are just that: subjective judgments. Awareness of our fallibility is so sharp and constant that it is easy to question whether our judgments will ever be especially valid, even with years of training. And what a privilege to be left helpless and without words when regarding the suffering of others.

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I was unquestionably helpless in the pediatrics ward in Kenya. There was little I could do but listen and watch. One day I discovered a new room of children on the ward. It was a room that the physicians did not visit on their rounds very regularly. Here were the older children, elementary school-aged children, who were either chronically or terminally ill or abandoned by their families, often because their parents were unable to pay the hospital bills. The room was relatively quiet, compared with others. There were no mothers camped out on the floors, no one cried loudly. The sicker children just lay still in their beds, while the healthier ones brought them meal trays and spoke quietly to each other.

I spent time every day in that room. One girl, 9-year-old Rosemary, was particularly fluent in English, and so we spoke often. Rosemary was very ill: her heart was failing as a consequence of her tuberculosis, and she had tested positive for HIV (though her father did not consent to the test, and refused to believe the results). Breathing was hard for her, and sometimes she could not speak to me without becoming breathless. I learned, sitting on the edge of Rosemary's bed, that she was not only astonishingly bright but liked to read, and so I brought her "story books" as she called them, and read to her, the other children crowding around to look at the pictures.

I so desperately wanted to make Rosemary better. But I could not, and neither could the doctors, it seemed. So I would just try to talk to her, ask her how she was feeling. Sometimes she would reply: "sick." Other times she would ask me to get her a piece of bread, which her father had put in a plastic bag, tied to the end of her bed. Once she told me she needed a new hospital gown. When I returned with the gown an hour later — having been distracted by some other

task — and I began to help Rosemary change, I realized that she was wet from top to bottom. "How did this happen?" I asked her. "I fell," she said. Rosemary had gone to the bathroom — trying to avoid the indignity of wetting her bed — but had fallen on the filthy floor beside the toilet. I silently dressed her in a new blue gown and lifted her sick body to change the wet sheets.

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I hope someday that I will have the knowledge and skills to care for sick people. But I am grateful for this experience of helplessness. For being forced to sit at Rosemary's bedside, knowing how little I had to offer, and ask her: "What do you need?"

May we as physicians always remain acutely aware of our own fallibility and may we never be able to "cope well" with the sight of human suffering. I hope to speak the language of medicine, a language that will enable me, like any other second language, to speak in new ways about new things. But may I never forget my mother tongue.

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REFERENCES

1. Berger J. *A fortunate man: the story of a country doctor*. New York: Vintage Books; 1967. p. 112.
2. Sontag S. *Regarding the pain of others*. New York: Farrar, Straus and Giroux; 2003.
3. Cassell EJ. Recognizing suffering. *Hastings Cent Rep* 1991;21:24-31.

One thousand words

Jodi Enns

This photograph is one of the winning entries in a contest held during the 2006 International Women and Children's Health Conference, which took place at McMaster University, Hamilton, Ont. Students in Health Sciences programs submitted photographs taken during their work in developing countries and in rural Ontario.

In every culture, there is something unique about the love and dedication of a mother. While completing an international nursing placement in May–July of 2006, I had the opportunity to work with many women and children in a rural area in India. Patients with more serious cases are admitted to an indoor clinic for medical treatment. The majority of the patients are young children accompanied by their mothers. The mothers are responsible for all of the basic care of their child during their stay at the clinic, and in the middle of a long hot day, most will lie down for a nap, sharing the bed or crib with their child. Home may be several hours away.

—Jodi Enns, Bachelor of Nursing Science '06, McMaster University, Hamilton, Ont.

DOI:10.1593/emaj.061414