

Dancing Words

“Poetry is to prose as dancing

is to walking,” English poet

John Barrington Wain wrote.

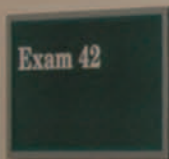
Come dance, then, with a pair

of physicians on the Dartmouth

faculty as they wrap the

day-to-day realities of their

work in lyrical metaphor.



ALL: MAPLE LEAF PHOTOS



The Books I Read

By Jonathan M. Ross, M.D.

My office door is like the cover of a Book:
Open it, and anticipation yields
to the unexpected.
He, or she, or they, sit,
expectant, hopeful, and I
breathe in an expression, the clothes and odor, and
sense the fear, concerns, or anger.
Some are guarded and some smile broadly,
happy
to reconnect in trust.
Others appraise, ready to proclaim
my insensitivity,
steeling themselves for the disappointment
they have come to expect.
Often, as I listen,
an expression softens, I can almost hear a
breath escape,
so relieved to have a story aired.

They see a doctor and I see a patient,
and mostly the boundaries stay lucid.
I ask, they struggle to answer,
not knowing my language.
At times I don't speak theirs.
Tugging here or there,
the tale is enriched, the story blossoms.
I am blessed with their trust, and
invited into recesses where
no one has yet peered, and
I think nothing of the risks they take in telling me.
Yes, I think nothing of the risks they take in telling me.
My hands probe flesh and form and function.
Sometimes, I focus hard on the heart murmur,
or feel only the liver, pulse, breast or prostate, and
momentarily
lose connection with the person.
Sometimes, I think in the language of physiology,
linking that which lurks
beneath my fingertips with knowledge learned years ago,
or yesterday.

Sometimes, as I feel the nodule
that doesn't belong,
I know, in an instant,
a range of futures unfolding,
exposed, on the table.

We call them encounters,
extraordinary connections, miracles,
that allow us, clad in white,
to read
the stories in these Books.

"I like poetry because of its capacity to convey so much in spare language," explains Ross. "Poetry is . . . just there, waiting patiently to emerge, if I stop long enough to listen." And Foote says of writing, and reading, poetry, "I hope they make me a better observer of the less obvious aspects of my encounters with patients and with illness."



The Combat Zone

By Robert S. Foote, M.D.

"Let us cross over the river,
and rest under the shade of the trees."

—The last words of
Lieutenant General
Thomas J. "Stonewall" Jackson,
Confederate States of America,
Guinea Station, Va.,
May 10, 1863

§ § §

On a bad day it's like hitting the beach
At Omaha, or Anzio—
Deceptive rocking, gentle
Slowing of the LCI,
Soft groan of opening ramps, then
Sudden cacophony—
A dozen shouted orders:
"Morphine!" "Lidocaine!"
"I need help here!"
"Start a central line!"
"Ringer's, wide open!"
"There's no time—get O negative!"
"Mannitol! Mannitol!"

Red hot fragments of information
Streaking through the air like
ricocheting bullets,
Automatic fire of monitors,
Rush of uniformed figures into the gaps,
Crackling staccato of breathless voices
on the radios,
Always with bad news:
"Pressure 60, not responding . . ."
Suddenly a mortar lands—
"V fib! V fib!"
I take the posture of command:
"Fire back," I shout,
"Defib him now!"
I hear the thud of force on flesh
As the chest is pierced with fire,
See the violent recoil—
The monitor shoots back: V fib—
"Again!" I shout,
"Load and fire again!"
"All clear!" Boom! The charge strikes
home.
Then, as the smoke clears:
"Wide complex, brady now."
I seize a different weapon—
"Atropine!" I say,
The ancient poison,

Struggling to hold this bridge
At any cost.

