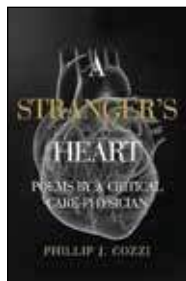


Book Reviews

Jack Coulehan, MD, MPH, and Raymond Barfield, MD, PhD, Book Review Editors

Medicinal Poetry: A Review of Six Collections



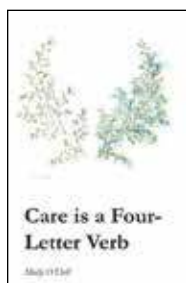
A Stranger's Heart: Poems by a Critical Care Physician

Phillip J. Cozzi
Gold Wake Press Collective
June 22, 2022, 118 pages



Tender Fences

Richard M. Berlin
Dos Madres Press
March 6, 2024, 122 pages



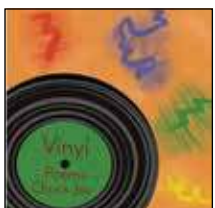
Care is a Four-Letter Verb

Molly O'Dell
WordTech Editions
February 3, 2021, 102 pages



The Great Physician: Medicinal Poetry for the Anthropocene

Stephanie Mines
Kindred World
January 22, 2024, 114 pages



Vinyl: Poems

Chuck Joy
What Why Aesthetics
January 15, 2023, 44 pages



Taxonomic Vignettes

Alan Cohen
Atmosphere Press
October 6, 2024, 192 pages

Reviewed by Wynne Morrison, MD, MBE

Health care seems to spur poetry. One reason is that caring for patients is never entirely rooted in objective scientific fact. It is a human-to-human interaction, even (perhaps especially) in these days of standardization, big data, and economies of scale. Six recent collections of poems by health care professionals offer great examples of life and medicine as seen through the eyes of writers who reflect on both systems of health care and the experience of people who make up those systems.

A Stranger's Heart

Phillip Cozzi, a critical care physician and award-winning poet, has published an aptly titled debut collection *A Stranger's Heart*. He mixes short prose sections and verse in pieces that beautifully blend the everyday and the unexpected.

In one poem an orange in a table arrangement becomes a stand-in for a family goals of care conference. It is lively and entertaining. He clearly enjoys playing with words and exploring how much he can do with them, while at the same time fearlessly addressing difficult topics. Medical vocabulary joins in on the wordplay:

Because this is a love poem, you
don't expect words like *Pseudomonas*,
calvarium, edema, encephalopathy
to scamper on scorpion legs across the page^{p9}

The musicality of his poems is at its best in accumulated sounds, rather than in the poems that follow a strict meter and rhyme scheme.

Each section of the book was marked by an X-ray image—every one of them seemed a stand-in for the way a writer looks at the world. Many of these poems are grounded in great descriptions, such as a pair of hand-me-down reading glasses that are “Grey, square, tortoise-shelled, too like me/to tolerate.”^{p30} This is used as a description of aging. Or conflating “Modern Poetry”

with trying to feed his protesting father pureed spaghetti. He manages to discuss climbing into bed with his dying mother, while avoiding excessive sentimentality by focusing the poem on a toy from a Cap’N Crunch box.

The X-ray image beginning the last section is of a housefly—an homage to the ever-present annoyance, as well as companion, landing on the book he is trying to read, and also to the generations of student-scientists performing their fruit fly experiments.

Tender Fences

Tender Fences is a new collection published by Richard M. Berlin, who practices as a psychiatrist in Massachusetts, and has published a poem a month in *Psychiatric Times* for decades. The title refers to a poem in which he describes the boundary between doctor-patient as one that needs to be malleable enough not to cause harm when a little more concern than detachment is needed. Many poems are about family and work; others touch on history and writing. In one, he realizes that his patients at the Veterans’ Administration hospital may be the best metaphor for the muses, with:

Marooned in beds far from family and friends,
singing stories of twists and turns when driven
off course by Pentagon brass, a clipboard
like Calliope’s tablet cradled in my lap,
their songs stunning me with every word. ^{p5}

He also does not avoid hard topics—drawing an analogy between his patient’s challenges and that of Pavlov’s dogs, which were eaten by people starving in the Lenin-grad siege. He anchors a poem about his mother’s death in descriptions of her car—“her fender-bended/trunk praying she’d given up her keys” ^{p45}—skillfully bringing in both memories and the logistics that need to be managed after death.

