

# An unlikely muse

The *Bellevue Literary Review* arises from a legendary city hospital

Danielle Ofri, M.D., Ph.D.

The author is assistant professor of Medicine at the New York University School of Medicine, and editor-in-chief of the *Bellevue Literary Review*. She is the author of *Singular Intimacies: Becoming a Doctor at Bellevue* (reviewed in *The Pharos* in the Summer 2004 issue), and the forthcoming *Incidental Findings*, to be published by Beacon Press in 2005. The *Bellevue Literary Review's* web site is [www.BLReview.org](http://www.BLReview.org). Covers and excerpts from the *Bellevue Literary Review* are used with the permission of Bellevue Hospital and the respective authors.

Departments of medicine and public hospitals are not typically breeding grounds for literary magazines, but a renewed interest in the narrative aspects of medicine has catalyzed this change.

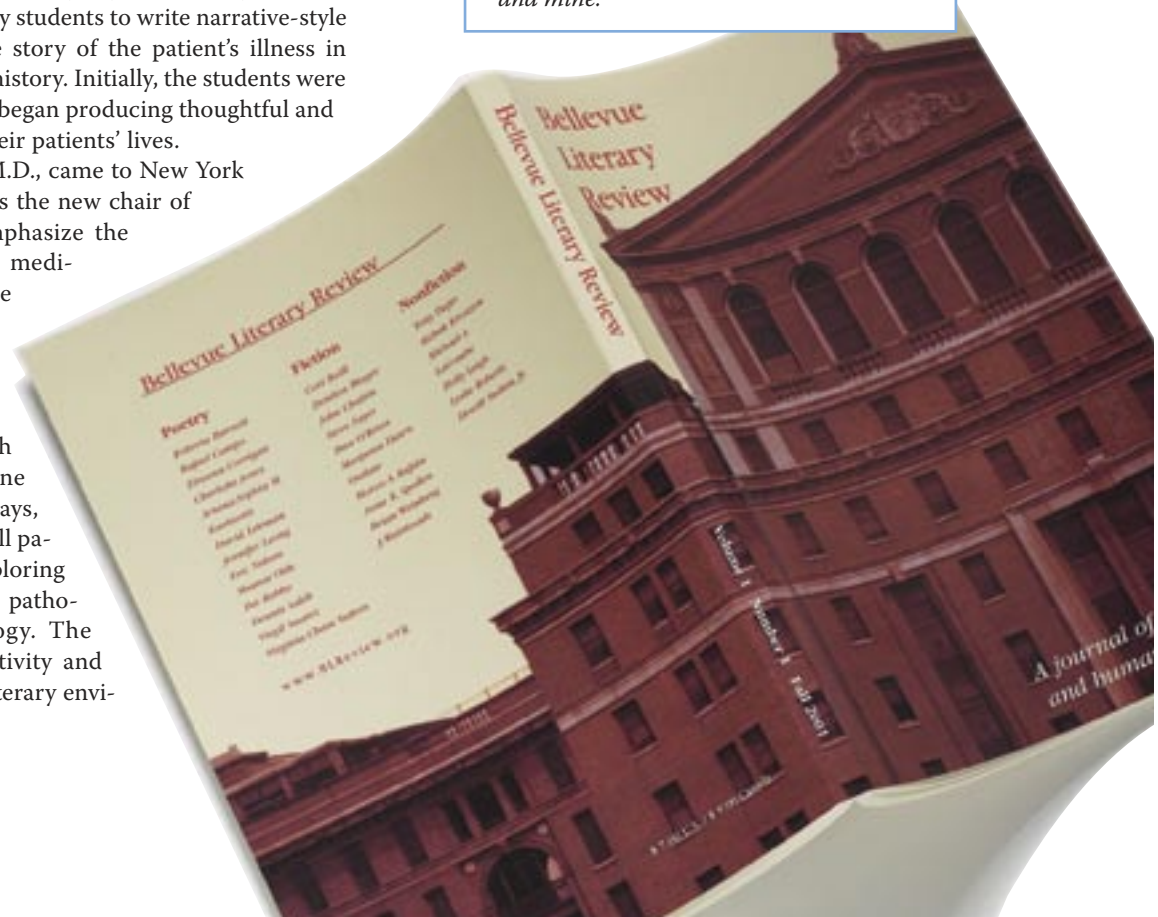
As part of my teaching responsibilities, I have been a mentor for medical students rotating through the Bellevue Hospital medical clinic. Seeking to infuse my day job with my personal interest in writing, I asked my students to write narrative-style patient histories, to tell the story of the patient's illness in place of the traditional case history. Initially, the students were rather perplexed, but slowly began producing thoughtful and poignant examinations of their patients' lives.

