

"Syphilis is common in the community, and is no respecter of age, sex or station in life" (*The Principles and Practice of Medicine*). Doubtless, this is (or was) true, but does it really deserve to be preserved for posterity? On the other hand, some of the clinical descriptions are strikingly original and memorable, such as Osler's depiction of the neurasthenic presenting with a written list of symptoms. Perhaps a bit more restraint in this section would have highlighted the clinical descriptions most worthy of immortality.

As the editors themselves have said, they had an abundance of riches before them and their most difficult task was to know which ones to include and which to leave out. *The Quotable Osler* is a charming and even inspiring book, and an important addition to any medical library. "Carefully studied, from such books come subtle influences which give stability to character and help to give a man a sane outlook on the complex problems of life" ("Sir Thomas Browne," in *An Alabama Student*).

Couldn't have said it better myself.

#### Lara Hazelton

Psychiatrist  
Dalhousie University  
Halifax, NS

### Writers' compensation

A doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity that compensates us for all the speechless machines. — Anatole Broyard, "The Patient Examines the Doctor," 1992

The Left Atrium welcomes the compensations of poetry, memoir and fiction. We invite readers to submit their unpublished prose (up to 1200 words) and poetry (up to 75 lines) to [annemarie.todkill@cma.ca](mailto:annemarie.todkill@cma.ca).

### Room for a view

## Philip

Philip has sojourned this scape before. A year ago, illness introduced him to the get-well warren of curers, managers, message-deliverers, cheerer-uppers. Philip resided then a month, receiving nightly infusions of promise, and infirmity. Eleven-year-old freckles would flame in frustration at each night's dose of peace deprivation. Remembrance makes him heavy with reluctance to rejoin this community, to re-awaken its nights. But Philip is an intrepid young man. He knows his duty to his parents' love and hope for him, and so he has acquiesced to their request for another four-week foray.

His Puckish re-entry summons smiles from admission cubicle to ward. Philip graciously nods to the applause of, "Lookin' good, Philip," "It's great to have you back, Philip," "How you've grown, Philip." But as his bed approaches, Philip's fearless facade melts beneath the shadow of the IV tree that will soon dangle unforgiving fruit.

He did not challenge his parents' parting prognosis: "Everything will be fine this time." He knew the assurance was as much for them as it was to delay his day's darkening.

The ward softens to sleep. The IV insertion doesn't hurt as much as last time, but its salty drips tick to the coming wrath. Too soon another nurse hangs the infusion bags. Her well-schooled smile cannot solace as she swabs the nipple of the IV tube and inserts the spear of the mustard-coloured sear. Philip wishes he were still young enough to have a musical mobile cheer the air above his bed in a carousel of farm animals, or clowns, or angels. Instead, he stares at the medication wheel, void of melody and mirth; a wheel that would soon infuse him with its sulphuric suspension. Finally the nurse plugs in his new side-effect soother's artery of hope, promising to make this "course" more "tolerable."



Art Explosion

Prescience prevents him from finding refuge in sleep.

By 2:15 am the first undulating aches reach his shore. Increasing amplitudes of nausea furrow his forehead and heave emptiness into his kidney-shaped pool. His wrist shackle precludes flight. Should he button for a nurse? Her hand could comfort his consternation, share the shaking of his spirit, dim amphotericin's sins. "No. I'm too old for that."

The storm drags to dawn's greying. Philip knows his lack of sleep will breathe fatigue through his day. His untouched breakfast is removed with "Not hungry." Brushing his teeth, Philip sees the doctors circle like swans around each charge across the room. Knowing the protocol, he returns to his bed. They soon surround him. He hears their hope for the new side-effect soother that Philip already knows will not prevail. Asked about his night, Philip chins, "I can handle it." Satisfied, the cygnet circle

soon dissolves to recrystallize around the next bed. Philip silently commands, "I can handle it," but his lips quiver, "Not another amphotericin night."

The day passes too quickly. Philip beseeches his window's sunlight to last a little longer, to forestall the words, "Visitors' hours are over." He has hidden last night's horror from his parents, at least in response to, "How did last night go, Philip? Did the new anti-nauseant work?" But he knows that they know from the way they stare at the dark circles disguising his energetic eyes. They do not admit it, for that would admit they know what he will go through tonight and each night for a month. He tries to hide last night's horror from the nurse as she again hangs the amphotericin, then the anti-nauseant. He hides it from himself until his being writhes.

