*Text and Context***Two Poems by B.A. St. Andrews***Clayton J. Baker, MD*

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Instructions on Waking From Anesthesia

Don't speak first
and never your secret name.

Sound the Tibetan bell of
your heart at first light.

Hold your life's flame safe
in the center of frail hands.

Walk toward dawn that rises
between land and sea;

step serene inside beginnings
released as a tipped boat

lifted silently aright
by tides. Remember that

oblique space between breath
and breath where

all things have their being.
Now if words arise

and choose you,
speak.

Plastic Surgeon/Greek Amphora

A museum is always a proper place
to ponder on eternity: this jar

held the future of someone's face
in a long lost battle with gravity.

Such ancient figures dare to say
that the living, who are also clay,

will bide in time our little while
and then assume their Attic smile.
Over earthen jars we pour like elders
who have come before to ponder

vain hope of art's meaning more. But
it's just a pitcher, black and red, adorned

with pictures of the dead who sought
some unguent divine to ward off time.

CONTEXT

St. Andrews BA. Instructions on Waking From Anesthesia. JAMA. Nov. 12, 2003—Vol. 290, No 18, p. 2377. Copyright © 2003 American Medical Association. All rights reserved. St. Andrews BA. Plastic Surgeon/Greek Amphora. JAMA. October 9, 2002—Vol. 288, No. 14, p. 1693.

Poetry often concerns itself by choice with topics that medicine confronts by necessity. Given their many mutual friends—death, loss, memory, and extremes of human emotion—perhaps it is inevitable that poetry and medicine are well-acquainted. Famous physician-poets like John Keats and William Carlos Williams headline this relationship, but countless other doctors, nurses, and patients interpret their experiences through poetry, drawn to its formal flexibility and its status in the popular imagination as a genre of choice for the expression of profound experience. And there is a market for such writing: numerous medical journals regularly publish ‘medical poetry,’ and many of these medical periodicals boast circulation numbers that dwarf those of most literary journals.

However, great poetry is very hard to write—much harder than good, solid prose. Relatively few writers can combine the requisite technical skill with the depth and originality of imagination needed to create a great poem. Critical readers rightly expect poetry to possess special qualities not routinely demanded of prose. These include a very high level of craft, concentration of form, uniqueness and vividness of language and metaphor, and heightened sensibility and insight into the subject matter. To achieve real excellence in poetry, the bar is set very high. (Even Keats and Williams produced a clunker every now and then.) On the other hand, so-called ‘serious’ poetry can sometimes be inaccessible or even abstruse to casual readers, fueling the potentially intimidating and exclusionary notion that poetry is supposed to be difficult.

Occasionally, one has the good fortune to come across contemporary medical poetry that succeeds at being accessible and deeply meaningful to its readers, technically excellent, and even relevant to clinical practice. I believe these poems do all these things. Here is why.

These poems are exquisitely concise. The first duty of a poem is to be read, and the likelihood of that happening bears a strong inverse relationship to the poem’s length. These poems are not merely short, though they are that, with only 167 words between the two of them. They seem concentrated, even distilled. The solvent, the inert material, has been extracted. Only the active ingredients remain. ‘Instructions on Waking From Anesthesia’ arguably contains

no inessential words. This extreme concision suits the poem’s peculiar, almost inexpressible subject—namely the tongue-tied inchoateness of the hypnopompic state, especially when it is anesthesia-induced. Economy also perfectly fits the poem’s advice to you, the reader, should you find yourself in that state: maintain a patient, gentle, meditative reserve, allowing the right actions and words to find *you*.

Most writing that reads quickly and easily writes long and hard. Often ‘superior work has the quality of an accident,’¹ but this effect is usually deliberately crafted. Indeed, with poetry, craft—the skilful application of language and poetic techniques—is paramount in achieving success. In ‘Plastic Surgeon/Greek Amphora,’ rhyme and meter (poetic techniques often regarded as archaic and frequently eschewed in contemporary poetry) are used to strong effect. In addition to occasional traditionally rhyming couplets, St. Andrews scatters internal and imperfect rhymes throughout, inviting unexpected comparisons and creating pleasant surprises, even subtle puns. (How many different meanings of the word ‘pour’—or its homonyms—are evoked by St. Andrews’ clever placement of the word in the poem?) Her deft use of meter is displayed in the poem’s title. The near-identical meter of its two phrases draw together the two very disparate entities they describe, subtly initiating their comparison, which in turn fuels the whole poem.

The best poetry provides original insights into its chosen subjects. In ‘Plastic Surgeon/Greek Amphora,’ again, note the title’s odd comparison. Initially, the juxtaposition seems comical, even absurd. What could these two things possibly have in common? Quite a lot, it turns out, when considered in the context of aging, death, and human efforts to overcome them. With great economy the poem demonstrates this, in the process generating new, unexpected insights into superficiality, vanity, and the human need to reconcile with time, decay, and mortality.

Both poems also possess a trait that I call ‘delicacy of reference’: they refer to other intellectual entities unmistakably, but subtly, almost imperceptibly. ‘Instructions...’ clearly evokes Buddhist sensibilities—but how, exactly? Its most direct reference is the word ‘Tibetan.’ In ‘Plastic Surgeon...’ St. Andrews, surely knowing one can’t write a poem about Greek pottery in English without evoking Keats,² chooses ‘amphora’ instead of ‘urn,’ a choice not avoidant of, but slyly deferential to Keats’ great poem, since in large part she seems to disagree with him. For St. Andrews, Keats’ ‘still unravished bride of quietness’ is reduced to ‘just a pitcher, black and red, adorned/with pictures of the dead.’

¹ Watts, A. *The Way of Zen*, p.28

² Keats, J. Ode on a Grecian Urn.

Whenever a doctor, nurse, or patient writes poetry—regardless of its degree of technical excellence—the ghosts of their personal experiences inhabit the poems. It is rarely essential to know the personal history of the poet, but if known, the interest may deepen for a clinician-reader. Should the reader learn of St. Andrews' illness and death from cancer, and consider how it may have informed these poems, additional layers of meaning arise. From this perspective, these poems themselves become relics, exhumed shards of pottery, left behind to offer clues to her life and illness experiences.

The close study of poetry shares many similarities with the interpretation of patients' stories in clinical practice. Both require complex language and interpretive skills, learned over time by repeated application, to identify and understand the relevant and important clues hidden in the delivery, choice of words, and context of the statements under examination. In particular, both require the skill of divining implicit emotional and even spiritual meaning from these subtle hints and indirect references.

Of course, readers' own experiences also inform their interpretations of poems. Recently, when facing anesthesia myself for the first time—and anxious about it—I re-read 'Instructions...' multiple times, finding reassurance, perspective, even useful advice in a poem I had previously thought to be merely beautiful. To be both useful and beautiful: is there any better way to achieve excellence?

DISCUSSION QUESTIONS

1. Keeping in mind the 'mutual friends' shared by poetry and medicine, discuss how the careful study of poetry might improve our understanding and interpretation of our patients' stories, and our insight into illness in general.
2. What makes a poem good, and what makes a poem great for you as a reader? How important is formal or technical perfection, as opposed to emotional content or accessibility? How might such personal preferences regarding form and content impact your interactions with others, including your patients?
3. Recall a favorite poem that made a strong impression on you. Re-read that poem closely, and determine what aspects of the poem most appeal to you and why. Describe the emotional subtext of the poem as clearly and fully as possible, and identify the word choices, allusions, and other aspects of the poem that reveal this meaning to you. What similar interpretive acts do you use when trying to understand a patient's intellectual, emotional, or spiritual state based on the story they tell you?

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