

of research ethics after the Nuremberg trials, and the poignant story of the "evil genius" Nathan Leopold, who, struck by a patriotic desire to do his bit for the war effort during World War II, volunteered to be a test subject for anti-malarial drugs while he was incarcerated for the cold and calculated murder of a 14-year-old boy.

Those who feel that human rights

and the Nuremberg Code should be held above concerns of national security will be outraged by the experiments chronicled in this work. Others who recognize that the development of effective treatments for injuries sustained in unconventional warfare requires some use of experimental human subjects will still be challenged to defend the ethical propriety of many of the experiments

Moreno discusses. Regardless, Moreno's book is an effective means to stir debate on the ethical issues involved in experimentation involving human subjects.

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### Room for a view

## Scans

May ... MRI this morning, observing. A newborn baby with a mass blocking his nose. One tiny baby, with entourage of technicians, nurses, paramedics filling the room overlooking the MRI. An impatient, even imperious, entourage; when they want their questions answered, their questions must be answered. All the time the baby is inside, his heart rate traces green peaks on the monitor and the rough, quick little whisper of his breathing carries through the intercom. The scan ends, the table is drawn out, three people in blue slowly unwrap a tiny package in dustier blue. A nurse lifts the baby and holds him in outstretched hands, like a gem on a cushion, one hand cupping the little pink head. She carries him thus through the metal detector arch, seemingly oblivious to the scrambling behind her as the two others snatch up all the dangling tubing and wires before they snap taut.

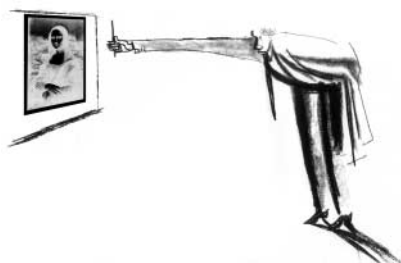
On the scans, the imminent end of another life. The tumour and the surgery and the radiation and the chemotherapy have hollowed out the left hemisphere. The tumour is a bright, thick, ragged edge around a great cavity. No level of scan, no single

layer, is spared. The neurologist describes the patient as asphasic and crazy. The family, he says, is taking him around the continent, looking for a cure; he comes accompanied by MRIs and CTs from all over, recording the inexorable progression. Our neurologist thinks that the referring neurologist

has prevaricated, has said maybe/maybe not, has not said finally that there is nothing else he can do. He himself would not touch this, not in a dominant hemisphere. So he will send this man home. Will he — will anyone — finally say to this family that it is time to stop?

September ... I have been thinking off and on of two people I shall never meet. Should I put their names here — perhaps not — but I do not leave them nameless because I think of them that way. One a

woman younger than myself, thrown from her car when side-rammed at 65 k/h, comatose (Glasgow Coma Score 4) with roving eyes and decerebrate posturing. The CT scan shows very little, in her head at least. She has a fractured first vertebra, umpteen spinous processes destroyed. The radiologist remarks on the inadequacy of the scan, which has the signature of one particular, indifferent technician. The head scan, with no visible abnormalities, does not account for the score,



### Small consolation

He stares like so many dreams  
Cast in the depth of space.

"Will I get better doctor?  
Will I return to normal human being?"

I am only a medical student.  
He will teach me for an hour.

A classic temporal lobe brain tumour:  
He cannot remember my name for minutes  
But he knows he'll be operated on tomorrow.  
It's engraved there, etched so strongly by fear.  
It remains his only hope.

"That's what your doctor says, isn't it?" I reply,  
Knowing his doctor can know no more than I.  
Statistics are always a prayer or a curse.

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the eyes, the posturing. There is something bad and unseen in the brainstem: axonal damage. They can do nothing about a lesion they cannot see. The neurosurgeon will put a "bolt" in the vertebrae; there is a slight twist to his expression when he says this. If the big problem does not come right, then he will have done nothing to any avail. But in case the big problem does come right, then this will have been necessary.

The other is a man only a little older than myself. Four years ago he fired a bullet into his frontal lobe, destroying eye and brain. On scan his glass eye is a shallow curve, mounted on an odd stalk. Wednesday night in the drunk tank he beat his head against the wall until the craniotomy plate shattered, arteries tore and his cranium filled with blood. On the pre-op scans, a glowing lens of epidural hematoma fills a third of one hemisphere. This story is told and retold. Doctors smile and shake their heads, not amused, a little awed, a little, necessarily, removed. They can say why bother; why not let him go. But they can say it because they know they will not do it. All they can do — for him, for all the failed suicides — is rebuild what they can rebuild. The exorcism of demons is beyond us. The infernal thing, though, is that we are wilfully letting it go further beyond us still, fostering this illusion of community care when community care is inadequate to nonexistent for the homeless mentally ill.

Have I said before how very vulnerable skulls look, in cross section, the flesh and features effaced and only the thin bones or the thin skin or the thin fluid shell of the brain bright. No matter the age, there is always something fragile and infantile about the skull.

## Lost

The phone rings in late evening.

"Hello? Is this Jennifer? Your mother wants to talk. She needs you."

"Jennifer dear? I'm lost. Maybe I'm on Sherbrooke Street."

As I go to her rescue, I think of Mom during the war. Living in the country, away from the threat of bombs. Chopping wood for heat, for cooking. Snowshoeing to the neighbour's over snow-clogged roads. The phone lines down again. Knitting socks, ... and socks, ... and socks — for the soldiers. Playing the piano. "My Bonnie Lies Over the Ocean." No soap. No butter. No new clothes. No car. Her brothers and sister in far-off cities. Chatting on the party line just to hear an adult voice. How did they do it, those women of the war? Waiting five years, never knowing, making all the decisions.

Now her mind has softened. A gentleness shines through. And bewilderment. Sometimes anger. "Look at the way that nurse dressed me! Nothing matches. She just throws the clothes at me."

Dementia, creeping up on her as she fights to hang on.

Her friend Bessie dials the number taped to the phone. "Please come. Your mother is frightened. Will you come? She's lost."

I hurry down the hall while they peek at me sideways; Mom in her wheelchair, Bessie at her side. Sentries at the nurses' station. Waiting for life to happen. Waiting for Jennifer. Holding hands. Bessie's hand strokes my Mom's, reassuring, firm, gentle.

"There, I told you she'd come!"

"Hello, Bessie. Are you the friend who helped Mom? Are you the one who called me?"

Bessie looks inquiringly at the nurse. "Was I the one who called Jennifer?"

"Yes, Bessie."

Bessie has forgotten. But her heart knew to be kind. She wanders off, already putting it all behind her.

I bend to kiss Mom's soft cheek.

She asks timidly, "Are you my mother?"

Damned dementia.

**Jennifer Raiche**  
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A new word. Levelling. Learned it last week when the radiologists passed around an cerebral angiogram with a huge blot, a huge ink-bag of aneurysm, its image as large as the tip of my thumb. Was she still alive? She'd had a rebleed; the resident phoned upstairs to find out. "Is she still with us?" He put the phone down. "They're going to level her." And

then, to me, he explained, "Decrease the level of care until she dies."

### Alison Sinclair

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