



Healing allusions? The use of poetry in teaching medicine

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ABSTRACT

This paper aims to encourage medical teachers who have never thought of using poetry in their teaching to do so. The increasing profile of poetry in medical teaching is outlined, and the many advantages of poetry as a teaching medium in medicine are discussed using multiple examples from teaching materials used by the author. Some of the potential pitfalls of poetry use are also explained and discussed. A brief outline of some of the basic elements of the analysis of poetry is then given and Helen Dunmore's *The Surgeon Husband* is used to illustrate their use and show how the poem can raise questions for group discussion. Finally, the themes of death and bereavement and then mental illness are explored with a variety of poems, with examples of clinical and ethical questions for discussion arising from them.

KEY WORDS: Bereavement, death, mental illness, poetry, teaching

INTRODUCTION

Despite references to medicine and poetry seeming "at first sight an unlikely pairing" [1], I am convinced about the place of poetry in both undergraduate and post-graduate medical education. I intend here to illustrate the potential of their partnership in the hope poetry will be increasingly recognized and incorporated into the education of healthcare professionals. After all, the art of healing arguably began with poets; there is a tradition that the poet Sophocles played a prominent role in establishing the Athenian center of the healing cult of Aesculapius in 420 BC and there is certainly a long line of physician-poets stretching from as far back to at least Friedrich Schiller (1759-1805) and John Keats (1795-1821) right up to Dannie Abse and Peter Goldsworthy, to take just two more contemporary examples.

The synergistic relationship between medicine and the humanities, in general, is now well-established. The *Journal of Medical Humanities* began in the US in 1979 and now contains hundreds of articles on poetry. The UK journal, *Medical Humanities* was launched more recently in 2000. A recent search in its online index for "poetry" brought up 157 results, which compares well with only 113 for "film" which is an overwhelmingly more popular art-form among the general public. Furthermore in 2000, Durham University founded its Center for the Arts and Humanities in Health and Medicine. Many universities across the world, as well as some hospitals such as the Mayo Clinic, now have centers for the arts and humanities in medicine, though for many of them, the role of poetry is difficult to determine from their websites.

In 2009, the Hippocrates Initiative for Poetry and Medicine [2] was launched. At its fifth international symposium in May 2014, poets from over 30 countries competed for over £10,000 of prize money. Since 2011, the Yale-UCL Collaborative has held an annual poetry competition for medical students¹. A wide variety of clinical journals including *The Oncologist*, *Annals of Internal Medicine* and *The Psychiatric Bulletin* have all featured poetry in their regular pages for well over a decade. Even such a highly specialist title as the *Medical Laboratory Observer* published three poems by laboratory technician-poet, Patricia Gail Box Ingram [3]. At least one US College of Physicians and Surgeons has appointed a poet in residence² and in 2014, the Royal College of GPs in Scotland together with the Scottish Poetry Society, published *Tools of the Trade* [4] - An anthology of poems for new doctors which was distributed free to every new medical graduate in the country. It sold out within months of publication and a second edition is being prepared at the time of writing.

Poetry has then many points of contact of with medicine, and there is also a substantial literature on the use of poetry as a therapeutic option with patients, but this is outside the scope of this paper. Here, I will first outline what I see as the benefits of poetry in medical teaching before considering some of its disadvantages. A brief consideration of some technical aspects of poetry writing and interpretation follows before considering some detailed examples on two illustrative topics – Death and mental illness.

1 <http://medicine.yale.edu/ucl/activities/poetrycompetition2011.aspx> More recently engineering students have been included along with medical students.

2 Rose Blumberg at Columbia University College of Physicians and Surgeons.

THE PLUSES OF POETRY

Both literary fiction and film are widely used in medical education, but time constraints usually preclude the use of entire movies or whole novels on a regular basis in class, so clips and excerpts are more commonly used. These, however, may give a misleading impression of the whole work from which they were extracted³. There are of course long poems, from which extracts are used in medical teaching, but most poems are short, and the whole can be read in a matter of minutes. This means that students may not necessarily have to read the material before class (though there can be advantages in doing that) and still do not lose out on the discussion about poems read together in the teaching session. Many of the poems of Emily Dickinson for example, are only four or eight brief lines long but are stuffed with meaning. Using a poem means that the complete work is being absorbed as the author intended, rather than just a fragment of it.