When Martin J. Blaser, M.D., came to New York University (NYU) in 2000 as the new chair of Medicine, he sought to emphasize the central role of narrative in medicine. Along these lines, he helped students and housestaff give the patient's "story" in their case presentations. He also required the students rotating through the Department of Medicine to write patient-centered essays, using the care of a seriously ill patient as the impetus for exploring ethics, philosophy, religion, pathophysiology, or pharmacology. The outpouring of student creativity and writing skill energized the literary environment of the department.

## I Want to Tell My Daughter Not to Name the Cadaver

Linda Tomol Pennisi  
(BLR, Fall 2004, p. 50)

*But on this first day  
in order to slit the skin from the back,  
she needs to remove the person  
from the body, so I only ask,  
Who? And she answers,  
An old woman, with little muscle  
and no fat. And I leave it at that,  
entrust the body's  
sacredness to the pauses  
along the line—those delicate synapses  
between her nerves  
and mine.*



### Working for the Doctor

Amber Dorko Stopper  
(*BLR*, Fall 2004, pp. 127–140)

The first patient of the day was Mrs. Alma Cohen, who liked to use the long-handled shoehorn to get her tie-ups on and off, but needed help from Mads or myself to pull up her hose-socks after her exam. Her edema was terrifying, her skin rippled and discolored like the wet edge of beach where the seafoam dries and cakes.

“High maintenance,” the doctor muttered to me, after seeing Mrs. Cohen. “She is a very difficult person.” I loved Mrs. Cohen, who winked at me conspiratorially whenever she saw me, since only she and I knew the special pleasure of pulling snagged nylon over her turgid calves.

The second patient of the day was an old man named Mr. Zeller, whose wife accompanied him on his visits. Mr. Zeller was an old, rich man, and his wife was an old, rich woman, and without each other the same would have been true. The Zellers, it seemed, had never taken a moment’s rest in their lives from the idea that they had something to prove. I thought of them as people who had gone to an outdated encyclopedia and looked up “*Leisure Class, The*” when planning their life together, which appeared to be a boring litany of bridge, golf, country clubs, and dissemination of information and name-dropping from each of these three events to the other two, like bugs flicking pollen at stamens. The Zellers were, in fact, older versions of the doctor and the woman he hoped to spend the rest of his life with.

Mads was much more adept at dealing with the Zellers than I; she funneled all her dislike for patients directly into her dislike for the doctor. Patients loved her and they never knew it if she didn’t love them. Mads was the kind of person who could accommodate the Zellers.

“Mr. Zeller,” said the doctor, “really needs to update his patient information form for us today. It’s been awhile, and I know he has changed medications. Get him to fill out a new form while I’m with Mrs. Cohen. Is Madeleine here yet?” he demanded, his voice rising.

“No,” I said. “I don’t know where she is at this point.”

“Can’t you *find* her?” snapped the doctor, as though Madeleine was something that had rolled under a desk. . . . He disappeared back to the patient room that held Mrs. Cohen; to Mr. Zeller, I held out a clipboard and pen.

“Time to update your information,” I said to him. “We do it periodically, just to keep current with you.”

Mr. Zeller had a bitter look, and his wife glared at me openly. “*Another* form?” she said, an *AARP* magazine in her hand.

A glimpse of myself in the waiting area mirror amplified my sense of having a bad morning; I looked disheveled, hot in the cheeks. I was losing my patience at the thought of what the rest of the day might be like. I went back behind the front desk, as Madeleine entered, thirty-seven minutes late, smiling and unconcerned. “Thank God,” I said.

