

died. The service continued; a little bell was rung. The censer was swung from side to side, filling the room with the mystical aroma of incense. After about half an hour the service came to an end. With the last "Amen" the priest came over to me and shook my hand.

"Sorry, Doctor, we didn't mean to hold you up."

"No, no, that's fine, of course."

A tearful niece came toward me as everyone stood up and cleared the way.

"She has a terrible cold, Doctor. I'm afraid this is the last of her."

She led me to the alcove, where to my surprise Tante was sitting in her bed and looking the same as ever. No closed eyes, or sweating or fevered brow, just the same little Tante in the same little bed as always.

I looked as grim as I could and went through the usual performance, which the niece watched as though I were about to give her words of terrible import. But everything was as always. No fever, no racing pulse, blood pressure as

before, hemoglobin the same, little fragile Tante with no change whatsoever. Behind the niece, relatives crowded sadly and a little girl whimpered.

Here was a special situation. I presumed that the niece had woken up the priest and the family with the expectation that the last rites were needed. I couldn't let her down.

"I'm afraid she's very sick," said I, as gravely as I could manage and breathed a long, sad sigh. Of course I felt a little guilty, but what was I to do?

"I'm going to give her an injection," I intoned. I reached into my black bag and brought out a little kit with a syringe and ampoules, cleaned Tante's skinny little shoulder and gave her a symbolic amount of penicillin. I counted out some tablets, suggested a half tablet every four hours and looked the niece in the eye sympathetically.

"I'm afraid she is very ill," I said. "I'll do my best, but Tante is not very strong and you will have to be prepared."

"Oh, Doctor. Thank you very much,

that's all we can do — our best — and pray for her."

I nodded my head gravely.

The niece cried and thanked me over and over again.

"Call me in the morning and let me know how she is."

"Oh yes, Doctor, of course, Doctor."

And I left the sad house and the warm kerosene glow, drove out onto the muddy path and started down the gravel road toward home.

The next morning the niece called me.

"Doctor, Doctor, we are so grateful. Tante has recovered, she's fine this morning. It's a miracle."

"Oh wonderful! Let me know if you need me again."

I could feel a little tremor as Hippocrates turned in his grave.

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An experience

In the eight years I spent as a missionary doctor in Nigeria, one of my goals was to train as many Nigerians as possible for medical work. One of my students was a 15-year-old pastor's daughter who gained some basic medical training at our mission hospital. She went on to midwifery training in the early 1970s, and then returned to work in the mission.

My family returned to Canada in 1976, where I entered psychiatry. When we returned to Nigeria for a visit eight years later, this young woman, whom I will call Ruth, came to consult me. Her complaints were obvious to any physician: shortness of breath, ankle edema, coughing when lying down, low energy. She asked me to examine her; when I did so, I recognized a classical mitral regurgitation.

She asked if medication would help. I told her that unless she had an opportunity to go to North America for valve replacement, nothing could be done. I

advised her about general care, taking antimalarials to keep her hemoglobin up, vitamins and regular exercise.

When I visited Nigeria again in 1995, Ruth was one of the first to greet me. She was very eager for me to listen to her heart.

She described how she had gone back to nurses' training but had become increasingly short of breath. She spent one day in classes and the next two in bed to reduce the edema. She had become discouraged and depressed, to the point where she, a practising Christian and a pastor's daughter, went to consult the local witch doctor. He said that he would be glad to help her if she brought a goat and two chickens for sacrifice. Once back at home, she began to feel guilty about resorting to magic, and so did not return with the goat and chickens.

The difficulty of furthering her education was becoming very stressful. She became more and more discouraged, to the point where she began to express a pas-

sive wish to be dead. During this time a friend and classmate invited her to attend a healing service. Ruth was not familiar with such things; she had grown up in a conservative evangelical church, whereas this healing service was charismatic.

Ruth had no expectation of a miracle. Her concept of healing had more to do with the natural healing ability of the body. She would occasionally pray that God would allow the natural course of an illness to lead to recovery rather than taking a fatal turn. Her most expectant prayers were that God would give the doctor wisdom or the surgeon skill to help heal someone else.