Outside, the drone of chopper engine
Rises to a roar, the blades beat down the
air
Chuffchuffchuffchuffchuffchuff!!
Descending from the boundless sky
For a hot offload.
In a moment through the doors
Will roll the broken body
That an hour ago was on her way to
school.
Meanwhile, every room is full,
And every bed a battlefield:
Here lies an infant, inconsolable,
Learning the cruelty of the world;
Here the miracle of fingers,
Turned to useless chunks of flesh
By the spinning saw;
Here the pain-contorted face of
dislocated joint,
A howling vision from the torture cells
Of Torquemada;
Here the grinding vice of fracture,
Panic of no breath,
Nausea's despair,
Confusion of old age,
Restless agony of stone,
Seizure's pointless struggle with itself,
Fever's poisoned ravings,
Scarlet flood of hemorrhage,
Brutal physics of deceleration,
Dark mystery of the belly's ache,
Murmurs and the shouts of madness—

Assaulted from every direction,
Outnumbered by afflictions,
I am an aging soldier fighting for
ground—
Lee at Petersburg,
Cleburne on the bloody Franklin plain—
Knowing how a battle can be lost,
But the war never won, and never
ended.

Weary,
I turn to face the enemy again.

Far off, I see an old man with a cane,
Resting on a bench,
Telling in the peaceful solace
Of sun-dappled shade
Stories to carefree children
Of the raging struggles
In the heart of battles long ago. ■

About the two physician-poets

Both of the physician-poets represented here began putting their thoughts into verse as teenagers, more than 35 years ago. Now, in their fifties, they find poetry rewarding and absorbing—so much so that they do most of their writing mentally rather than on paper.

"I write poetry all the time," says Dr. Jonathan Ross, the author of the poem on page 47. "Most of it is in my mind, but I have managed over the years to write down some of it."

And Dr. Rob Foote, the author of the poem on these two pages, says that "at any given time I am usually at work on two or three poems. Because I write slowly, I have poems in progress memorized, so this allows me to work on them anytime I have a few minutes of free thought."

Ross, an associate professor of medicine at Dartmouth, has been on the faculty since 1983; he wrote an essay on generalist care for the Spring 2005 issue of *DARTMOUTH MEDICINE*—a piece that is still drawing comment in our "Letters" section (see page 33). He is also director of the Department of Medicine's weekly Morbidity and Mortality conference—the subject of the cover feature in our Summer 2003 issue. Foote, an alumnus of DHMC's internal medicine residency program, spent many years as director of outpatient and emergency services at New London, N.H., Hospital and since 1995 has been an assistant professor of cardiology at DHMC. His poetry has been published several times previously in these pages (as well as in a number of literary journals and the *Annals of Internal Medicine*); his research into a possible new biomarker for heart disease was the subject of a story in the "Discoveries" section of our Fall 2005 issue.

"I like poetry because of its capacity to convey so much in spare language," explains Ross. "Poetry is ageless . . . it is just there, waiting patiently to emerge, if I stop long enough to listen." This particular poem, likening the moment when a physician enters an exam room to the act of opening a new book, was not triggered by any particular patient, he says. "Every day there are moments that could trigger a poem—a name on my schedule list, a glance, a thought, a laboratory value, an x-ray. The great poets capture these moments, but we all have them."

For Foote, poetry "helps me understand my experiences of the world. It is a way of giving them context and searching for their meaning and significance." Foote's poem—which uses combat as an analogy for the intensity of emergency medicine—"is a summary of many years of experiences in the emergency department," he explains. "After a time, I think one begins to see the universal in the particular. It is an effort to express and understand both the experiences themselves and their cumulative effect."

Although the two poems here are very much about medicine, both Ross and Foote say they write more often about nonmedical subjects: "relationships, feelings, love, hate, hope, beauty, death—the stuff of humanity," as Ross puts it. But, notes Foote, medicine "is often a portal to elemental aspects of life."

Yet both feel that—whatever the subject—writing poetry, and reading it, have had an impact on their work as physicians. "I hope they make me a better observer of the less obvious aspects of my encounters with patients and with illness," says Foote, "and that they make me a more sensitive person." Interestingly, Ross uses almost the same words: "Poetry opens me to my feelings," he says, "and to those of others . . . and increases my sensitivity to others' pain and expectations."

"We live our personal lives sometimes completely hidden from others, even ourselves," Ross observes. "Our culture fosters this by emphasizing the roles we play, not the people we are." So here, unhidden, are two of the people behind the roles that make medicine at Dartmouth what it is. DANA COOK GROSSMAN