

was not mentioned. She couldn't restrain herself for fear that the service would end before she was called. So she forced herself to the front of the crowd. And there she fell down, as she described it, "under the power of the Holy Spirit." This was something she had never experienced before and did not understand. She returned home, confused, but feeling that

in some way "something had happened." She felt a little better, but not markedly so. In the next days she felt more improvement. She began to wonder what might have transpired in the healing service; and so she came to consult me, bringing her stethoscope to the only doctor who had listened to her heart before this strange event.

Miracles and meaning

In April 1987 hematologist and medical historian Jacalyn Duffin was asked to provide an expert medical opinion on a set of bone marrow samples that later proved to concern the prolonged second remission of acute myelogenous leukemia in the case of LN, a Roman Catholic who had prayed for divine intercession to Mère Marie-Marguerite d'Youville, the founder of the Grey Nuns of Montreal. LN's medical records and Dr. Duffin's testimony were among the evidence presented to the Vatican in the cause of the canonization of Marguerite d'Youville. In an article published in December 1997 in Saturday Night magazine, Dr. Duffin reflected on the strange case of LN and the making of Canada's first saint.

Throughout this adventure, I kept thinking that miracles were harder and harder to come by in this age of technology, scepticism, and speed. Surely, the Church was vexed by the relative subordination of theology in the saintly decision-making process to a committee of medical professionals whose very language was constructed to reduce experience to molecules and probabilities. Now, I am far less certain.

A miracle is something that exceeds our expectations, that defies the "rules" — be they medical or spiritual — constructed by humans to identify, label, and comprehend our experiences. LN continues in miraculously good health seven years after our journey to Rome, but had she been healed of fever and bruising 200 years ago, no-one would have seen a miracle. Leukaemia had not yet been recognized and the medical rules for diagnosing it had not been developed — nor had its dismal survival rates been defined.

Historians know that diseases are only metaphysical entities. In a sense they are merely theories about illness, which tend to favour objective, passive explanations at the expense of the subjective and active stories of people. In fact, the "invention" of a disease, along with other inventions like microscopes and blood smears, opens up a whole new realm of previously unimagined possibilities for miracles. ... On my lengthy journey to St. Peter's Basilica I may not have been converted to formal religion, but I was brought to acknowledge a truth — a truth that I had previously managed to avoid. A miracle simply falls outside the honestly made and well-established boundaries of what two radically different sets of human rules teach us to expect. Since there is no limit to the diversity of our existence, miracles can happen every day.

Jacalyn Duffin

Queen's University
Kingston, Ont.

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It was with a mixture of anticipation and curiosity that I placed the stethoscope over her cardiac apex. What I heard made my mind tilt. Here was the clear lub-dub of normal heart valves. Yet just as clearly I remembered the distinct pathologic sounds I'd listened to over this same apex in 1984. Could this be the same Ruth? It was: this was a close-knit community where we had functioned as a large extended family. I had known her from the time she was a teenager. Her parents were our good friends. We attended the same church, played volleyball together, shared many meals. We had spent many hours teaching her the basics of medical science, microbiology, patient care. We had taught her how to give injections and to care for the very ill.

This was Ruth, whose heart was diseased in 1984. How could her valves have reshaped themselves? I had never heard of a spontaneous resolution of post-rheumatic heart disease. She believed that it had happened during that healing service. I thought there must be some other explanation. Either that, or I must disbelieve my own ears.

This disbelief seems ironic. There I was, a Christian who believes in the miracles of the Bible, who believes that God is "the same yesterday, today and forever," finding it easier to believe what I had been taught in medical school than what I was hearing with my own ears.

Science and miracles do not mix very well. We are taught in medical school that there are such things as "spontaneous remissions." Perhaps we should be paying more attention to such remissions: they could be happening before our eyes without us even noticing. Certainly, our patients would report spontaneous remissions more often if we as a profession were open to listening, rather than bent on explaining such occurrences away. Our authority can make our patients look foolish and us appear wise. But at some point we must choose whether we prefer to believe the evidence of our senses or a cognitively created explanation for a miracle.

W.D. Gutowski

Psychiatrist
Chilliwack, BC