Blaser approached me and writer Jerome Lowenstein, M.D., with the idea of building on this, and on the long literary tradition of NYU’s Department of Medicine. Given burgeoning public interest in health and healing, a journal that used the humanities to explore these issues seemed logical. Thus the *Bellevue Literary Review* (*BLR*) was born.

Bellevue Hospital, the oldest public hospital in the United States, and the training ground for generations of physicians, is synonymous with humanity and thus became an inspiration for the journal, not to mention its physical home.

The Department of Medicine provided space within Bellevue for the *BLR*’s operations, along with seed money and staff support. Ronna Wineberg joined as the fiction editor, and Roxanna Font and Donna Baier Stein as poetry editors. All were experienced writers and energetic editors.

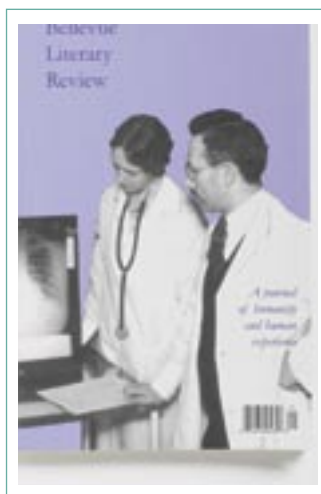
Getting submissions to the *BLR* turned out to be the easy part. Writers are to classified ads as medical students are to free food: no encouragement needed. A tiny classified ad

dropped into three writing magazines yielded a flood of over 1000 manuscripts. And no drug-company pens or Chinese food needed to be offered.

Initially, the editors attempted to read all the submissions, but were quickly swamped. A cadre of reviewers was organized and began sorting through the pile.

But reading manuscripts turned out to be the simplest part. What was not anticipated was the vast number of elements—from the mundane to the paramount—that go into publishing a literary magazine. Every component had to be created from scratch: finding a printer, negotiating a price for a product that didn’t yet exist, picking a size and shape for the journal, deciding the paper thickness and color, what font would look best, whether the cover should be glossy or matte, how to get an ISSN number, a BiPAD number, a UPC code.

The editorial staff had to design letterhead, pick a logo, determine the number of pages and how many for fiction, non-fiction, and poems, and organize the hundreds of submissions



as they drowned the office. A production calendar and an editorial process of evaluating and selecting the works had to be devised. Contracts to distribute the *BLR* in bookstores nationwide had to be negotiated.

The NYU School of Medicine alumni organization kindly stepped forward and agreed to purchase 7700 copies for its members, enabling an unusually large initial print run and providing the first circulation.

It was decided to celebrate the inaugural issue with a public poetry/prose reading at Bellevue Hospital. The editorial staff had to select the most propitious day and time for the reading, invite readers, choose and reserve the location, and arrange all manner of details, from chairs to microphones to trash cans, down to figuring out how many cubes of cheese would be consumed by an unknown quantity of people who might show up to hear excerpts from an unknown journal located in a city hospital known best for its psychiatric service.

All of this took nearly a year, but as the summer of 2001 waned, it was clear that the *BLR* would actually come into being. The final cover proofs were being shuttled back and forth from the printer when September 11 occurred.

Editors and reviewers shed their literary skins to emerge as regular doctors. As one of the largest trauma centers in the city, Bellevue Hospital geared up for an influx of casualties—an influx that, unfortunately, did not materialize.

The scene outside Bellevue was chaotic, as the center for families to register names of the missing was set up next door. News media vans were double-parked in the street. Most poignant was the Wall of Prayers—as it was later called—created over the course of that day. At the time, there was construction at Bellevue, and a long temporary wooden wall lined the path leading to the hospital's entrance. It had been painted a

### Power and Light

Paula Sergi  
(*BLR*, Fall 2004, p. 94)

