eral and of the medical profession in particular (there is some evidence of both forms of distrust but, Clow suggests, the public was not particularly interested in fomenting a broad challenge to orthodox medicine); and that sufferers were shamed and silenced by their experience of cancer (Clow suggests, *contra* Susan Sontag, that the evidence for such claims is problematic, and that there is considerable evidence of individuals who were neither shamed nor silenced by their affliction with cancer). The book also provides a useful overview of the sorts of diagnostic and therapeutic techniques available in the early 20th century. Clow shows how the value of these methods was disputed during this period, as was the prognosis of the disease, the fact of a rise in mortality and the nature of cancer causation. It was quite unsettled whether cancer was caused by heredity, infection, metabolic problems or chronic irritation, and none of these theories offered much guidance for diagnosis or treatment.

This book will not appeal to everyone. Those who prefer their history to focus on a few enlightened physicians and scientists battling heroically not only against disease, but also against the darker forces of ignorance, fear and commercial exploitation may find it an unsatisfying read. There are no obvious heroes or villians in this account. Instead, Clow tells a story of many groups and individuals struggling with uncertainty, limited knowledge and an awful disease — and all too often failing. It is not as exciting a tale as the moral fable of good science struggling with evil quackery, but it is probably closer to the truth. It should become essential reading for anyone interested in the history of efforts to control this group of diseases.

David Cantor
National Cancer Institute
Bethesda, Md.

Room for a view

Serafina

Sometimes I do it all wrong. One minute I'm encouraging a resident to apply sound evidence-based guidelines; the next minute I'm sitting with Serafina.

Serafina is a paradox. She seems to have lived a lot longer than the 74 years that her birth date would indicate. When I first met this short, obese, semiedentulous Old World woman, I made the mistake of trying out my very limited Italian and immediately became her confessor. To endear me further she asked about my Sicilian pronunciations and found out that I had learned from someone she'd known in the old country. We were now practically related. At the very least, I had become someone who could understand her and would look after her — body, soul and spirit. In her view, at least.


Art Explosion

She comes with fifty complaints, forty-eight of which I can't understand and two that are nonspecific. The list of medical conditions goes on ominously: CAD, CHF, asthma, type-II diabetes, hypercholesterolemia, osteoarthritis, osteoporosis, GERD, obesity, chronic UTIs, depression, anxiety … . What I hear from her is:

"My eyes are pulling."

"The back of my head is coming over the front of my head."

"All the muscle in my back is fire." (She demonstrates by poking the corresponding spots on my back.)

"Everything goes black because of the pain in my chest and my head."

"My mouth is burning all the time."

"My stomach makes a pain and a bad noise from here to here." (She points from mid-sternum to her knees.)

When I try to ask the clarifying questions she gets frustrated, says "*Come si dice*" and then explains it to me in Italian, not believing for a moment that I can't understand. Even the translator I enlist on occasion is baffled by her turn of phrase.

I grope for something objective to hold onto. Bring all of your medications so I can see what you are using. And your glucometer so I can see what your sugar has been like. She brings a shopping bag of bottles with a mixture of current and past drugs. As we go through them she tells me about each.

"The yellow one makes me dizzy."

"The blue one is my blood pressure pill, I take it when my blood pressure up."

"The brown one is my stomach pill; I take sometime one, sometime three."

"This pill and these patches give me a headache, I don't take them."

"This capsule I take when I have burning pee."

"The orange puffer when I can't breathe, the blue one only sometime."

When I try to set her straight she looks at me condescendingly and says that she knows how her body feels and how to take her medicine.

This elderly woman manipulating her glucometer with the dexterity of a ten-year-old kid with a GameBoy seems incongruous to me. Her records show her blood glucose ranging from 3 to 26. She says she only really feels good when it is around 10 or 15. Whenever she feels unwell in any way, it helps to eat — maybe a piece of

homemade sausage or basil pesto on bread, a bowl of the soup that is always on the stove or maybe some cookies. She feels unwell most of the time.

