The medical humanities exist to facilitate and enable the recording and interpretation of the human experience of health, disease, illness, medicine, and health care. The study and writing of literature must be one of the best ways to do this.

Many of our great thinkers, such as Sartre and Lewis Carroll, embody their deep experiences of life and death. Fictionists such as Woolf, Austen, and Eliot, poets such as Eliot, Coleridge, and Plath incorporate deep understandings of human nature and the human condition. Classical literature, for example written by Sophocles, Homer, and the anonymous author of Beowulf, offers deep insights into human dilemmas and the pinnings of our culture.

The fictionality of fiction does not devalue the events, characters, dilemmas depicted. Fiction is written from the deep experience of the author, and one who has had direct experience of epilepsy in The Idiot. Fiction can be somehow even more true than case studies—because the writer is not restrained by having to stick to the actual events, which can hamper the reader's understanding of the core issues. Poetry has, since the time of the first recorded poets, nearly three thousand years ago, offered unparalleled insight and expression.

The study of literature, and the practice of imaginative and reflective writing, offer the kind of well-rounded understanding of life necessary to medical and health care practitioners. Reading and writing literature can:

- develop essential critical, reflective and reflexive abilities and skills,
- contribute to the development of practitioners' and students' abilities to listen, interpret, communicate, and tune in to nuances and hidden meanings,
- encourage sensitive appreciation of the ethical and moral dimensions of practice,
- extend the development of insights into, and concern for, different aspects of the human condition,
- facilitate an ability to see connections and carry ideas from one area to another,
- widen perspectives, and
- improve self-awareness.

The writings which follow were written in very different ways, but all offer insight and understanding. Michele Petrone explains how the writing of his dream, and the essential reflection which the writing occasioned, helped him in a situation which anyone would find almost unbearable. Written immediately after a dream, and while still in the struggle of an illness and hospital experience, it has not been redrafted. The writing is vivid, drawing the reader into the unreal experience, alongside the writer. Reading material such as this must support readers in relating closely and immediately to the experience of severe illness and hospitalisation.

Michele felt the image in the painting reproduced here was the visual counterpart to the one in the writing. Most of his image making is visual, so I wrote this poem to “read” this one alongside the written ones.

Lindsay Buckell’s account was written after a period of time had offered a degree of perspective. It reflects upon the experience, helping her come more to terms with it, and to learn as much as possible from the gift her friend gave in asking her to stay close through dying and death. The piece was written with intensity at one sitting, but later redrafted to the satisfaction of both the person she calls A, and Lindsay herself. I can’t help but be certain that Lindsay’s work with the dying has benefited from this depth of reflection. She has clearly drawn comfort and wisdom from the writing, and in doing so offers these also to the reader.

Evelyn’s song was clearly created—cleverly and wittily—to enable the understanding of others. I feel certain that most of Evelyn’s students will have the central role of iodide in thyroid function burnt into their consciousness as a tragic melodrama. Happy, engaged students learn when a subject is brought alive for them. I only wish we could reproduce her singing at the harp in these pages, like we have Michele’s painting. Perhaps I’ll be able to travel to Texas to hear her.

Whether these three writings were redrafted or not, they all follow Pooh’s timeless philosophy of writing—in their energy, impetus, and impact: “It is the best way to write poetry, letting things come’, explained Pooh.” As editor of Opening the Word Hoard, I am keen to receive contributions from writers who have “let things come”.

G BOLTON
Medical Humanities, University of Sheffield
Institute of General Practice and Primary Care, Northern General Hospital, Sheffield, S5 7AU, g.bolton@sheffield.ac.uk.
The tattooed intruder

“Shit!” Startled in my sleep. Towering above me, beside my bed, was this tattooed stranger. Menacing crude indigo tattoo on jaw, scrawny-yellowed skin. Not pictorial, but almost as if self-inflicted, drunken inked scratchings, piercings, mainly on his neck. I remembered particularly this large square, amongst others, over his Adam’s apple, his voice box. Who was he? Was I doing standing over me? I don’t know him. He scares me.

I awake. It’s the middle of the night. It’s four am. I call for a urine bottle. I’m on a fluid chart so all my pee has to be measured and my last one is full. It gives me a chance to wake fully, pull out my notebook to not forget this nightmare and write it down. How could I forget it? But like a dream startled in the night, this was the one I wanted to have forgotten about in the morning.