*When she's out of money again, flat broke despite her frugal coupon clipping, she shoves the unpaid power and light bill to the back of her mother's hand-carved maple desk, closes the drawer, and starts a project from whatever can be found. She's good at drawer closings, discounting what can't be figured on paper. The day her husband died at the lake leaving three small kids and one on the way, she stood in the unfinished kitchen, made a meal from canned tuna, then shined our best shoes for morning. One week later she found a dachshund pup, and began her private crying. I have heard her ripping sheets for café curtains, seen her running stitch turn a scarf into a valence. She'd paint mismatched spindle back chairs with colors from the hall and upstairs bath—turquoise, rose, even avocado. She'd toss a quilt made from our outgrown skirts over the faded couch and lie there, holding the ache, rocking it to sleep. I've watched her make soup from an old beef bone, some celery, whatever else was left. She's repotted leafless plants, just to imagine how callused stems might bloom.*

## On Determination

Dorothy Wall

(*BLR*, Fall 2004, pp. 41–47)

So here I am in bed, ill with Chronic Fatigue Syndrome and limp as a smacked fish, congealed in a sticky lethargy no amount of will can dissolve. Propped against pillows, I feel weighted with heaviness, the air a dense, gritty substance, pressing against my forehead, cheekbones, the top of my head. My skull clamps a fat, pulpy brain. I can't decide if this illness is banal or dramatic. What could be more uninteresting than turning into a lump under the covers in an old green tee-shirt torn under one arm, frustrated and restless. But the dramatic tirades of the body are nothing short of Shakespearian. Sharp needled pain that migrates and attacks at random intervals, like some internal warfare. An arm too weak to hold a newspaper. Muscles fired with aches from my upper back and neck to the soles of my feet. Tidal-waves of exhaustion.

. . . . Despite my mushy brain, I can't stop myself from flipping through TV channels for diversion. Among the too-bright flashes and jangly colors, wouldn't you know, a program about disabled people leaps into focus—men and women who through their determination have forged meaningful, productive lives. A woman musician, graceful, electric, who though deaf performs brilliantly for large audiences; a blind lawyer who with the use of her seeing-

eye dog and technology continues a successful practice; a paraplegic journalist who travels to foreign countries, even through rugged terrain, in search of his story—neat segments that transform the wreckage of disability into triumph.

I feel slapped, cheeks flaming . . . I'm already dazed by the cold reality that I can't muscle my way to a fuller life, and here is this show taunting me with the message that I can, I should, if I had any gumption at all. The ire of the newly converted floods through me. As if there's no such thing as determination that is foolhardy, determination that is self-defeating, as well as determination that is admirable. As if "I can do it" is always a healthy, positive response to adversity. . . .

Besides the show's painful reminder that all the will in the world isn't going to get me back to the office . . . , what angers me more deeply is my own desire for collusion with these images. I would love to be steadfast and noble, a model of disability, to ignore illness's messiness, exposures, fears. I want that heroic, stubborn narrative to be real, my own. Instead, I've been forced to see that the collapse into illness doesn't create these stories, it implodes them.

stark, unyielding blue, with "Post No Bills" stenciled in yellow every few feet. Families began taping up posters of the missing that morning. Within hours, the posters covered the entire wall. Candles, flowers, and flags were added. The posters then turned the corner to the block-long wall that surrounded the other side of the construction site. Over the next days and weeks, letters from across America were added. Pictures painted by school children were included. The posters remained for weeks. Protective plastic wrap was draped over the wall when Indian summer weather finally faded and the first rains came.

The first issue of the *BLR* arrived in late September, but by then much of the zeal for an inaugural gala had been lost. The editorial staff debated about whether a reading should be held in such an atmosphere. In the end, it was decided to go forward, and a Sunday evening in October was chosen. When the first American bombs dropped in Afghanistan that afternoon, it

seemed certain that no one would attend.

But despite the clouds of war (or maybe perhaps because of them) well over 100 people showed up. All of the attendees had to walk past the Wall of Prayers, with the faces of the "missing" still shining brightly. Many openly expressed gratitude for a poetry and prose reading during that difficult time.

Of course, being held in the rotunda of Bellevue Hospital, the reading was not immune to the standard vagaries of a city hospital. While talking with one of the featured readers—an esteemed poet who was a recipient of a National Endowment of the Arts Fellowship—one of the editors was approached by a homeless woman, who bent over to show her hair, asking if her scalp condition could be evaluated.

This tiny incident is perhaps emblematic of the cross-pollination of the normally staid academic idyll of literary magazines with the raucous reality of public hospitals.

