

Poetic exile

Landscape with human figure

Rafael Campo

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Landscape with Human Figure is the fourth book of poetry by Rafael Campo, a Boston internist who teaches at Harvard. This is above all a collection about identities: Campo is a physician and a Cuban American, but he also reveals himself as a traveller, a gay man, a son, brother and lover. As a writer, he is preoccupied in these poems with exposing how notions of self and community complement, coalesce with, or conflict with one another. Themes of exile and of being an ever-observant outsider run throughout.

Campo is a formalist whose skilled use of poetic structures (rhymed couplets, sestinae, sonnets) at times serves his purpose, as in "Love Poem Written Especially for You." At other times his use of poetic conceits is somewhat laboured,

as in "Poem for my Familiar" (about his dog, Ruby). When his themes become politicized, as in the least successful series in the collection, "Quatrains for a Shrinking World," he strays onto a soap box: "but I am merely Cuban, dark and small / as any from a hundred nations which / exist for others' domination" ("Writers in Exile"). Where Campo shines is in his talk of love, including erotic man-to-man love in "October Afternoon" and "Your Black Eyes" ("the red light of dawn injured us a one"). I'd be hard pressed to find an image more tender than the teetering cube of Jell-O fed to a man by his wife in "The Couple." Fraternal love is celebrated in a toast "For My Brother's Wedding," where — perhaps with both pleasure and envy — the reader gets the sense that no

better gift could have been given on that joyous day. Physicians will be particularly moved by Campo's weary but respectful regard for his patients in the series of "Phone Messages on Call." They tell of the times we are catapulted into the lives and suffering of patients we barely know, through the portal of a beeper or the ring of a phone. These wonderful narratives, told in rhyming couplets, smack of the impossibility of our work. So many obstacles: HIV infection, poverty, physical abuse, drug addiction.

The collection ends with an unfortunate add-on: "Questions for the Weather," a tribute to those killed on September 11. It seems somehow undercooked in a collection that is so otherwise richly textured and flavoured. *Landscape with Human Figure* reminds us all of how we navigate senses of the self, in the face of loss and change, with astonishment and sometimes joy.

Allan Peterkin

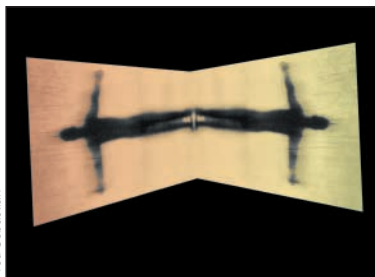
Psychiatrist

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Room for a view

I witness

Five-thirty a.m. I answer a stat page to the emergency department. Peering down the long row of curtained gurneys as I enter, I see a steady flow of nurses and physicians going in and out of one in particular. At the end of the gurney, protruding from the curtain, I also see well-muscled calves, feet wearing high-tech running shoes. What has happened is easy to surmise: an early-morning heart attack, followed by cardiac arrest. I am correct. The EKG strips all show ventricular fibrillation, which has already proven resistant to three countershocks and high doses of lidocaine. The ampli-



Fred Sebastian

tude of the fibrillations steadily decreases as, for the next 20 minutes, the drill continues: bretylium, amiodarone, epinephrine, compressions and ventilations. Repeat.

The rhythm of the code is continuous and steady, but the rhythm of the heart, it becomes apparent, is now gone forever. Near the end, the man's spouse — unable any longer to stand this waiting, the painted cinderblock walls of the family room closing in, perhaps — enters, accompanied by a nurse. *I want to be with him*, she proclaims through tears, finding a seat in the corner. I continue to

feel for a femoral pulse, but perhaps she, not I, should lay her hand upon this warm body. She watches from the corner. Finally, when there is nothing more to do, nothing more that has not already been done many times, when it becomes clear that all I have left to treat is the body of a man who has died, the code is called. The woman stays with her husband's body, and I go to tell their adolescent children that their father has died.

They stop me in the doorway, before I can enter, before I can sit down with them, their eyes and their voices arresting my progress, their eyes and their voices quavering with grief and fear that I know I cannot relieve. I stand at midpoint in the doorway, half in, half out. Words tumble from my mouth,

words that pour into the room with the deadly weight of quicksilver, words that will weigh upon them so heavily for the rest of their lives, words that soon trail off into mere vibrations devoid of meaning. I am so sorry. *I am so sorry, we did everything we could ...*

They hold each other, dissolving in shared tears of anguish. My words spoken, I feel myself disappear from their consciousness. I wait. Half in, half out of the room and their world, I wait to know what to do next, I wait for some measure of certainty. I go to step back, and then check myself. I cannot and should not leave. I lean forward, and stop. To what end will I enter? I sense above me the doorway bisecting my two limited choices. Neither seems adequate. One step back into the corridor and I will be back in my world, a busy medical world filled with new problems to solve and new patients to treat. One step back and I will be gone forever, an elusive figure who appeared briefly in a

doorway. One step forward and I will be in their room, in their world of grief. I can see nothing that my presence in the room would or could add. I wait in this state of limbo, watching their grief, which my gaze does not penetrate. They are alone as I watch. And as I wait I realize that my task is to move neither forward nor back but to pursue a third option: simply to witness this family's

suffering, this love for their father and compassion for one another. I can do nothing more, other than write these words, with which I hope have honoured what I witnessed that day in the doorway.

Stephen Workman
General Internist
Halifax, NS

Send us your regrets

"Experience," Oscar Wilde wrote, "is the name everyone gives to their mistakes." So let us have the benefit. Why not write about the things you've learned the hard way in medicine? How would you replay the scenes that weren't in the script? We welcome submissions of unpublished poetry, memoir and fiction for The Left Atrium. The writing should be candid, but patient confidentiality must be respected. A sense of humour never hurts, and anonymity is optional. In general, prose manuscripts should be limited to 1000 words and poems to 75 lines. We won't launder the truth, but neither will we hang you out to dry. Send us your regrets at annemarie.todkill@cma.ca

Lifeworks

Thomas Eakins: an American in Paris

Now considered one of the most important painters in the history of American art, Thomas Eakins was a controversial figure in his day. Trained in Pennsylvania, he left in 1866 to study at the *École des beaux-arts* in Paris for three years. Returning to his hometown of Philadelphia, Eakins joined the staff of the Pennsylvania Academy of Fine Arts in 1876, introducing the methods he had learned in Europe. He insisted, for example, that students draw directly from the nude human body rather than from plaster casts of antique sculptures (the standard procedure in American art schools at the time). When, in 1886, Eakins was given the option of either changing his teaching policies or resigning, he chose the latter. The artist's battle with the Pennsylvania Academy is well known, and Eakins is now often depicted as a rebellious innovator committed to challeng-

ing the prudish mores of 19th-century America. This conflict, however, was not the guiding narrative of *Thomas Eakins 1844–1916: un réaliste américain*, presented at the Musée d'Orsay in Paris in February. Originating from the Philadelphia Museum of Art, this exhibition of paintings and photographs shed light on the painter's fascination with the human body.

At a time when landscape painting was dominant in the United States, Eakins maintained that art students should be trained in anatomy and participate in dissections to the same degree as medical students. Anatomical lessons were indeed an important part of Eakins' training at the *École des beaux-arts*, but he also frequented the anatomical amphitheatre at the *École de médecine* as well as at the Jefferson Medical College in Philadelphia. Eakins also encouraged the production



Thomas Eakins, John Biglin in a Single Scull, 1873–74. Oil on canvas.

Yale University Art Gallery, New Haven