[Submission for Materia Medica]

Fruit for thought

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Charing Cross Hospital, London. High up on the 12th level, the city's anatomy is spread out in the November sun. We merely glance at the view as we wait, full of anticipation, for the students to arrive. We are leading an experimental workshop for some 25 undergraduate medical students. They are unaware of just how experimental it is, hence our nerves. Imperial College's medical school dictates that students must undertake a bachelor of science degree in their fourth year. The students we are meeting today will have worked hard to earn a place on the coveted surgery pathway.

Ten minutes later, the same room is a alive with eager activity as the students funnel in to don gloves, gowns and masks in readiness for carrying out a dissection. They have listened restlessly through the laboratory technician's briefing on safe use of sharps and are now keen to get going. It is early in their surgical pathway, and they have not had much practice with the knife.

The students pair up around the tables which are adorned with draped, stainless steel trays. Here is a hint that all is not as expected, because the smell is not that of formalin but of something more reminiscent of a market stall. A student tentatively lifts the drape on her tray. She giggles nervously. Beneath is glistening, fragrant fig. The other students follow suit to reveal an incongruous variety of exotic fruits: guavas, dragon fruit, blood oranges, papayas, grapefruit, kiwi fruit, quinces, pomegranates… We scan their faces surreptiously. Are they disappointed at not encountering human remains? Already they are unlike the rest of the population in that fruit is more disconcerting for them here than an eyeball or dead dogfish.

We quell the sudden chatter by introducing ourselves. Tamzin is a colorectal surgeon at senior resident level with an interest in education. Giskin is course leader of the Medical

Humanities elective. We explain that we are here for a taster session (at which the students titter) for a course in medical humanities which they may wish to take. The students look blank. What is medical humanities? ‘It's a discipline which explores the social and cultural context of medicine.’ Giskin explains. ‘This means looking at how medicine is represented in art, literature and the media, and how these in turn affect medicine – how they affect you.’ Today, we ask the students to dissect their fruit in an ‘aesthetically pleasing’ way. One objective is to practise their dissection skills (health and safety guidelines specify that a non-touch technique be used, resulting in the fruit being taped to the trays). However our main aim is to give them the opportunity to think about the art of observation and description. We have asked them to describe in detail what they encounter, avoiding naming the fruit.

The reaction in the room varies. Most are keen to start, but others are sceptical, cynical or merely baffled. They suspect an elaborate practical joke. But the dissection gets underway and the students begin to enjoy wielding their scalpels and debating the form their dissection will take. We circulate, giving encouragement. Tamzin dispenses technical advice, while we enjoy a bit of banter as everyone starts to relax. We eavesdrop on how students are describing their observations. Most are focusing purely on what the fruit looks like. We suggest using all their senses. What does it sound like as the scalpel penetrates the fruit? What does it smell like? What is the texture of the pulp? We provide extra fruit for students to taste, as the dissecting trays have been washed but not sterilised, and no one wants to risk inadvertent cannibalism by ingesting so much as a particle of a cadaver.

As pairs of students finish disassembling and sometimes reassembling their fruit into miniature sculptures or fleshy mosiacs, a second, more taxing, worksheet is handed out. This time, they are asked to undertake an exercise in vicarious synesthesia. As a medical

phenomenon, synethesia is a neurological condition in which individuals experience cross-sensory perceptions, such as hearing sounds as colors or perceiving colors as taste sensations.[1] We ask the students to use color words to describe the smell of their fruit, to use touch words to describe what their fruit looks like, and taste words to describe its texture. This is challenging. Students with exotic fruits tend to find it easier to reach for new metaphors than those with familiar fruits, their characterization shaped by pre-existing information. One student looks at the sheet and declaims, ‘Hey, this is really thinking outside the box!’