The next morning, when the flotilla flocks around his bed, he retorts his

doctor's encouraging enquiry.

"Philip, how was your night?"

"Actually, not so hot."

His physician knowingly nods, "You can handle it, Philip."

Philip knows he cannot. He freezes their flow from his bed with, "Isn't there an alternative to amphotericin?"

His doctor pauses, begins to speak, pauses again. An apology sifts through his smile. He puts his hand on Philip's shoulder, and says, "I don't think so, son." He pauses again, absorbing Philip's hope and hurt, courage and acquiescence. "I'm sorry, Philip. I wish there was another way."

"That's okay. I just thought I'd ask."

This day seems shorter, its night longer. Philip tries to accept an amphotericin-alloyed future, but by 4 am, as the yellow bag drips its poisoned promise, runnels of tears resolve to tell the doctors he had suffered his last amphotericin night. This commitment

forges his spirit's renewal. He regales the remaining hours, taunting the amphotericin bag: "Hurt me tonight if you want, it's your last chance. Tomorrow, I will refuse you. Tomorrow night I will sleep, and the next day I will draw pictures again, I will be Philip again."

Philip welcomes this dawn. He has rehearsed his refusal well. His team surrounds his bed; his doctor asks, "How's it going, Philip?" He inhales slowly, nods twice, and begins.

"I had another ampho-terrible night."

#### Jeff Nisker

Professor of Obstetrics and Gynaecology  
Coordinator of Ethics  
Faculty of Medicine and Dentistry  
University of Western Ontario  
London, Ont.

*Acknowledgement:* I would like to thank Dr. Françoise Baylis of Dalhousie University, Halifax, who acquainted me with this "case."

### Lifeworks

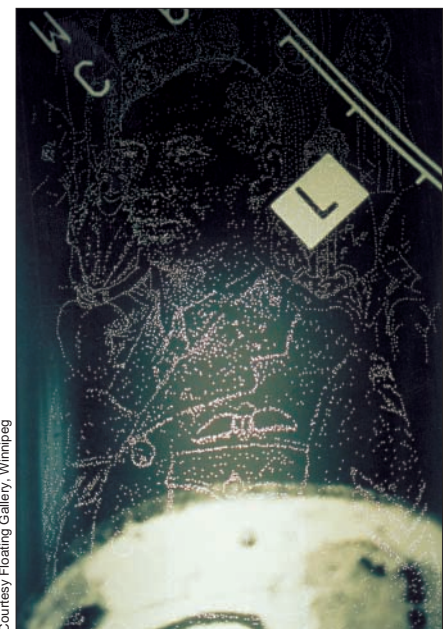
## Bodies and light

Although the experiential and medical versions of our own bodies overlap and inform one another, the medical version can be extremely alienating. For example, most people faced with an MRI scan of their own body would not be able to interpret what they see.

Saskatchewan artist Linda Duvall wrestles with her emotional responses to the detached, highly focused imagery of medicine in *Bred in the Bone*, an exhibition featured at Winnipeg's Floating Gallery Nov. 15 – Dec. 14, 2002. After her mother's death and autopsy had revealed a hereditary condition that no one in the family had known about, Duvall underwent magnetic resonance imaging of her whole body. In her work, Duvall does not disclose what the disease in question is, for this is an artistic, not medical, exploration. Instead, she wants to understand the results of medical imaging as more than

an indication of where her anatomy fits against a certain range of normalcy. As she writes in her artist's statement, "I felt very much that I was excluded from the potential offered by these images [because] I was not able to see the information contained within them, in the way that I felt I would approach most other photographic imagery."

Duvall enlarged twelve tiny, 1.25 cm × 3.75 cm sections of medical film onto 50 cm × 175 cm sections of regular photographic paper, laminated them, and backlit them to mimic the way medical images are viewed. She then turned to what has become one of the most personal, informal kinds of photography: family snapshots. From them, she pinpricked outlines of members of three or four generations of her family into the MRIs, dot by painstaking dot. Some groupings contain over a dozen people, so dots cluster up to the edges of the film. In others, a close-up of a



Linda Duvall, 2002. Image from *Bred in the Bone* (detail). Backlit photograph.