Poetry is communication concentrated. Take the first few lines from Lesley Glaister's *Twenty Eight Weeks* [5].

*"We nearly missed her.
This little storm of life
could have blown by
before we weathered her."*

Together with the title, these 17 words convey so much. There has likely been a difficult pregnancy with a hint of possible miscarriage (often in poetry a word - "missed" - with a syllable in common with another word, - "miscarriage" - is used to hint at that other word) but there is a now every indication that the baby has been born safely and is doing well⁴. Along with these facts about the baby, we simultaneously get a real sense of the mother's feelings of relief at coming through a potentially life-endangering and unexpected threat during her pregnancy.

This concentration of information and emotion in just a few words occurs in medical consultations too, especially in UK general practice, where the patient is usually only allocated 10 min or so with the doctor. Patients often choose their words for a reason and the doctor's attention to detail can be crucial in reaching a correct diagnosis or fully exploring the relevant areas of concern. One patient, summarizing his distress at how distanced he had felt from his wife when she started studying for a degree, declared "She is totally impenetrable." This choice of words to describe his inability to understand what his wife means is an indicator that a tentative inquiry into their sex-life is probably also appropriate.

As well as the concentration of verbal expression and emotion, the previous example from clinical practice illustrates another area in which poetry abounds - ambiguity. Carrie Shippers' *Medical History* [6] is shot through with it right from the start:

³ Though short stories and film 'shorts' as well as poetry can overcome this problem.

⁴ Confirmed by the final four lines.

*"I wanted it: arc of red and blue
strobing my skin, sirens singing
my praises, the cinching embrace
of the cot as the ambulance
slammed shut and steered away."*

What is the "it" she wants? This is not clear at first. The strobing arc of colored light might be on a night club dance floor; are the sirens singing her praises as the Sirens summoned Odysseus? The word "cinching" is a very deliberate choice. One of its meanings is to have a tight grip - A cinch being a tight strap securing a pack on a horse. This meaning has the most obvious fit with the embrace of the ambulance cot-bed around her. But a cinch is also an easily-won sure bet - A reward from very little effort expended.

It's only when the ambulance is actually mentioned that the identity of the strobe light, the sirens and the cot become clear. As the poem progresses we understand the writer has self-harmed, partly as a result of what she (or less likely he?) sees as neglect by her mother who "saved anyone/who asked, but never me, never the way I wanted." At this point, we come to the word "wanted" for the second time, which surely deliberately echoes its first use? She doesn't really want an ambulance; she wants her mother's attention. Self-harm seems a cinch to get it.

Of course, this is just my own reading of the poem. I may be wrong; others may read it differently, but my point is that such ambiguity is the stuff of medicine too. Are the unequal pupils a sign of new or old pathology? Or have they always been like that since birth? Or are they quite normal and it's just the fact that one side of the room is brighter than the other? It's the very asking of the questions that enables us to hopefully get a diagnosis.

Helen Dunmore's *The Surgeon Husband* [7] is another very rich vein for medics to mine for ambiguity. The writer is in her kitchen wrapping a whole gutted salmon in foil and "...thinking/of the many bodies of women/that my husband daily opens." As the poem progresses, the lines between supper-preparation, surgery and salmon-fishing become increasing blurred until they all intertwine.

*"Here he lunges at me in wellingtons.
He is up to his armpits, a fisherman
tugging against the current.
I imagine the light for him, clean,
and a green robing of willow
and the fish hammering upstream.
I too tug at the flaps of the salmon
Where its belly was, trying to straighten
The silver seams before they are sewn.
We are one in our dreams."*

At this point, the poem oozes ambiguity from every line. Is the "clean" light coming from the operating theatre lamps or the sun and is his surgical gown willow-green or is he in sunlit water robed by the light filtering through a willow tree as he fishes? The "fish hammering upstream" would perhaps indicate

the latter, except that only in the previous stanza has the wife herself become the fish with her husband lunging at her. As she tugs at the salmon flaps, she becomes the surgeon for a moment herself, so does the “we” of “we are one in our dreams” refer to her and her husband? The context though also suggests that she and the fish are one – Both creatures alike lunged at by men? The permutations are protean, and the poem as a whole leaves many uncertainties – just like consultations sometimes leave the practitioner totally bewildered as to what is really going on with a particular patient.

