

tegral component of preventive medicine. He became director of Physical Education at the University of Pennsylvania in 1904 and went on to become the first professor of physiotherapy in the US, specializing in treating deformities with therapeutic exercise. Many of the exercise, massage and hydrotherapy treatments he developed are still used. During World War I, McKenzie devised new techniques in rehabilitation; this work became a source of inspiration in his creation of war memorials in four countries.

Between 1900 and 1940 McKenzie's art was shown in 72 exhibitions world wide. Today the main repositories of his work are the University of Pennsylvania's Lloyd P. Jones Gallery and the Mill of Kintail. If a picture is worth a thousand words, these sculptures speak volumes of a life dedicated to promoting physical activity through medicine and art.

**Barbara Sibbald**  
*CMAJ*



The Mill of Kintail, near Almonte, Ont.

### *Room for a view*

## An exchange of gifts

The day had been too long again. The “start early, finish early” strategy had never really worked for her, and certainly not on Fridays. Outside, the premature darkness of late November that wrapped itself around the hospital like a mantle was made all the more dense by a steady drizzle that was trying to be snow but could not quite shine white. No comfort of a greeting-card scene here.

The hospital often seemed to her to be separate from the rest of life, like an island or a ship, a world unto itself. This insular quality had the effect of intensifying the sense of community, of shared purpose, within. Her hospital, she sometimes called it — and she really felt that in some ways it was. Eighteen years of caring for its seriously ill and dying patients. About three hundred a year ... over five thousand in all. Could it be possible? Each person, each story, unique. A rich legacy. She felt privileged to receive some of the lessons of living from those who, facing illness and death, had gained a crystal-clear perspective on what was valuable in life and what was irrelevant distraction. Lately, she found herself caring for family members of previous patients. This made more acute not only her sense of the passage of time, but also her sense of death as inescapable in the human community of which she, too, was a part.

And with these years came a cumulative burden of sadness. How could anyone be acquainted with such repeated sorrows and not be affected by them? Especially when she was as tired as she felt today. She had learned to recognize the signs of an overload of sadness: tears too close to the surface, trouble sleeping, increasing worry about the people in her own life. Fatigue could be an insidious enemy, causing her to lose perspective, second-guess herself, doubt her ability to help people. Illness and death were formidable foes. Sometimes she felt they held all the cards in the game, dictating how it would play out, allowing her little room to provide comfort. It was this sense of powerlessness that could trouble her the most, making it all seem overwhelming. Such a night was tonight. She needed a weekend away. She would wrap up a few details and head home.

But now her office phone was ringing. It was the evening shift nurse. She wanted to tell her about a twenty-four-year old man ... boy ... who had been admitted last night. He is dying, the nurse said. Might live until Monday. His pain control seems to be good ... that isn't the problem. The thing is he looks so scared. He won't let his family leave even for a minute. Seems to fight sleep ... won't close his eyes. He hasn't

said much to any of us. It can probably keep until Monday ... . Then came a telltale pause. Clearly, she wasn't so sure. Do you think you could come, just for a few minutes? I know you can help him ...

Ah, the sweet appeal to vanity. But not really needed. She could feel a familiar pull, a powerful urge to help. It was always a mystery to her how the dying and those who grieved for them evoked this impulse in her time and again. They would look at death together — the patients and their loved ones with a desperate sense of urgency, and she of necessity one step removed, it not yet being her turn.

The ward had the look and tone of early evening: few people, subdued lighting, the soft hum of televisions and visitors' voices — the gentle ordinarieness belying the fact that, for at least one person, the tragedy of life and death was being played out too early.

The rooms used in such situations were strung along the far edge of the ward, removed from the buzz of the nurses' station. Some architect's idea of privacy, no doubt, but one that isolated the dying as though on a moored boat, still attached to the mainland but floating loosely offshore, ready to be released at any moment. His room was the one at the end. The door was closed; no sounds came from within.

She knocked softly and slowly pushed the door open. The room, in semi-darkness, felt close. People in chairs began to shift slowly to standing positions. Father, mother, sisters, brothers-in-law and friend made hushed introductions and offered their hands in greeting, acknowledging their shared humanity in the presence of grievous illness and death. They made room to include her. She noted their faces, drawn with worry, the tearful eyes that followed her to the focal point of the room.