The works of art are gathered and displayed. Some are fruity versions of écorché: the skin of a persimmon exquisitely pared into a spiral and artistically draped over the naked flesh. A disembowelled carambola has its parts arranged to make a portrait. A custard apple has been playfully transformed into a cartoon character. Tamzin reads aloud from the worksheets and there is much mirth as students attempt to match the description to the dissection. The usual boundaries have been breached. Some use violent language or sexual images, like this description of dissecting chicory: ‘The swan cooed with pleasure as the scalpel slid down its soft, silky belly. But as we ripped it open and tore out its heart, it cried in agony.’ Many are humorous, like this description of the dissection of a butternut squash: ‘An individual unhappy with his appearance had his facial features cosmetically enhanced. We achieved this using cutting-edge surgical techniques and skin grafting methods. He now looks like a happy, healthy pumpkin.’

There is a short break in which students mill around the ‘exhibits’, consuming the remaining edible fruit. The session now takes a cultural turn. We introduce them to doctor-writer William Carlos William’s poem ‘This is Just to Say’:[2]

I have eaten

the plums

that were in

the icebox

and which

you were probably saving

for breakfast

Forgive me

they were delicious

so sweet

and so cold

After a brief discussion of the poem (what makes it a poem? how do the sounds contribute to the meaning? what themes emerge from it?), Tamzin explains how poetry was a coping strategy for her during her intern year at a time of long hours and high stress. She and a literary-minded fellow student would leave snippets of poetry for each other on ward-doctor desks a floor apart in an increasingly competitive round of quotations, from Shakespeare (‘Th'expense of spirit in a waste of shame / Is lust in action’)[3] to Bob Dylan and Louis MacNeice. It evolved from a need to deal, Tamzin tells them, in the compressed time that we have, with seeing so much so quickly in those first few months. Maybe it prevented burn-out and depression. Maybe it just provided support.

Tamzin literally ‘found’ poems that her friend left for her. But ‘found poetry’ is also text lifted from its usual context and re-presented as a poem, much like William Carlos Williams’s

poem could be ‘found’ taped to the fridge. Medicine is a particularly fertile source of found poetry. Tom Hansen, poet, describes medical jargon as being ‘striking to the ear and the aural imagination’. He attributes its ‘accidental richness’ to its heavily Latinate diction which ‘strikes us a being both strange (a foreign language) and strangely familiar (the family resemblance of an ancient forebear)’.[4] The students are introduced to the poem ‘Relic’ by Paul Farley in which his dental records are made lyrical,[5] and Vernon Rowe’s ‘MRI of a poet’s brain’ which revels in the anatomical terminology of the brain, only to subvert this with the observation that the intricate image shows ‘but not even / a single syllable / of one / tiny / poem’.[6]

We round off the session by inviting students to write their own poems by ‘finding’ poetry in a medical text. They are gratifyingly willing to try this, and many read them out. Most are insightful and thoughtful. One is an hilarious rap lyric. Had we signalled in advance they would be expected to sculpt fruit and write a poem, it is doubtful whether more than a handful of students would have turned up. But now they leak out of the lecture theatre in chattering groups, having surprised themselves by their own creativity. Hopefully, we will have awakened in them an awareness that using all one’s senses is important in medicine. Most of these students have had no choice but to abandon humanities subjects at high school in order accumulate the necessary science qualifications to allow them entry into medical school. And, although medical jargon can seem intimidating and impenetrable, it has a lyrical quality. They will understand this now, as they seek to master its use. We hope that we have showed that the humanities provide us with creative opportunities that complement the logic of science and encourage innovative thinking. Above all, medicine is a creative profession.

Conflict of interest: None

[1] See, for example, Hochel M, Milán EG. Synaesthesia: the existing state of affairs. Cogn Neuropsychol. 2008 Feb;25(1):93-117.

[2] Carlos Williams W. This is just to say. In Walton Litz A and MacGowan C. (eds) *The Collected Poems of William Carlos Williams Vol 1, 1909-1939*. New York: New Directions, 1986.

[3] Shakespeare, William. Sonnet 129 in "The Sonnets of William Shakespeare" ed Stephen Ogel, Pelican Shakespeare, Penguin, 2001.

[4] Hansen T. Letting language do: some speculations on finding found poems. *College Eng*. 1980;42:271-82.

[5] Farley P. Relic. *The Ice Age*. London: Picador; 2002.

[6] Rowe V. MRI of a poet's brain. In Belli A and Coulehan J. (eds) *Blood & Bone: Poems by Physicians.* Iowa: University of Iowa Press, 1998:43.

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