The Surgeon Husband also illustrates another advantage of poetry – its metre makes it memorable. I often try a little teaching exercise if an audience claims to know nothing about poetry or to be uninterested in it. I will say the first words of the first line of several famous poems and ask the audience to carry on the line. I have never yet had a line from any of the poems left incomplete, and moreover everyone in the room knows at least one of the lines. Poetry sticks in the memory not only because it often rhymes (and nursery rhymes are poetry too) but because of the rhythm and metre of the medium. Phrases like “green robing of willow” or “here he lunges at me in wellingtons” and their associated images stick in the memory easily because of their intrinsic rhythms, and this also helps us retain the lessons learned from them.

Finally, there is perhaps nothing as powerful as poetry in facilitating empathy. This is partly because of the emotional intensity poets distil. The formal definition of a medical term such as aphasia in a medical textbook has an essential place in medical education. Furthermore, spending time with an aphasic patient listening to their experience would enable even better understanding of aphasia from the “inside” but a poem like Noah Capurso’s Aphasia [8] also does a brilliant job of it in seconds.

*“Our patient had a brain tumor.
We tested her highways
With a feather drawing;”
“What is this?” we asked her.
And the answer she gave
Came by the scenic route;
“A leaf
That fell
From a bird.”*

THE POTENTIAL PITFALLS OF POETRY

Every teaching medium, however, no matter how effective has its drawbacks and poetry is no exception. To start with, it is medium for which unfamiliarity often breeds contempt, even among those otherwise generally enthusiastic about the role of arts and humanities in teaching biomedicine. In a study by Collett and McLachlan [9] exploring the value of the arts in medical education, 30 students volunteered to take part in one of four different projects – (1) Poetry, (2) life drawing and sculpture, (3) photography, and (4) using art to explore histological images. Only three students out of the 30 opted for

the poetry option, and they were all mature students aged 32, 34 and 42, whereas the average age of all students was 21. Clearly poetry had limited immediate appeal to the under thirties, at least in this study.

Second, the value of poetry is often criticized as being largely restricted to English speakers with its currency devalued in translation. There is some truth in this as various elements such as rhyme and alliteration may be lost. Never-the-less, poems can be translated without losing all their meaning. The Tools of the Trade anthology mentioned earlier has at least four poems translated from other languages into English without losing their impact. Novels can also suffer in translation, and subtitled films often lose a great deal of the nuances of the dialogue, but this does not mean they cannot be effective teaching tools, even given such limitations.

In the Tranquility of Delirium [10] was originally written in Gaelic by the Irish poet, Martainn Mac an t-Saoir, on a train while returning from visiting his father in hospital with a severe stroke. Even in translation, the poem gives the reader a vivid impression of Martainn’s father’s delirious conversation with his dead grandfather.

*“In a dream or in the clarity of an alien ward,
he advised you
between the verses of his songs
that it was a bit like this,
the journey
between life and death
sometimes dark, too dark
at other moments without imperfection.”*

Translation then need not cause poetry to lose its power. However, a more troubling accusation is leveled against poetry by an article in the very first issue of Medical Humanities [11]. Its central argument was that “poetry is of no use in health care ethics education because poetry is of no use” The author, Nigel Pickering, contends that poetry is “of no use” in health care ethics education in the sense that it has “no instrumental use other than that of trying to understand the poem in question.” He suggests that because any educational activity directed toward understanding the poem in its own right cannot guarantee any predictable outcome, it, therefore, cannot develop students understanding of ethical issues nor widen “their appreciation of people’s experiences.”

Whilst I share his concern about not using inappropriate pedagogical methodologies, he is surely drawing a false antithesis here? There is indeed general agreement among literary theorists that the meaning in a text does not rest solely in the text itself or in the reader but rather in the interaction between the two. Such personal interpretation is not predictable and, therefore, it is argued by those who take Pickering’s viewpoint, that it, therefore, cannot constitute a pedagogical objective such as “enabling the student to better understand the experience of bereavement.”

Such unpredictability, however, would surely also preclude the usefulness of not only poetry but all literature, theater, and

film in healthcare education? In any case, unpredictability is intrinsic to medical practice. This is a principle reason why medicine is an art as well as a science. It is one thing to say that you cannot predict a student's interpretation of or reaction to a particular poem but quite another to claim that facilitating an interpretation or a reaction cannot serve the external end of increasing a student's diagnostic sensitivity or human empathy. As Ahlzen and Stolt indicate in their appreciative critique of Pickering, "...we are talking of a potential. The insights that may come out of reflection on and discussion of poetry are not linked to any fixed meaning of the poem" [12], but it is only in such engagement with the text that this potential can be discovered. Thereafter such potential may be realized by the practitioner in their clinical practice or alternatively lost. In this, however, poetry is no different from texts on pharmacokinetics or consultation techniques.

