

gifted, fast-tracked Gray, he expressed an admiration that verged on awe. By the time Gray was 20, he was already the equivalent of an MD, by 25, a Fellow of the Royal Society and head of the anatomy museum. In a burst of intense activity that lasted a year and a half, these 2 young men produced the mag-

nificent volume that turned the interior of the human body into a work of art and the learning of its parts into a pleasurable ordeal. It became the standard reference manual for generations of medical students. The irony is that Henry Gray, whose name is forever identified with it, is a near total mys-

tery. The artist, Henry Carter, whose name is all but forgotten, left a fleeting but penetrating sketch for us to remember him by.

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Room for a view

ABCs of medicine

Never forget that it is not a pneumonia, but a pneumonic man who is your patient.
— William Withey Gull

He travels down the hall on an embarrassing and uncomfortable gurney, bundled in layers of blankets, a hospital chart sitting painfully on his skeletal legs. He looks burdened and tired from the journey, so I decide to let him rest before doing an admission assessment.

“Hi, I’m Dr. Rousseau.”

“Hi doc, nice to meet you.”

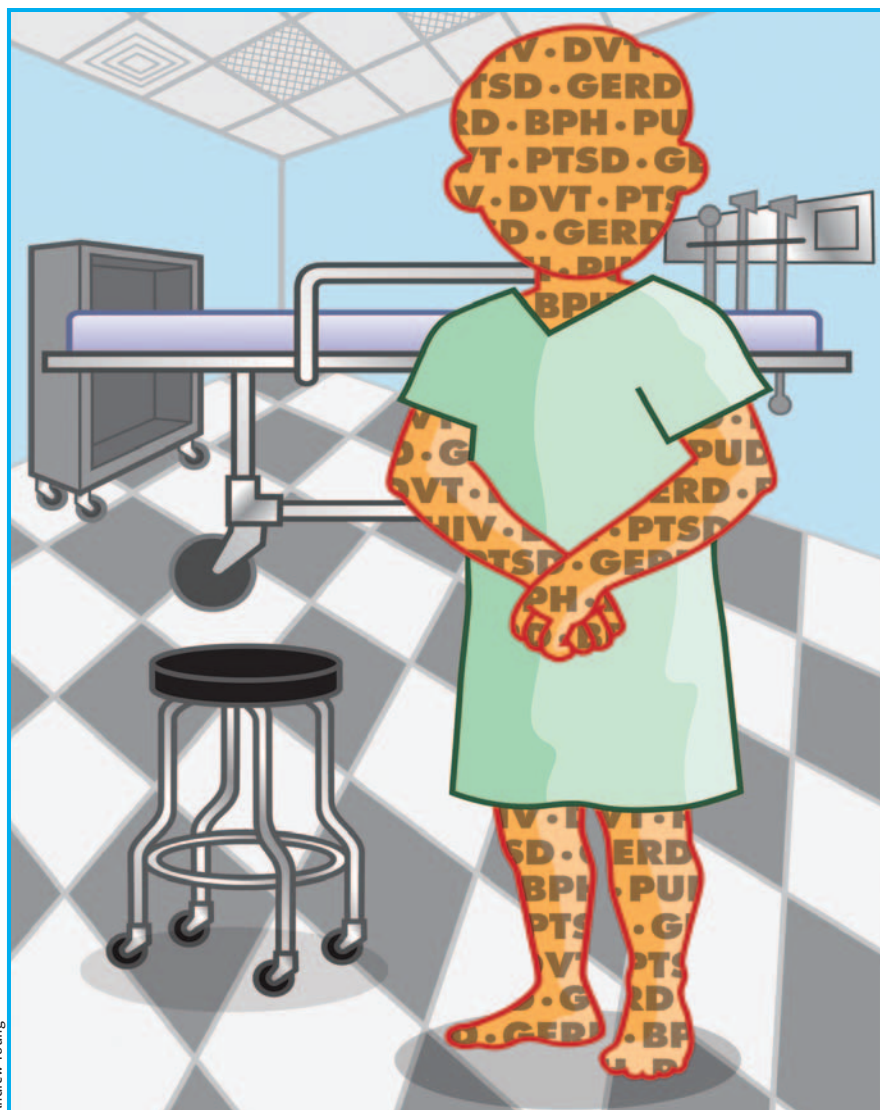
“I’ll be your doctor here in the nursing home — but I’ll let you get settled in first, and I’ll see you a little later, say 60 minutes or so, sound okay?”

