

they were encouraged by antivaccination quacks.

The reader can't help calling to mind not just the many and varied religious sects that refuse vaccinations to this day, but also the many thousands of New Age parents, most famously in Southern California, who, preventing their children from being immunized in the misguided belief that vaccines cause autism, have helped fan a resurgence of pertussis and outbreaks of measles.¹ Even more disturbing is the false belief that we have conquered AIDS. In spite of pharmaceutical advances, AIDS remains a global plague without a cure.

As engaging as the book is, it still reads a bit too much like an oral presentation. Ideally, it should have included an audio CD of the original lectures (or at least a link to them online), and hopefully will be published in French.

With the decline in courses in the history of medicine at medical schools, *The Making of Modern Medicine* should be required reading for every entering medical student, and then revisited and discussed after the student has had some experience interacting with patients.

We urgently need to get Osler's message, channeled by Bliss, to the next generation of physicians about the eternal importance of spirituality in medicine. One of the most touching and almost too-good-to-be-true moments described in *The Making of Modern Medicine* is of Osler's exemplification of the art of healing by his feeding of a sliced peach every day at bedside to a little boy with whooping cough.

And in a heart-warming historical twist at the close of the book, Bliss

connects Osler, Osler's father, and Banting in a deeply personal way. Osler was the devoted son of an Anglican priest — a “backwoods clergyman cum physician” in rural Ontario — who himself “ministered to the sick with priestly caring.” One-hundred-and-fifty years later, through the multifarious strides in the diagnosis and treatment of disease, all physicians should continue to aspire to this same ideal.

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Reference

1. Retraction — ileal-lymphoid-nodular hyperplasia, non-specific colitis and pervasive development disorder in children. *The Lancet* 2010;375:445.

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ENCOUNTERS

Thrown into the rose

The physician is having a hard time getting the tube into the 600-gram infant's tiny orifices: mini nostrils and a mouth into which I could barely fit my pinky. The goal is to allow for proper and easier ventilation after many an oxygen desaturation, bagging and suctioning episode.

And what is my job? To hold baby down. This tiny little thing squirming and crying with its teeny-tiny limbs and tiny little rib cage moving up and down and baby abdomen twisting from side to side, writhing in distress. So I gently hold her limbs down and out of the way of the people who are trying to save her life, really. But I also proffer my finger for her to hold onto in her delicate, minuscule hand. And she squeezes hard, with all her might, through the whole ordeal. I am there to hold her hand. That is all I can do for her right now.

She is so small, but in all her anguish there is surprising strength in that grasp. She squeezes till her fingers and toes are ghostly pale. Her oxygen saturation plummets and then comes back up with every attempt to intubate, and she cries and writhes and squeezes my finger. I



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tap her feet to help stimulate her and also to reassure her that here I am, baby, I am still here, I am right here, here. It is torture to watch this little thing fight for her life, struggling relentlessly with every effort. And the tears well up, threatening to spring from my eyes. I hold it together — of course I do, that's my job and my function here. I pray and I pray and I do what I'm told, and I help suction and I hold baby's hand. And also I love her because everything we do in medicine is so vitally important, but love heals too and she needs my love in all that frenzy. So I just stand there and

hold her hand and love her like she was a part of my soul. And then she is stable. She does not die in my arms as she had in the morbid image that flashed in my mind earlier that morning on the metro. She is alive and more stable than she was before the intubation.

That's the rose: the spiral of fragrant petals, blood red, silky soft in its heart, and perilous anywhere else around it. It is beautiful, delicate and ethereal, blossoming, drooping, then perking up again. That's where I flew for a few eternal moments in a long and difficult day for many a baby in the neonatal intensive care unit. In some ways, it's true that you should not get too emotionally attached, but there is so much more to learn, to gain and to give if you do allow your heart to be opened. If you choose to go there, it is worth all the pieces of your soul and every breath of your life.

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