THE LANGUAGE OF POETRY

Just as there is no necessity to understand computer programming in order to use e-learning as a teaching tool, so also in my view, teachers of medicine do not of necessity require in-depth knowledge of film or literary theory to make effective use of movie clips or extracts from novels in their teaching.

The same principle applies to poetry as well. Detailed knowledge of the structure and language of poetry is not essential, even though arguably it is more important than with film or literary fiction since these latter art-forms are much more familiar in our everyday experience. Poetry is to the written word perhaps rather like opera is to theater? It has an intrinsic music to the words and so a basic knowledge of the lines, rhythms and rhymes of poetry will certainly deepen anyone's ability to understand a poem⁵.

The Poetic Line

The distinction between poetry and prose can be as difficult to determine as the difference between an opera and a musical. The most obvious distinction in poetry is usually the line. Poetry is written in lines which do not follow the margins, especially the right hand one. The very word "verse" comes from the Latin for "to turn" (as in versus) and the point at which the line turns is one of the most critical elements of a poem.

Lines may either be in free verse or in metrical form. In metrical verse, the process of scansion divides the line into metrical feet and each foot into stresses (the sounds of each syllable). A light stress followed by a heavy stress (as in the word "upon") is called an iamb and the converse (as in the word "metre") is called a trochee; two equal stresses (as in "childhood") is a spondee. The most widely used line in English poetry is the iambic pentameter consisting of five iambic feet in the line e.g. "Shall I compare thee to a summer's day?" [13].

⁵ Most of the technical explanations which follow are taken from Oliver M 1994 *A Poetry Handbook* San Diego: Harvest Original.

Devices of Sound

The other typical feature of poetry is the use of specific devices of sound such as assonance and alliteration. Whilst alliteration is the repetition of the initial sound of words in a line, assonance is the repetition of vowel sounds within words in a line. The following line from Robert Frost's Home Burial [14] contains a run of alliteration with repeated "l"s and three examples of assonance – with "a" in "land" and "back," "o" in "so," "roll" and "hole" and finally the "ow" sound in "down" and "mound."

*"Leap up, like that, like that, and land so lightly
And roll back down the mound beside the hole"*

Metaphor

A metaphor is a comparison between two dissimilar things that does not use the words "like" or "as" in its construction. The opening lines of JG Magee's High Flight [15] contain several metaphors and the whole sonnet is stacked with many other examples.

*"Oh! I have slipped the surly bonds of earth
And danced the skies on laughter-silvered wings;"*

A SAMPLE ANALYSIS

The Surgeon Husband referred to earlier, is an excellent example of a poem full of the poetic devices just considered, some knowledge of which helps explain some of the puzzles in the piece [16].

The poem consists of its title, followed by six stanzas of either three or four lines each in free verse. The title itself The Surgeon Husband is very deliberate. The reference to "bodies of women/ that my husband daily opens" in the first stanza, intimates that he must almost certainly be an obstetrician – An idea confirmed by the reference to "the epidural" and "a baby" in the final two stanzas. Why then not title the poem "The Obstetrician Husband" or "The Gynaecologist Husband"? Whilst this would be fine for a novel, the meter of such alternatives is completely "wrong" for a poem and especially for this poem where the recurring word "salmon" is a trochee mirroring the word "surgeon." Like a surgeon, the trochee sound of "salmon" "sews together all these stanzas about sewing up women and fish" [17].

There are subtle hints about the brutality of surgery in Dunmore's word choice. Her husband does not operate on women; he opens "many bodies of women" as a daily routine. He "lunges" at them and he and his assistant "barb" them to sleep. The blurring of boundaries in the poem may also suggest that he may be brutal to his wife as well. He "lunges" at her and does the reference to his nurse smiling "over her mask at the surgeon" suggest something more than a professional relationship? After all, a mask is a deception as well as supposed surgical protection from contamination.

The whole metaphor of the “fisherman-surgeon” in part accounts for the particular word choices but even within that overall metaphor, there are other possible indications of the wife’s wistful sadness. For example, the clean light in which she imagines him is tinged with a willow green. In English literature, songs of “green willow” are songs of unrequited love.

