.

That night his opposite side becomes paralyzed.

Emergency surgery cleans out a nearly blocked vessel. They don't appreciate the postoperative pain. They don't appreciate my style or anything about me. He walks out

saved from almost certain permanent disability. Woman comes in with a headache, high blood pressure, in her fifties. I do a spinal, few red cells, radiologist gets me on the phone.

He says the CAT scan's negative, I'm not so sure and send her down country for an angiogram. Radiologist was right and I was wrong—no aneurysm in her brain. Young

mother of two comes in with seizures hard to control all her life, and paralyzed on the right side from birth. I consider a CAT scan a waste of money:
the gray hair stands for experience, remember?

She gets slowly worse over the years. Her family doctor does a CAT scan, finds a malformation of the brain. "We just ain't so smart," my old teacher used to say when I was an intern. A man

comes in, in his sixties, can't work, losing weight, muscles are twitching, hard to swallow, hard to talk. Do some tests, tell his wife and him he's got Lou Gehrig's disease, it will affect

his breathing, he's going to die, it will be tough, we'll try some things. We do, he gets worse, can't walk, can't feed himself. I visit the house: a small cape with a screened

porch behind a variety store in a small town in New Hampshire. He gets worse, I visit some more, talk some to him, to his wife and son, he dies.

Towle is a neurologist at the Dartmouth-Hitchcock Clinic in Littleton, N.H., an adjunct associate professor at DMS, and a much-published poet. "Cases" was included in the anthology Body Language: Poems of the Medical Training Experience, copyright © 2006 by Boa Editions, Ltd., and is reprinted with permission.

A physician-poet ponders the creative arts

I have been writing poetry for more than 40 years, have had my work published in journals and anthologies, have been invited to edit tributes to other poets, and have a book of collected poems due out soon. But poets rarely receive fanfare. So I was stunned when one of my poems—the one on the facing page—was selected for Garrison Keillor's *Writer's Almanac*.

To have my work read by Garrison Keillor on National Public Radio was an incredible pleasure. I have listened to these five-minute segments for a number of years. When I heard him read "To His Coy Mistress" by Andrew Marvell, it brought me back to a 17th-century classic that ranks, in my opinion, as one of the finest poems in our language. Keillor's anthology, *Good Poems*, is a very readable collection, in a way that I hope my poem is as well.

He did a fine reading of "Cases," as usual—well-paced, articulate, and clear. Of course, nobody's perfect. His pronunciation of my last name, "TAU-lee," was not even close to the correct "TOLL." My ancestors immigrated to Portsmouth, N.H., in the 1600s and, in contrast to Midwesterners (among whom Keillor, of course, ranks), most New Englanders get my name right.

I had no idea that his brief clips were so widely heard, nor that mine would elicit so many reactions, from friends and complete strangers alike. (I also learned after my segment aired that one may subscribe to the *Writer's Almanac* by e-mail.) One response even came with an invitation to speak at a North Dakota meeting of the American College of Physicians.

The vagaries of medical practice portrayed in "Cases" may have unsettled a few listeners not in the healing professions—people who, perhaps, expect a little more from doctors and a little less from disease. But praise came readily from doctors and nurses, who seemed to relate to the dynamic I tried to express.

The creative arts—poetry, literature, painting, sculpture, crafts—provide an outlet for health professionals to express their most intimate perceptions of themselves and the world. In our work lives, most (if not all) caregivers adopt personas, masks, idealizations with which to reassure our patients. Poetry liberates me from that restraint. It was an occasional need for such freedom, I think, that took hold of me

shortly after I completed my medical training and military service in 1966 and began the practice and teaching of medicine, for that is when I also began writing poetry. It is a need that has not left me since.

Although "Cases" is very much about medicine, less than five percent of my total poetic output has been inspired by my work. But the language of the hospital and the clinic no doubt infuses many of my nonmedical poems. Although poetry and medicine may inform each other, I'm not certain art should necessarily be melded into medical and nursing practice. In fact, I believe it is important that we be informed as to their differences and keep them somewhat separate.

In art, we expose ourselves to encounters with the inexplicable, even the unknowable. Medicine, on the other hand, recruits the best of science to elucidate and explain our bodies and our world, so we can approach illness and injury with the skills to overcome it.

The poet A.R. Ammons once said in an interview that "by the use of words and sentences and sense [and, I would add, experiments] we're able to break down a silent world into certain clear things to say about it." One experiment or investigation leads to another and another. "But," continued Ammons, "then we need to be rescued from the fragmentation we've made of the world. And we do that by art, by putting these motions back together and actually reaching the indefinable again. . . . It's not a piece of knowledge that you put in books but something you encounter, something you live with as if it were another person, as you come back again and again to a piece of sculpture and just stand there and be with it. When we get to that point in a poem where we 'be with it' rather than ask what it means or explain how it got there, then we are back with the indefinable, we are restored to ourselves, and feeling can move through us again."

This is as close as I can come to why some of us are compelled to write poems, paint pictures, or indulge in an array of other creative activities. This is where "Cases" comes from, and what it attempts to do out in the world. P.A.T.

Towle shares further thoughts on writing, and reading, poetry in a [WEB EXTRA](http://www.dartmouth.edu/spring07/html/poem_we.php) at dartmouth.edu/spring07/html/poem_we.php. ■