In the penultimate section “Sheltered in Place,” he notices details of the COVID-19 pandemic that will still resonate with many, from transitioning to telemedicine to the return of a live musical performance.

The last section, “On Transience,” contains compelling poetic meditations by a physician pondering retirement. Thoughts that will stay with me.

Care is a Four-Letter Verb

Molly O’Dell is a family medicine and public health physician in Virginia, as well as poetry editor for the *Journal of Medical Humanities*. Her newest collection is

Care is a Four-Letter Verb, a mixed genre combination of prose and poetry that moves from her childhood through medical training, and includes a fascination with the natural world as well as poems touching on the deaths of friends and family members. Her writing is approachable and clear, but always leaves open a few unanswered questions that pull the reader in.

There are childhood traumas as well as instances of harassment in her training that she approaches subtly, in a way that lets readers easily connect with her experiences. In “Hunting Morels with My Son,” she forgets about the challenges he faces, with “You say you like a reason to leave the path, // tromp through the woods seeing trees from another / point of view. It’s important work, gathering wildness.” ^{p45}

Many of O’Dell’s poems have a similar understated beauty. Some that start with an overly specific intent—like a hymn to the kitchen table, or a near jingle about the electronic medical record—are not as powerful as those about childhood, family, and nature, but they are all relatable. “Sunset” begins with almost haiku simplicity:

Moments after
fireflies rise
to twilight,
a low lying
Morse code
of innuendo
commences. ^{p68}

“For Barry,” near the end of the collection, ends with a wonderful line commenting on life and health, “it’s discovery that keeps us well.” ^{p83} There are many great places to discover in this book.

The Great Physician

In *The Great Physician: Medicinal Poetry for the Anthropocene*, neurobiologist and embryologist Stephanie Mines approaches grief and healing in the setting of human existence in the natural world. There are echoes of Whitman: “I am loud and voluptuous. / I cannot be contained.” ^{p32}

Her scientific background comes into play in her use of anatomical language, always to good effect, as well as in the setting of war, in “What Can I offer the Children of Ukraine”:

My granddaughters roll their eyes
 When I name the children of Ukraine as kin.
 They look away in disdain
 When I speak of a universal genealogy,
 And how we, they and I, carry
 The embryology of all time in our bones.^{p38}

The trauma to which she bears witness can be raw at times—the musicality of her language makes it compelling, but little is left to the imagination. Her prose piece, “Healing,” about finding healing in writing reads like a mission statement for her work. Writing for her also becomes advocacy for what she calls “Regenerative Health for a Climate Changing World.”^{p111}

In the title poem, she speaks of how “The Great Physician,” as earth/nature “transmutes vilification...And all manner of ignorance/Into enthusiasm for the future of humanity.”^{p61} The connections between generations are emphasized, as is the wisdom obtained with aging.

Vinyl

Vinyl is a short collection of poems by child psychiatrist and musician Chuck Joy. He has led years of poetry readings in cafes and libraries, and the influence of sound and the spoken word comes through in his work. The book physically mimics the record albums of its title—a square shape, divided into “Side A,” and “Side B” sections.

The opening poem, “Linearity,” draws parallels between the lines of poetry and those of music, and I couldn’t help seeing the grooves of the vinyl record circling on the turntable. Joy’s language is straightforward and often humorous. A process of writing is hilariously described in “Where I Go When You Talk So Long:”

I hear you through the open walls
 your voice a sort of instrumental
 I monitor, maintaining the sense of it
 while at the same time studying
 a collection of miniature artworks
 colorful rectangles and squares
 precisely arranged on one real wall,
 that wall painted a light shade of raspberry

sometimes my line comes to me
 soon after you start speaking
 and it’s still good when you conclude^{p32-33}

And the self-referential “Map” is just as tongue-in-cheek, beginning: “page 27, title/handful of lines follow/left-justified....”^{p27}

Overall, the collection makes for an enjoyable short trip through Joy’s life and humor.