Four years into publication, 5000 submissions of poetry,

fiction, and nonfiction have been received, and the *BLR* has more than 1300 subscribers, with another 1000 copies distributed to bookstores in the United States and Canada. The biannual readings regularly attract as many as 150 people. These numbers continue to grow.

Each issue of the *BLR* contains 160 pages of creative interpretations of the themes of health and healing. The Fall 2004 issue features a wide range of styles and topics. In the story "Working for the Doctor," Amber Dorko Stopper uses the wry voice of a receptionist to explore the relationships between doctors, patients, and office staff. In the nonfiction essay "On Determination," Dorothy Wall, who suffers from chronic fatigue syndrome, examines the triumph-over-adversity myths that often frustrate, rather than inspire, the disabled. Linda Tomol Pennisi's poem, "I Want to Tell My Daughter Not to Name the Cadaver," highlights the emotions and tensions that accompany the beginning of anatomy class. Paula Sergi, in the poem "Power and Light," uses concise and detailed imagery to follow the trajectory of grief in the wake of a husband's death.

The *BLR* publishes a broad range of authors. While its pages have featured many well-known poets and writers such as Rick Moody, Philip Levine, Charles Bukowski, Abraham Verghese, and Rafael Campo, the *BLR* is committed to bringing new voices to its readers. Nearly every issue features at least one piece by a first-time author.

While some authors are in the health care professions, most are not. The *BLR*'s writers are ordinary people, hailing from all walks of life, from all over the country and the world, who ponder universal themes.

The technical side of medicine continues to advance rapidly, and sometimes threatens to overwhelm both physician and patient. Poetry and prose can provide breathing room—intellectual, emotional, spiritual—for exploring the ramifications of these changes. In some cases, metaphor can offer more clarity than a textbook. Sometimes fiction speaks more truth than does scientific fact.

The experience of illness, of confronting the frailty of body and mind, is a theme and fear that resonates throughout our culture. It is as critical to attempt to understand this as it is to understand the pathophysiology of disease. In offering a forum for exploring these issues, the *Bellevue Literary Review* is, perhaps, helping to return medicine to its philosophical and narrative roots.

And then it might not seem such an oddity to have a Department of Medicine and a city hospital as a nexus for literature and the humanities.

The author's address is:

Department of Medicine  
New York University School of Medicine  
550 First Avenue  
New York, New York 10016  
E-mail: dofri@blreview.org

## House call, Case 1822, 1958

"Can you come right over?" she said. "I know it's late. Olaf has just passed out. It must be a stroke. Very bad, you know."

I hurriedly drained my coffee cup, got into my car, and was on the way. The Svenson front door was unlocked and sported a large Christmas wreath. In the kitchen, Olaf was lying supine, silent and motionless, stretched out under the cluttered table.

Before I could bend down to examine Olaf or ask her more questions, Helga, Olaf's wife, gave me a hurried account.

"I know it's not his drinking," she said. "Olaf promised that he would stop drinking. I threatened to divorce him if he touched another drop. He promised. On a Bible, he promised. Just finished our supper when he stopped talking. Then he fainted and slowly slipped under the table."

It wasn't easy to get on my knees and squirm cautiously over to Olaf's side, but, as I did so, Olaf opened his eyes and placed a finger across his lips. Lying on the floor beside him was the emptied wine bottle. I silently buried the bottle as deep as I could in my medical bag and performed a basic physical examination. The only problem I could discover was that Olaf was drunk.

Helga continued her ongoing account of the incident: "It must be a stroke," she repeated again and again. "My daughter told me I should call you first before I called emergency. Is Olaf all right?"

"Olaf is fine," I told her. "He's just tired and sleepy. Let him stay where he is. He'll be okay in the morning."

Then I said good night and quietly closed the door behind me.



Joseph D. Wassersug, M.D.

Dr. Wassersug (AQA, Tufts University, 1940) is retired from private practice in internal medicine in Quincy, Massachusetts. His address is: 6343 Via de Sonrisa del Sur #326, Boca Raton, Florida 33433. E-mail: JoseWassers@aol.com.