These comments touch on only a fraction of the poem’s detailed elements that make it so pregnant with meaning, even before delivering the “baby” of the penultimate line. The possible ethical questions to which it gives birth also become clearer once its many subtleties begin to be unpacked. Why are obstetrician-surgeons mainly men? Does this matter and why? If a surgeon is cavalier rather than incompetent in his approach to his patients, does this constitute unprofessionalism? If clinicians are having affairs with those on the same clinical team, does this adversely affect patient care? If so, should such conduct be a cause for discipline? Does a clinician’s private life have any bearing on their professional performance and vice versa.?

POETIC THEMES

As a final demonstration of the rich potential of poetry in medical education, I am going to focus on two frequent medical themes in poetry – first death and bereavement and then mental illness, illustrating how some specific poets illuminate these dark and distressing areas of human experience.

Death and Bereavement

*“Because I could not stop for death -
He kindly stopped for me.” [18]*

Death is a pervasive theme of the 19th century American poet, Emily Dickinson; *Because I could not stop for death* is one of the most famous and one of her longest poems. Within its six four-line stanzas (quatrains) in which she depicts a personified Death calling for her in his carriage, we sense many of the sometimes conflicting characteristics of death. Its unpredictability, uncontrollability, kindness, irreversibility, pervasiveness, timelessness, coldness are all alluded to, along with several hints that, for Dickinson at least, death is not the end. This poem affords an opportunity for readers to think about what death means for them both abstractly and personally.

Poets often focus on seemingly insignificant detail; in *I heard a fly buzz when I died* [19], Dickinson describes her dying moments. The stillness of the room, the crying relatives, a heavenly vision, the writing and declaration of her will are all evoked, along with the detailed recollection of a fly buzzing “between the light” and her. Is the poet encouraging us not to fear death by referring to the ordinariness of a fly in the room – the fact it can be noticed and heard and reacted to even in dying? Is the poem serious or humorous or is it impossible to tell? If humorous, what is the purpose of making light of death?

Two contemporary poets whose work on death and bereavement I have found particularly moving are Christopher Reid and Robyn Bolam. Reid’s anthology *A Scattering* [20] is a collection of poems reflecting on the death of his wife, Lucinda, to whom the collection is dedicated. It won the Costa Book of the Year award in 2009 - a rare honor for a book of poetry but thoroughly warranted.

The first section of the book *The Flowers of Crete*, describes a (last?) visit with his wife to this beautiful island and giving the reader a picture of what Lucinda was like before her demise. The second section *Unfinished*, from which the quote below is taken, relates her final illness and treatment.

*“No imp or devil
but a mere tumour
squatted on her brain.
Without personality
or ill humour,
malignant but not malign.”*

Then follows *A Widower’s Dozen* – the second poem of which gives the entire collection its title. *Lucinda’s Way* which concludes the book is a love letter addressed directly to Reid’s dead wife. This is very stuff of which we deal when practicing medicine, the human elements of which should not be forgotten in struggling with end of life decision making.

In Robyn Bolam’s anthology *New Wings* [21], there is a sequence of seven poems, from *Amor Diving* to *July*, which tells in fragments the story of her mother’s death and the poet’s immense sense of loss.

*“The house is sold but I dream her in it-
struggling through the door with bags and cases
more substantial than she is.”*

As the sequence progresses, it seems that her mother took her own life whilst abroad on a cruise. Many unanswered questions arise for the reader as well as for the poet. Why did she do it at all? And why in this particular way? Does the planned nature of her death make it easier or more difficult to bear? Whether the illness was physical mental or both, could more have been done to prevent the death? How far can one ethically go to prevent suicide? Is the compulsory sectioning of the suicidal under the Mental Health Act for their own protection, ethical or not?

In *The First Week*, Bolam describes in the first line how her mother left her lipstick by the bathroom mirror. The poem concludes

*“The old mirror has melted
and run under the door, but you are
safe inside me. I will be your reflection:
Out here facing the next thirty years.”*

Interestingly, Reid also uses the mirror in *A Scattering* to illustrate both the depth of his loss and the finality of death

*“The model mask, the mannequin moue,
the face I loved to catch her pulling
after sundry perfecting dabs
and micro-adjustments in front of the mirror
will never be seen by me or the mirror again.”*

Some images are so apposite that they find a confluence in the flow of these two poets’ minds. Those minds are rich sources of material for medical practitioners to utilize in both our personal reflection and teaching.

