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Every week I would sing to this man, and every week I would witness a remarkable awakening. He never spoke, but would join in the singing of hymns with his feeble, eggshell voice. It was as if after years of hibernation, he was starting to thaw, to move, to live again. Through this window of music, a ray of light seemed to shine from the outside world directly onto his soul.

Throughout history, music has been used to invoke God, call armies to war, marry, bury, baptize, and express the sublime and the beautiful. The Bible describes David's playing his harp to ease King Saul's physical and mental suffering. Today, as we discover its boundless potential, music is used in hospitals and clinics to alleviate pain, reduce anxiety, reclaim lost memories, enhance learning, and restore order, beauty, hope, and meaning in patients' lives. I have always believed in the tremendous power of music to reach the soul

and to promote physical and emotional wellness. After leaving medicine to pursue a full-time career in orchestra conducting, I return sometimes to the corridors of healing, this time bearing song.

On a Tuesday afternoon in the Bronx, at Beth Abraham Hospital, where neurologist Oliver Sacks founded the Institute for Music and Neurologic Function, I am leading a music session with six patients. After starting with some simple harmonies and a slow rocking rhythm on a Yamaha keyboard, I invite Molly,* a 76-year-old

aphasic from Dublin, to improvise a little ditty. "Oh Danny boy, how I miss you, my Danny boy," she sings, her voice strong and eloquent. Just a moment ago she could not speak the simplest words. Next Rosita, briefly lucid and coherent from her dementia, sings in Spanish, "How much pain and suffering we must forget, my love, after all these years." And then, as he stares down at

GETTING RHYTHM: Connie Tomaino, director of music therapy at the Institute for Music and Neurologic Function, uses the rhythm and pacing inherent in music to help a patient with severe dysarthria improve her vocal tone and intelligibility.

his confining wheelchair, Robert, a rotund black man, joins in, "Oh yes, how I miss my Emily, and my son in Alabam, how I wish I could walk again, then I could walk to them."

And so the musical improvisation goes, stitching memories, yearnings, and sorrows together in a motley quilt. United by adversity, loneliness, and dis ease, six people—from Ireland, Cub. Jamaica, and New York City—pou their hearts out in song.

An hour later, I am beating on a xyle phone with joyful abandon. New har monies and rhythmic variations emerg as 15 chronic neurological patients pla guitars, maracas, tambourines, an tom-toms. Some are in wheelchair

> some are on gurneys, oth ers are sitting by IV pole but all are beating, strum ming, shaking, making joyful noise.

Rocky, a young blac man with multiple sclere sis, perks up at the repris of a song, letting out salvo of excitement on hi snare drums. Marino' eyes glow with recogn tion and pleasure as h shakes his maracas eve more vigorously, seeming ly free of his Parkinsonia tremor. Rose laughs, lifte from her depression, a she senses the infectiou rise of tempo and spirit Rules of the house: every one must play or sing, n

matter what instrument is wielded o what position is assumed. No infirmi ty is too great for this chamber music

In a recovery room on another floo of the hospital, Mrs. Miller, a plump retired schoolteacher who has jus had her gallbladder removed, wake up gradually to her favorite Mozar piano concerto. "I play K. 466 when ever I feel anxious or distraught," sh tells me. "The music dissolves m pain and worries. I came into th world listening to Eine kleine Nachi musik, and I will go to my Maker wit the Lacrymosa of Mozart's Requiem