

to tell him that there is only my mother. He hangs up and comes over to me. Delicately, he picks me up and returns me to the jar. Back in the refrigerator, I wait. It is a long time before anyone comes again.

The door opens and the cold light alerts me to the presence of the white-coated woman. She has, it seems, come for me. We return to the room where the man with the patient eyes identified me. The woman places me on a counter beside his desk. I see him pacing. He looks uncomfortable, like someone carrying a great responsibility. I see my mother enter the room and realize that he is.

He gestures for her to sit in one of the green leather chairs that attempt to make his office more inviting. She sits at the edge, unable to relax. This is not a social visit. Her blue eyes track him as he walks the room, trying to find the right words for her. But he doesn't have them. They both know why they are here. She has come to take me home. She has come so that she can finally comprehend that I am dead. Tentatively, he touches her arm, trying to offer comfort as he guides her over to me.

She stands in front of me, tearful while he explains why I am only an eye, a cheek, a tooth. She cries as she picks up the jar. As her tears drop I know she

is thinking it should have been her. She takes off the lid, hesitant. My mother holds me in both hands. She examines what little of me there is left, making sure that it is really her daughter. When she focuses on my eye, she knows. It is the colour of her own, unusual in its watery blue.

Slowly, she lifts me to her lips and kisses my cheek, soft. I know now that we will go home, one last journey before I leave her to her loss and she to mine.

Patricia Rockman, BA, MD

Dr. Rockman is a family physician in Toronto.

Lifeworks

ER nights

partment of the Lethbridge Regional Hospital are usually busy to begin with and then taper off by 3 am. After 3 o'clock the department often calms down until the flow of patients picks up again around 6 am. During these quieter periods I'd bring out my camera, set up the tripod and take pictures of anything

and everything in my place of work. Anything, with the exception of staff or patients. That particular dimension of illness and injury unfolds repeatedly on the front pages of the papers, in photo essays like *The Knife and Gun Club*, and on television shows like *ER*.

In her critical analysis *On Photogra*phy (1977), Susan Sontag writes: "To

"Advance directives." From Vincent Hanlon, ER Nights.

photograph is to appropriate the thing photographed. It means putting oneself into a certain relation to the world that feels like knowledge — and, therefore, like power." I had no desire to put a camera between me and my patients in order to capture on film their various states of dependency and need. Despite the absence of people in the photos, in many of the images a human presence can be detected within or just outside the borders of the picture.

I wanted to document the physical structure of my workplace and, especially, the inanimate objects that fill this space. An artifactual record of a hospital emergency department or, for that matter, of a post office, café or classroom could be valuable as a cultural or historical document. I also admit that making such a record is not an objective enterprise; it involves considerable selection and manipulation of the space and its contents.

My visual perspectives on the ER include extreme close-ups, wide-angle shots and multiple exposures. I deliberately used the camera's technology to recreate a sense of the confusion, unreality, depersonalization and disorientation that is often a part of the emergency ambiance for staff and patients.



Initially I debated whether to make black-and-white or colour images. I decided to do both because the environment and the activity in it have real and metaphorical splashes of colour, mixed with black, white and a lot of grey.

Two problems soon became apparent. Four in the morning is a time when most of us, including me, run out of gas. I found it difficult to shift my point of view in this very familiar environment. Some nights I was too tired to analyse the scene, to switch from a doctor's concern with shortness of breath, chest pain and croup to a photographer's preoccupation with highlights, f stops and visual design. It was less a challenge of switching between left brain and right brain than one of engaging in *night* brain activities.

The institutional fluorescent light was another problem. It reduces contrast and renders everything flat, similar to the way I felt at that time in the morning. I chose to throw any additional light available on my subjects: I used operating lights, x-ray view boxes, the ophthalmology slit lamp, flashlights, the television and a camera flash to increase the contrast necessary to make some of the photos more lively. Often the light source became the subject.

Some nights, after bringing out the camera and tripod, the paramedic phone would crackle to life with the story of an elderly person who'd fallen, or an intoxicated young man fresh from a fight would arrive in the company of his concerned chums. Sometimes I never got the camera out at all. But at other times I'd spend twenty or thirty minutes taking and retaking pictures of stretchers, thermometers, steel bedpans, defibrillators, telephones and computers, suturing equipment, notices posted on various walls, blood tubes and IV bags, the empty chairs of the waiting room, the sliding doors, trays of partly eaten meals and the ubiquitous clocks with their slow-moving arms.

From the five or six hundred photos I took during the night shifts I worked in 1996 and 1997, I collected a few dozen pictures of this intriguing hospital landscape into an exhibition entitled



"Night creature." From Vincent Hanlon, ER Nights.



"Instrumental." From Vincent Hanlon, ER Nights.

ER Nights. The series was first shown in April 1998 at the International Conference on Physician Health in Victoria, BC, and was on display in September of that year in the theatre gallery of the Lethbridge Public Library.

Vincent Hanlon, MD Lethbridge, Alta. For the remainder of 1999 most of the ER Nights images can be viewed on the Web site of the Canadian Association of Emergency Physicians at www.caep.ca as part of The ABC of the ER, a collection of twenty-six short meditations on emergency medicine. A spoken arts CD including a book of The ABC of the ER texts and the ER Nights photographs is scheduled for release in November.