“Okay doc, see you then.” He hesitates, and then continues: “You’re not one of those young doctors. Kind of nice to see someone a little older.”

Those “young doctors” are the medical interns and residents, the omnipresent worker bees of teaching hospitals who walk the halls 24 hours a day, 7 days a week. They are encumbered with the overwhelming responsibility of attending to our fellow human beings who are languishing in the belly of disease, a calling that is not easy, but one filled with honour, privilege and duty.

I retreat to my office and settle down behind the computer and begin to peruse his medical record. My eyes rummage for the history and physical examination, and I find the following: 62-year-old male admitted for hospice placement with the diagnoses of HIV, DVT, PTSD, GERD, BPH, and PUD.

As I lean back in my chair, I am reminded of an essay I read a few years ago¹ wherein it was noted that William



Andrew Young

Strunk, the author of *The Elements of Style* advises “Omit needless words.” In most writing endeavours, this is sensible advice, as we tend to be too wordy. And while I understand the acronyms of this medically impoverished patient, what I am questioning is whether there is a limit to the use of these assemblages of

letters and, even more importantly, if it encourages demotion of the patient to a disease rather than a person.

I contemplate the overworked schedule of the medical house staff and remember my own years in training. Perhaps the use of acronyms is evidence of a clinical inertia secondary to a paucity

of time, or perhaps it is a lamentable symptom of an increasing reliance on radiographic and laboratory data that relegates interactions with patients to an inconvenient nuisance. Or perhaps a little bit of both.

I read on. Under the rubric Social History, a mention is made that he is pleasant, lives with his wife and quit smoking 20-plus years ago. I scroll down some more, arriving at the physical examination, which is cursory — most likely because the intern or resident was overwhelmed by numerous admissions, decided this was not an interesting patient or that his priority was less than other patients, or that he was dying and a detailed examination would do nothing more than increase discomfort with little clinical or therapeutic benefit. I pause to reflect, and hope it was the latter. I return to the chart, and read the plan of care: SW consult for transfer to IH, which translates to social work consult for transfer to inpatient hospice. More acronyms. So from my brief read-through of the medical chart, I have discovered a pleasant and alphabetized man who is dying, who no longer smokes and lives with his wife.

I stare out a winter window and muse over the psychosocial silence in this chart, the total absence of a being. I know everything about this man's physical ailments, but little-to-nothing about him as a person. The neglect of the individual — the person, the human being — continues, in spite of attempts to weave humanistic medicine into the fabric of medical education. And while the care of the person seems imbued in the annals of medicine, I find it woefully absent in today's chaotic environment.

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REFERENCE

1. Goldfinger SE. On needless words. *N Engl J Med* 2005; 352: 1947

The opinions expressed are those of the author and do not necessarily represent the opinions of the US Department of Veterans Affairs.

Poem

Infection: 1882

"It is blood vessels, the system of nerves, of changes in temperature: these help the body fight off infection," the other doctors all say.

But here he is, having left the University of Odessa for Messina months ago, his living room now his laboratory, his family gone to town to see performing apes at a circus, and here he is watching the cells of living starfish larvae swirl through the microscope lens.

These larvae, he knows, have no blood vessels, no nervous systems, no ability to regulate their temperature. How is it then that they defend themselves against infection?

The cells of the starfish drift through his vision, drift... and he leaps up, knocks back his chair, lets it lie as he paces up and down the room where the chesterfield and other chairs line the wall like a row of cells.

Suddenly he rushes out, almost running, down to where the wintry sea slowly heaves itself against the shores of Sicily, and there he stands completely still, staring at dark green waves that curl and drop and die at his feet — Yes! the other doctors are wrong! Yes! — and back he races to their garden, to the tangerine hung with garlands that turn it into a Christmas tree for the children, to pluck small thorns.

In the living-room lab he pushes thorns carefully under the skin of larvae transparent as water, just as his children tumble in laughing and hooting like monkeys and his wife puts them to bed and he leads her into their room and, naked, "Élie, oh Élie!" Olga cries out and he moans in a spasm of joy and all the night long cannot sleep.

Until with the rise of the sun, before anyone else is awake, he places the larvae under the lens and sees by a pale but gathering light that cells have surrounded the thorns all around, walling them off.

And now, Élie Metchnikoff knows, now *that* is how bodies fight off infection.

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