The young man lay on his back, legs splayed, arms at his sides. He was tall, and his lower legs, heavy with fluid, extended outside the bedcovers. The word edema presented itself in her mind, as if to offer the protection of science, of her profession.

There was a luminous quality about him. He was so frail, so



Art Explosion

young. His head was hairless and beautifully round. His gentle searching eyes were large and dark against the pallor of the white sheets and his thin face. Despite his desperately ill state he shone in the room, exerting an undeniable presence.

She took his hand and sat down in the chair offered by his father. She told him who she was, and said that she wanted to help. His breath was rapid and shallow, his voice a hoarse whisper. He chose his words in isolation, for brevity and clarity. He had no energy or time to waste.

"Need help ..." He began to cough, and could not continue. But his eyes never left her face.

She stroked his hand, which grasped hers with surprising strength.

"Take your time," she said. "There's no hurry."

"Feel like I'm drowning ... going down. Have to hold on." Each phrase was interrupted by several rapid breaths. His head, raised slightly off the pillow as he spoke, fell back against the

pillows from the effort. Still, his frightened searching eyes never left her face.

She felt a powerful tenderness for this young man. The nurse had been right to call her. He probably wouldn't live until Monday. He would die soon, maybe tonight.

She knew what her task would be in caring for him. She would order medications to ease his breathing and anxiety and help him rest comfortably. She would speak with his family, apart from him, to be sure that they understood how ill he was, easing them toward the harsh reality that would come as no surprise. Sometimes families felt relief that the suffering would soon be over,

but this was always mixed with the pain of irreversible parting, and of wishing it didn't have to be so. For her part, she couldn't help thinking about his youth, about the loss of his dreams and the

dreams of those who loved him.

He stirred and began to speak again in a raspy whisper. "What's going to happen to me?"

After so many years, this was still the question she dreaded most. It was so direct, crucial, urgent, and could not be sidestepped.

What would happen to him, this young man she didn't know, who was leaving life too early? He would die, she knew that. Was that his question? Or was he asking what lay beyond death? She felt a stiffness in her back and shoulders from leaning over the bed, beads of sweat on her upper lip and forehead. Was it the heat of the room? Or the nature of his question, the intensity of this moment in time?

He inhaled again and spoke with more urgency. "What's going to happen to me?"

What did she tell her students? Always clarify a question before you try to answer it. Good advice. Essential step. So easy to say in the classroom, so painful to do now.

She heard her own words ... good words, but words that sounded too academic, too removed. "Can you tell me what's on your mind ... I can answer your question better if I know what you're thinking ..."

She felt herself holding on to him now, and her thoughts began to come quickly and with surprising emotion. "Don't go ... don't leave ... don't slip away yet. We need to finish ... I can help you ..." Her eyes pricked with unaccustomed tears.

"Dying," he rasped. "What comes next ... Is there anything after?" His eyes widened, his head was off the pillow again, and he breathed quickly as he clutched her hand.

The doctor was now firmly cast in the role of person, of fellow human. She had no place to hide. A person, not a professional role, was wanted. A person and an answer. There was no room for doubt, no time for "maybe."

For just a moment she could see it with clarity and power: his need and her purpose. Why they had been brought together at this crossroads in time.

"Yes," she heard herself saying. Her own voice sounded faint and far away to her. Then it became stronger. "Yes, there's much more. There's more love than you can imagine waiting for you. Love and joy. It's been promised."

"Yeah ... ? How?"

"I'm not sure how it works, but I do know it's there for you ... for all of us. We don't have to worry about how it happens. We can just let it unfold ... give ourselves up to it. It's all taken care of."

His head fell back once again. His eyes still held hers in a steady gaze, and he relaxed his grip on her hand somewhat. His breathing gradually became slower, softer, more easy. She sat with him in stillness. She could hear his family softly weeping. She had forgotten that they were there, the intimacy of emotion had been so intense.

"Okay," he whispered. His eyes closed. In a while, he slept.

**Elizabeth Latimer**  
Palliative care physician  
McMaster University  
Hamilton, Ont.