Mental Illness

Emily Dickinson did not only write about death. She was so prolific a poet (in 1862 alone, it is estimated she wrote 366 poems [22]) that not surprisingly, she has vivid references to another rich poetic theme- mental illness - in her works as well. In *I felt a cleaving in my mind* [23] she likens mental confusion to “Sequence ravelled out of Sound/Like Balls - on a floor” and in another insightful eight-line poem [24], normality and mental illness are unforgettably contrasted in just the first fourteen words –

*“The Brain within its Groove
Runs evenly – and true-
But let a Splinter swerve -”*

Then irreversible damage is done though Dickinson’s further imagery impregnates my sterile summary with even more lively metaphor so I hope this prompts readers to explore the complete poem.

It is another 19th century poet, however, Gerard Manley Hopkins, who for me most intimately opens up the world of madness. Hopkins’ poetry is not easy to understand at a first, or even second reading. The language is often archaic, his references obscure and though he wrote mainly in sonnet form, he transformed it by his use of “sprung rhythms” and “consonant chiming” which stretches the poetic lines and makes even finding the verb in some of his sentences quite difficult. His frequent invention of new words also does not aid the understanding of the newcomer to his writings.

In a collection of his verses known as the “Terrible Sonnets” or “Sonnets of Desolation” [25], the multi-layered core of depression and delusion is exposed:-

- Loneliness and isolation - “To seem the stranger lies my lot/my life among strangers”
- Low mood especially on rising - “I wake and fell the fell of dark, not day”
- Self-loathing - “Selfyeast of spirit a dull dough sours. I see/The lost are like this, and their scourge to be/As I am mine, their sweating selves; but worse”
- Internal restlessness - “We hear our hearts grate on themselves”
- Self-condemnation and torment - “My own heart let me more have pity on; let/Me live to my sad self hereafter kind/Charitable; not live this tormented mind/With this tormented mind tormenting yet”

All these and more, seep from Hopkins’ psychic wounds.

It is in one of the sonnets of desolation, “No worst,” especially that his most famous and most graphic imagery of insanity occurs.

*“O the mind, mind has mountains; cliffs of fall Frightful, sheer,
no-man-fathomed. Hold them cheap May who ne’er hung there.
Nor does long our small Durance deal with that steep or deep.
Here! creep, Wretch, under a comfort serves in a whirlwind:”*

Anyone who has come close to the edge of reason will identify with the metaphor of hanging onto the rim of the insanity’s abyss by one’s fingernails, seeing the long drop below. Many questions arise from these five lines of the sonnet alone.

Why is there such a stigma attached to mental illness? Why does our society regard the mentally ill of less worth in the hierarchy and funding of medical priorities? Is it possible to understand mental illness in any meaningful way unless you have suffered from it? Is it necessary to have suffered mental illness to be an empathic therapist? Why do we still have depressed people being told “You just have to press on, and it will lift”? Or being offered the cold comfort of “Pull yourself together”?

There are also a large number of contemporary poets who have also reflected on mental illness. I have found Robin Robertson’s *Lithium* [8] of particular value in teaching and have written on this specific poem elsewhere [26]. Other poems offering good insights and raising clinical and ethical questions are the earlier-mentioned Carrie Shipers’ *Medical History* [27] (on self-harm), Denise Duhamel’s *Bulimia* [28], and Gillian Clarke’s “Miracle on St David’s Day” [29], a literally wonderful poem, itself about poetry and psychiatric patients.

*“I am reading poetry to the insane.
An old woman, interrupting, offers
as many buckets of coal as I need.
A beautiful chestnut-haired boy listens
entirely absorbed. A schizophrenic
on a good day, they tell me later.”*

For one of the mute, depressed patients in the writer’s audience, there is an unexpected outcome. He recites Wordsworth’s *Daffodils* from memory and in doing so, for the first time,

*“Since the dumbness of misery fell
he has remembered there was a music
of speech.”*

Amid the pressures of professional life, we too as practitioners may, through poetry, find music again and as teachers we can offer our students the opportunity to do so as well. Poetry, far from being “an unusual pairing” with medicine, helps us rediscover the human purpose of medicine which can so easily be lost when we merely focus on its technical aspects alone.

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