I know who he is. He is my cancer. The tattooed intruder. He has no name. Only a description. Yet he is a part of me that I don’t recognise. That is what brings tears to my eyes. In the calm darkness. In the stillness of the night emerges death. I want to think it is only a shadow, a sign, a symbol, a possibility. Not a fact this time. But it is a possibility I am aware of. A possibility I want to deny. Another throat cracked, teeth clenched, sick stomach, body shuddering tear swells in my eyes. Blurring my vision.

I continue to write in this emotional haze, through this painful sea, that threatens to drown me. Yet I have this sleepwalking drive to ink the tattoo here on this paper. Unthought, uncorrected, just scrawled as it is, gripped in here on this paper. Unthought, uncorrected.

As my senses are fully taking in, I’m in the dimly lit corner of a four-bedded ward. The sound of the twenty-four hour constant fungal extractor is the measure of my silence. I remember I am tethered, to a LCD flashing chemo monitor beside my bed by the triple aluminium Hickman line that protrudes out from a gash in my chest, still only two days sore and the black dissolving stitches still visible. The red electronic display flashing in three descending lines, like those of a mobile phone on charge. Only it is a sign of me being charged day and night by the cisplatin chemotherapy drug and accompanying saline solution. Charging through my body. 0.50 mls per hour and 0.48 mls hour respectively. What is that 0.02 mls difference, I wonder? Who knows. 0.02 mls dash of healing.

I have nausea on the tip of my throat, standing at the entrance of my gut. And a constant ache round my temples. It is not as bad as times before. But it is a sickness I did not feel three days ago, before my treatment started. This is not my bedroom of three days ago neither. I know it is now my home. Three different institution patterned curtains partition me from three other beds and the outside ward. Behind me on my left, someone else is also awake. He frightens me also. I know his name. But we haven’t spoken. His white patchy skin, scrawny skeleton, covered bent forth stance from which hangs his pyjamas stalk me. Telltale signs of future possible side effect of my impending transplant. Graft versus host disease. Common enough here as people talk about it in the corridors, by the nurses in its abbreviated terms GVHD. One of the many an acronym . . . HGL (Hodgkin’s Lymphoma—my disease), NHGL (Non-Hodgkin’s), AML (acute myeloid leukaemia), GVHD. That haunts me. Because that is not real for me yet, and may not be. But it haunts me because of its possibility, because of my decision. Because of a frightening possible side effect of my decision. A decision to go ahead with this bone marrow transplant from my Italian cousin. She is a perfect match. But she is not my bone marrow. And so there is a chance that her bone marrow once transplanted into my body, through a now relatively simple procedure of a blood transfusion after enforced growth through injections, and harvesting through transfusion, may reject my body. They say it can be chemically, medically controlled. But I can see his skin has been rejected. He looks half ghost, the patches of pigment less, bloodless, lifeless, what do I call it, engulfing his body.

I didn’t realise until yesterday morning that the boy in the other window is also suffering this. Latex gloves cover his raw skinless hands. His girlfriend explained that he now has GVHD in his liver and is in day-care receiving the drug to combat this. And he is still smiling. No let up since 1998 for him, except for one holiday, a cruise, to find out after he had relapsed again with NHGL. His bed is empty but is always here for him. His bag keeps watch beside it, a constant reminder, that a bed awaits for when he is more ill. Everyday he returns for five minutes, ten minutes, half an hour. A quick hello. “I’m going home,” he says cheerfully. “Just waiting for my blood test.” And off he goes with his girlfriend, who bears a t-shirt with “treat me like a princess” on it. She smiles too, disbeliefing of his constant outward cheerful demeanour that hides a myriad of constant disappointments and hardships.

Here you can’t but be confronted by future side effects, sickness, decisions, enforced, unknown, unwanted, even agreed to. I’m still one of the well ones. I still have my hair, my short goatee stubble, my slight tan from my recent Italian holiday. I pass open doors with people, bald, asexual, gaunt, slumped in chairs, silent, alone, waiting for it all to be over. Room after room. Surrounded not by personally picked paraphernalia of homely delights. No individual swatches of taste, neither Habitat nor Ikea, neither Harrods nor World of Leather. But hospital property, polystyrene ceiling tiles, miles of tasteless curtain track, the obligatory visitor’s chair by every metal institutional bed. The fan, the blood pressure pump stand. The oxygen heater and the green tubes. The angle poise lamp. The bed number, the room number, the ward number, the floor number. The alarm switches, the fluorescent light switches. The sickness bowls. The definitely not bedroom carpeted lino floor. The alcoholic handclamation sinks. The weighing scales and the sharps only bins. The communal telly, the hospital clock. The smoke alarm and telltale security, safety indicators. Left, right, up, down and all around. And yet it feels safe.

