

slurred speech. Frequent users suffer from headaches, fatigue and vomiting, and develop nose and mouth sores, nosebleeds and throat and ear infections. Still more chronic use may cause permanent damage to the eyes, liver, kidneys, bone marrow, heart and blood vessels. Sniffers can actually die after just one use — death on the wings of cardiac arrest following a fatal arrhythmia.

David was stabilized and sent by Air Ambulance to the Winnipeg Children's Hospital that night. The next evening, my supervisor and I were invited to a dinner party at the nurses' trailer. Roasted chicken, steak, potatoes and broccoli were proudly offered up, with chocolate and lemon pudding for dessert. A feast, we all agreed, for fresh food is in short, expensive supply in Pikangikum.

Afterwards, our bellies full and mugs of steaming tea in our hands, we began to dream about the future. John began.

"My wife and I, we're going to ride from Winnipeg to Thunder Bay and back next week. Should be a good trip."

The thought of two middle-aged, leather-clad motorcyclists flying down the Trans-Canada made me smile.

"I'm taking some time off," Erica said. "Going to Montreal to do some window shopping," she laughed.

Now it was my turn. For most of the night I had been sitting in silence, thinking about the events of my stay in this far-flung settlement and wondering how David was doing, miles away from this comfortable, happy kitchen.

"What do you want to be when you grow up?" Erica asked, jokingly.

I thought for a second, and then answered.

"I want to be a doctor."

First they laughed, the hearty kind of laughter that flows so easily among friends; then they nodded at me with understanding.

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Song of the ICU resident

The intravenous lines slung low
over a broken-down chariot,
the effluent of a bed-ridden man
drained by plastic tubes
to the tune of sedate monitors
bleeping death, death.
In the ICU I think instead of life:
a pot roast, a beach ball, my wife,
this belt (too tight);
the chore of lab results
waiting to be interpreted,
the stacks of old charts that must be read,
my list of things to do in hospital
couples with another list:
pick up milk, get butter,
watch *ER* tonight.

My man breathes at the short end
of a tracheotomy and is transfused,
each of his organs owned by a subspecialty.
On rounds, the attending asks:
Has he been consulted to the mortician yet?
As we work, the ward clerk
calls out phone lines like bingo numbers:
*Cardiology on seventy-six-fifty, Thoracics on
sixty-nine-hundred, General Surgery on
seventy-two-hundred.*
Residents blink at one another
bleary-eyed, our patients splayed
before us like toppled dominoes
that will not right again.
Mechanized beds with push-button pulleys
sound elegiac whirrs as Trendelenburg is reversed,
as patients are turned and cleaned as if on a rotisserie.
My man, a long-distance hauler
who fell twenty feet from atop his cab last week
will never again strut to his truck.
All his subsequent breaths
will have the ventilator's pressurized
hiss and suck.

Or there may be no more breaths:
last night his wife asked that we stop.
Just stop.

I added her request to my list,
knowing that I will be the one
to disconnect the lines that droop,
that this afternoon I will watch him gasp
and stop
as she weeps in the quiet room.

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