Taxonomic Vignettes

Less short is *Taxonomic Vignettes*, a collection from primary care physician Alan Cohen who has been publishing prolifically since retirement. The influence of his artist wife is apparent in the formatting of the book and in the clear descriptions of a supportive life partnership. Many of the poems are long, narrative descriptions of friends or colleagues and their lives.

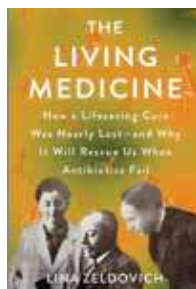
Insights on life abound amid lists of restaurants visited or the names of plants. I often found myself wondering what any of these friends, or those who are still alive, would think of his assessments of them, particularly when spouses are described as “dowdy,” or as fortune hunters. Yet, Cohen is always aware of his own limitations and those of his poems—wondering at times if he may have “Compressed two people into one/From time to time,”^{p76} or acknowledging that:

Poems oversimplify
 It was
 Always is
 More complicated
 Than these old friends
 Suggest^{p156}

Similarly, he reveals wisdom, as well as a great neologism in the lines, “That’s the problem with poetry/It ennobles, distances, and tragicizes....When what’s needed is stillness, silence, and time.”^{p131} “Best Poet Hands Down” contains a beautiful turn of phrase when he compares nurturing a friendship over a lifetime to “Maintaining a pilot light;”^{p58} this book is a great reminder of the importance of doing so.

Different as they are, every one of these books will reward readers.

Dr. Morrison is an attending physician in critical care and palliative care at the Children’s Hospital of Philadelphia. Her E-mail address is morrisonw@chop.edu.



The Living Medicine: How a Lifesaving Cure Was Nearly Lost—and Why It Will Rescue Us When Antibiotics Fail

Lina Zeldovich
St. Martin's Press
October 22, 2024, 320 pages

Reviewed by Jack Coulehan, MD,
MPH (AQA, University of Pittsburgh, 1969)

What will we do when the evolution of bacterial resistance outpaces available antibiotics? The incidence of multiple drug-resistant bacterial infections continues to increase, while the production of new antibiotics to which they are susceptible lags. Most of the largest pharmaceutical companies have abandoned the antibiotic field, because there is more economic incentive to develop chronic disease medications that patients take for months or years.^{p237} Lina Zeldovich offers a possible solution to this problem in *The Living Medicine*, a history of bacteriophage therapy in the early 20th century and its contemporary rebirth.

Zeldovich, scion of a dissident family in Russia, is a journalist whose informal style contributes to the appeal of this fascinating story. Few American physicians are aware that bacteriophages, viruses that eat bacteria, were once used to cure diseases as diverse as cholera, typhoid, bubonic plague, and chronic Staphylococcal infection during the 1920s and 1930s. Much of the research and development took place in the Georgian Soviet Socialist Republic, where one of the scientists responsible was executed during the Great Terror, for being too successful.

One day in 1917, Giorgi Eliava, a young microbiologist in Tiflis (now Tbilisi), Georgia, cultured *Vibrio cholera* from local river water. The colonies were thriving when he left the laboratory that night, but two days later they had completely disappeared. He studied this phenomenon under varied conditions until he was convinced that an infectious agent, too small to be seen in a light microscope, was destroying the bacteria.

Eliava was unaware that two years earlier, Félix d'Hérelle, at the Pasteur Institute in Paris, had observed similar bacterial destruction with *Shigella* cultured from the bloody stools of soldiers suffering from dysentery. The rod-like organisms would swell into spheres and then burst. He poured liquid cultures through a Pasteur-Chamberland filter, a porcelain strainer with holes so tiny

that bacteria couldn't pass through. The resulting bacteria-free fluid was equally destructive to *Shigella*.

d'Hérelle presented these findings at a meeting in 1917, giving the invisible microbe its name, bacteriophage, and labeling it a virus, a type of infectious agent first described by Dmitri Ivanovsky as the cause of tobacco mosaic disease in 1892.