I want to go to sleep now. I want to go to the loo but I remember that my
“...the surgeon said. You all set ready to look. The news—the worst, the treatment—the nurse who ripped the about finding out all you could to help right, they thought you'd die. You set right, you thought you'd die. The fam-
you wept, you thought you'd be all
cancer—an aggressive invasive
It is Easter, the diagnosis breast
away (Rossetti)

The offer of some more chemotherapy—what did this offer mean? Another six months of sickness for another six months of life—a poor gift. With courage you declined.

I sat on your bed... “it's here, it's there, the sooner it all joins up and

M. A. PETRONE
2 Wren St, London, WC1X 0HA
michele@petrone.freeserve.co.uk

Remember me when I am gone away (Rossetti)

Remember me when I am gone away (Rossetti)

It is Easter, the diagnosis breast cancer—an aggressive invasive tumour, such harsh words. You balked, you wept, you thought you'd be all right, you thought you'd die. The family wept, they thought you'd be all right, they thought you'd die. You set about finding out all you could to help yourself. A mastectomy, the choice for treatment—the nurse who ripped the dressing off too soon before you were ready to look. The news—the worst, it's in the lymph glands—“a long hard road” the surgeon said. You all set about adjusting to this news. The next thing, a course of chemotherapy was advised. You and your sisters came to care for you, your friend, each by turns while you and A tried to keep a semblance of life for the children. They went on holiday; they went to school. They sat on your bed and teased and laughed.

Then the trial, a new drug, they didn’t know if it would help or not. You thought you'd try, not just because it gave you hope but “to do your bit for those who would come after”. Some-one else might be helped by this knowledge they would gain.

Eventually they told you both that it was no good: death would happen. You wept, you sobbed, you wrote your diary: what a friend that became. You grieved for the future, for watching your children grow, for sharing it with A. You worried how they would man-

The offer of some more chemotherapy—what did this offer mean? Another six months of sickness for another six months of life—a poor gift. With courage you declined.

I sat on your bed... “it's here, it's there, the sooner it all joins up and

the storm and I was able to take... 

remembrance of death before you had a chance to see

The thing is—it is frightening; and one does feel the impact of being in an institutionalised environment, not at home, with no privacy, control, and that is hard. Although it was also hard to write it up too... But it was the eye of the storm and I was able to take through issues on board, particularly the impact of the other patients—as they were suffering serious side effects of the transplant that is proposed for me. And then that became the basis of my questions, that I probably wouldn’t have asked about, with my consultant and that gave me in turn more answers that has given me more confidence about the treatment. Funny how these things work.

M. A. PETRONE
2 Wren St, London, WC1X 0HA
michele@petrone.freeserve.co.uk

www.medicalhumanities.com
Ode to Iodide

I find that music and science form a satisfying blend. This song is one of several I have used to teach histology to upper-level undergraduate students in our biomedical science programme. All of the songs generally employ sonification of either cells or other structures.

This song tells the tragic story of Iodide, a molecule trapped forever in the thyroid follicle and cycled again and again through the synthetic pathway for thyroid hormones. It is sung to the tune of “The Three Ravens,” a poignant 17th century British ballad that tells of a slain knight whose body is protected from carrion birds by his faithful hounds, hawks, and “leman,” or love. The leman is symbolised by a gravid fallow deer, who dies after the effort of bearing his body to safety.

I keep a small pedal harp in my office and cart it to the classroom to accompany myself when I sing this song to students. It opens with minor arpeggios solemnly played on the low and middle strings. The three stanzas then tell the story with rising melody. The song ends with the sound of plucked strings, slow and dying away. Naturally, one may read other levels of meaning into a song such as this, but its primary purpose is to entertain and help students remember the central role of iodide in thyroid function.

E TITANY-CASTIGLIONI
College of Veterinary Medicine, Texas A&M University, College Station TX 77843-4458, USA; ecastiglioni@cvm.tamu.edu

Michele Angelo Petrone is a painter who helps medical undergraduates, medical and nursing staff, and sick people to learn how to express themselves through painting. Lindsay Buckell is a nurse, currently employed in palliative care. Evelyn Tiffany-Castiglioni is Professor and Head of the Department of Veterinary Anatomy and Public Health, and Associate Dean for Undergraduate Education, College of Veterinary Medicine, Texas A&M University. Gillie Bolton, Editor of Opening the Word Hoard, is a writer and Research Fellow in Medical Humanities, University of Sheffield Institute of General Practice and Primary Care, Sheffield, UK. Authors’ affiliations

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