The nonmedical issues are just as numerous. She lives in her own house with a middle-aged son who doesn't work, doesn't help her and is on disability because "he's not right." She is estranged from her daughter. She was separated from her husband many years ago (maybe she kicked him out) after a marriage that was dominated by alcohol and abuse. Serafina is depressed and wonders why God would make her keep suffering for all these years if all she wants to do is die.

She loves me. How can she? I can't do anything for her. I sit by and watch her suffer with her heart disease, diabetes and hypertension, powerless to apply my clinical practice guidelines. She brings small statues of Mary or Jesus to remind me to pray for her: "Aska God to take me home." She also brings food — pesto, lentil soup or homemade sausages — all of which smells of a pungent combination of body odour, garlic and olive oil. I am her confessor and confidant.

Serafina is strong, capable of going against church and society to do things the way she needs to. She doesn't need me to do anything at all. I want to deal with her diseases; she wants me to understand her illness.

So I find myself trying to justify my inaction to my colleagues as they look at her HbA1C in the teens. Somehow it doesn't seem right to give patients what they want when we know what they need. Somehow it doesn't seem right to receive from patients, but when Serafina shakes my hand and gives me her blessing, "*Pace e bene*," I know I cannot refuse it.

The oath doesn't say, "Do the right thing," but only "Do no harm."

Chris Giles
Family physician
Hamilton, Ont.

Lifeworks

Best in show

kitsch — n. tawdry, vulgarized, or pretentious art, literature, etc., usually with popular appeal. **kitschy**, adj.
— *Collins Concise English Dictionary*

That prize-winning Canadian photographer Shari Hatt loves kitsch is not overtly apparent in her show *Dogs*, recently at the Ottawa Art Gallery as part of a cross-Canada tour that began in Calgary in 2000. But the suggestion is there in her head-and-shoulder portraits of canines posed against green and black backgrounds. The persistent allusion to kitsch, while also acknowledging the considerably more traditional and highbrow artistic conventions of portraiture, adds spice to her work. It is also what makes it confounding.

Shari Hatt photographs dogs. Nothing unusual in that; *everyone* photographs dogs. Dogs occupy a privileged place in our lives. We pamper and show them, exercise and socialize them. We treat them like children. With a little assistance, our dogs even send us cards on Mother's and Father's Day. We have been recording our dogs' images throughout history. Dogs appear in portraits of rulers and are portrayed as heroes *à la* Lassie and Rin Tin Tin. We take snapshots of our dogs and place them in frames decorated with paw prints and bones.

Hatt photographs her subjects in a manner that suggests the full range of portraiture devices: studio lighting, a professional backdrop, square-format presentation and that all-important element of eye contact. The instant when those studio lights are perfectly reflected in the eyes of her subjects signals the moment when she establishes communication with them. She hangs the finished photos at the viewer's eye level, choreographing a moment of communication between subject and viewer, directing us to formulate some idea of the personality of each subject.

Silently lined up, side to side, in a long row running over three gallery walls (as in the green series completed in 1999), or arranged in a grid (as in the two, ongoing projects of black dogs photographed against black backdrops), the photographs are strangely solemn in tone despite their highly saturated colour. That solemnity lends the subjects an air of importance. The dogs occupy the same amount of space in their

Shari Hatt, 1999. *Untitled* (Jake). C-print, 16″ x 16″

16" x 16" frames regardless of their size in reality: Hatt has enlarged and cropped each shot to create uniformity. This presentation produces an iconic image, suggesting the directness (and not a little of the imperiousness) of a Hans Holbein painting of King Henry VIII, or the late Yousuf Karsh's photographs of Sir Winston Churchill or Ernest Hemingway.

But, dammit, the subject is a dog, and an anonymous dog at that: all of Hatt's images are untitled. And this is