Eliava joined d'Hérelle at the Pasteur Institute in 1919, beginning a collaboration in Paris and later in Tiflis that spanned nearly two decades. Eliava's Bacteriological Institute produced bacteriophage medicines for specific diseases, which were used successfully in outbreaks of shigellosis, bubonic plague, and cholera in various countries during the 1920s and 1930s.

Phage therapy achieved public recognition in 1925 with the publication of Sinclair Lewis's Pulitzer Prize-winning novel, *Arrowsmith*. In the novel, its protagonist, Dr. Martin Arrowsmith, who closely resembles Eliava, develops a *Yersinia*-specific phage treatment, and, amid much controversy, aborts a bubonic plague outbreak on a fictional Caribbean island.

Phage medications had several limitations and were never used widely, except in the Soviet Union. Since a given phage lyses only one specific bacterial strain, it was necessary to customize and select effective phages for each bacterial strain involved in an infection. A common belief that phage medicines were easy to produce often misled investigators and "resulted in many concoctions that either worked poorly or didn't work at all."^{p84}

In addition, gene mutation in the virus complicated the situation because a mutation could compromise the phage's lytic action. While there was a brief period of interest in the United States, no pharmaceutical company ever produced phage medications.

In the Soviet Union, anti-microbial phage preparations were mass produced by the Bacteriological Institute in Tiflis. In 1936, Joseph Stalin was sufficiently impressed by their effectiveness that he authorized 13 million rubles for a major expansion of Eliava's Institute. Yet, doom was just around the corner.

Lavrenti Beria, head of the Georgian secret police, despised Eliava, because the scientist had once criticized him face-to-face. He also envied the microbiologist's success. In January 1937, just as the new buildings were under construction, Beria arrested Eliava and his wife, and charged them with anti-Soviet activities. He was executed in April. She spent years in prison. Interestingly, they were "rehabilitated" (found innocent of all charges) in the late 1950s, after Stalin and Beria had died.

During World War II penicillin, became available to treat the military, and after the war the antibiotic era began in earnest. Interest in pursuing phage-based therapy almost disappeared, except in the Soviet Union, where “by the 1970s. the institute [in Tiflis] was producing several tons of intestinal bacteriophage preparations a day. It was also producing loads of vials for skin infections.”^{p153}

Soviet researchers had found that intravenous use for systemic infections was dangerous because they resulted in dangerous side effects caused by toxic chemicals released by massive bacterial lysis.

Methicillin resistant *Staphylococcus aureus* (MRSA) dramatically increased in the 1970s, followed by vancomycin resistant enterococcus (VRE) in the 1990s and an ever-growing number of multiple drug-resistant organisms in subsequent decades.

In the last several chapters of *A Living Medicine*, Zeldovich describes the small, but significant, revival of interest in bacteriophage medications according to the book’s subtitle, “the lifesaving cure that was nearly lost,” and their potential use in an era “when antibiotics fail.” She focuses on the career of Alexander “Sandro” Sulakvelidze, PhD, a Georgian-American scientist who in the 1990s established at the University of Maryland the first laboratory in the U.S. dedicated to developing phage-based cures for antibiotic-resistant bacteria. Later, he founded Intralytix, a company devoted to phage research.

Its first major achievement occurred in 2006 when the FDA approved ListShield, a phage spray to be used in the food industry, especially fresh fish, against *Listeria monocytogenes*. Several clinical trials have had promising results in human infections, but the FDA has yet to approve any phage medication for general use in multiple drug-resistant infections. However, in certain clinical settings, phage preparations are available for use under the FDA’s expanded access (compassionate care) program.¹

The Living Medicine is an engaging story that combines medical history and the prospect of new antibacterial treatments, with a tragic dose of Stalinist Soviet politics thrown in.

References

1. Sawa T, Moriyama K, Kinoshita M. Current status of bacteriophage therapy for severe bacterial infections. *J intensive care*. 2024; 12: 44.

Dr. Coulehan is a member of *The Pharos* Editorial Board, and one of its Book Review Editors. He is Emeritus Director of the Center for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University in New York. His E-mail address is john.coulehan@stonybrookmedicine.edu.