Elegy With the Source of My Insomnia

Nanki Hura, MD

Basement, Pathology Lab:
patient 265 is the pink shard of pons
 tucked between my nitrile fingers, cold and crisp.
He is brain and buffer, buzzing over nitrogen rocks.
He blinks back from the frosted Eppendorf tubes,
spreads his limbs across my spreadsheet, squirms
 under the microscope like a sedated mouse awakening.
At the department meeting, I point with a laser
 at the peak of his flaws and find that humanity
is clearer in a room with glass windows.
After, I place the boy in a nice corner of the fridge
 on a light blue rack to match his pajamas;
I let sterility mold my short-term memory
into a package I send off to God. One day, when the hospital
 has stolen my last adrenaline, I will recall the boy.
I will recount the first morning like an artist who painted
 too many fruit. For still, at home, I see his face below
the borders of my kitchen knife. Still, every night,
a faint whistle rattles my window and orders me awake:
sometimes it is the pace of wheels along the basement floor.
Sometimes it is the gentle spin of a saw against a skull.

Editor’s Note

When Medicine Seems Surreal

Rafael Campo, MD, MA

The Surrealism movement, which celebrated automatic, unconscious artistic creation, arose in the period after World War I as a response to the failures of rationalism, which held that advances in science and technology would finally remedy the human condition (which the war showed to be an obscene lie). Thus modern medicine, with its insistence on facts and data, seems an underused inspiration for surreal poetry. “Elegy With the Source of My Insomnia”1 depicts what soon becomes an otherworldly patient-physician interaction: a pathologist poet conducting an autopsy on a young boy she has cared for. What seems the surrealist technique of unconscious writing underpins the poem’s eerie imagery, where the subject of the dissection is “brain and buffer” who buzzes and blinks and “spreads his limbs across my spreadsheet.” The basement morgue becomes a departmental conference room, where the conflicted distance between data-driven doctors and imperfectly human patients is called out: “I point with a laser/at the peak of his flaws and find
that humanity/is clearer in a room with glass windows.” The speaker becomes disembodied herself in this surreal domain, her own sleep (suggested by a startling reference to the boy’s blue pajamas) disturbed by seeing “his face below/the borders of my kitchen knife.” In this strangely warped space where the rules of medicine are broken, doctor or lecturer or killer, or all of these psychologically linked possible identities, cannot sleep. Our patients feed our anxious dreams, and we confront the nightmare or wake with the terror that we cannot save them.

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