The service, as she later described it, was held in the open air, outside the church, which was too small to contain everyone who came for healing. After the general service the minister called people to the altar, according to their disease or sickness. People fell to the ground, as if unconscious, and were carried into the church. Ruth waited, but her own illness

was not mentioned. She couldn't restrain herself for fear that the service would end before she was called. So she forced herself to the front of the crowd. And there she fell down, as she described it, "under the power of the Holy Spirit." This was something she had never experienced before and did not understand. She returned home, confused, but feeling that

in some way "something had happened." She felt a little better, but not markedly so. In the next days she felt more improvement. She began to wonder what might have transpired in the healing service; and so she came to consult me, bringing her stethoscope to the only doctor who had listened to her heart before this strange event.

Miracles and meaning

In April 1987 hematologist and medical historian Jacalyn Duffin was asked to provide an expert medical opinion on a set of bone marrow samples that later proved to concern the prolonged second remission of acute myelogenous leukemia in the case of LN, a Roman Catholic who had prayed for divine intercession to Mère Marie-Marguerite d'Youville, the founder of the Grey Nuns of Montreal. LN's medical records and Dr. Duffin's testimony were among the evidence presented to the Vatican in the cause of the canonization of Marguerite d'Youville. In an article published in December 1997 in Saturday Night magazine, Dr. Duffin reflected on the strange case of LN and the making of Canada's first saint.

Throughout this adventure, I kept thinking that miracles were harder and harder to come by in this age of technology, scepticism, and speed. Surely, the Church was vexed by the relative subordination of theology in the saintly decision-making process to a committee of medical professionals whose very language was constructed to reduce experience to molecules and probabilities. Now, I am far less certain.

A miracle is something that exceeds our expectations, that defies the "rules" — be they medical or spiritual — constructed by humans to identify, label, and comprehend our experiences. LN continues in miraculously good health seven years after our journey to Rome, but had she been healed of fever and bruising 200 years ago, no-one would have seen a miracle. Leukaemia had not yet been recognized and the medical rules for diagnosing it had not been developed — nor had its dismal survival rates been defined.

Historians know that diseases are only metaphysical entities. In a sense they are merely theories about illness, which tend to favour objective, passive explanations at the expense of the subjective and active stories of people. In fact, the "invention" of a disease, along with other inventions like microscopes and blood smears, opens up a whole new realm of previously unimagined possibilities for miracles. ... On my lengthy journey to St. Peter's Basilica I may not have been converted to formal religion, but I was brought to acknowledge a truth — a truth that I had previously managed to avoid. A miracle simply falls outside the honestly made and well-established boundaries of what two radically different sets of human rules teach us to expect. Since there is no limit to the diversity of our existence, miracles can happen every day.

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It was with a mixture of anticipation and curiosity that I placed the stethoscope over her cardiac apex. What I heard made my mind tilt. Here was the clear lub-dub of normal heart valves. Yet just as clearly I remembered the distinct pathologic sounds I'd listened to over this same apex in 1984. Could this be the same Ruth? It was: this was a close-knit community where we had functioned as a large extended family. I had known her from the time she was a teenager. Her parents were our good friends. We attended the same church, played volleyball together, shared many meals. We had spent many hours teaching her the basics of medical science, microbiology, patient care. We had taught her how to give injections and to care for the very ill.

This was Ruth, whose heart was diseased in 1984. How could her valves have reshaped themselves? I had never heard of a spontaneous resolution of post-rheumatic heart disease. She believed that it had happened during that healing service. I thought there must be some other explanation. Either that, or I must disbelieve my own ears.

This disbelief seems ironic. There I was, a Christian who believes in the miracles of the Bible, who believes that God is "the same yesterday, today and forever," finding it easier to believe what I had been taught in medical school than what I was hearing with my own ears.

Science and miracles do not mix very well. We are taught in medical school that there are such things as "spontaneous remissions." Perhaps we should be paying more attention to such remissions: they could be happening before our eyes without us even noticing. Certainly, our patients would report spontaneous remissions more often if we as a profession were open to listening, rather than bent on explaining such occurrences away. Our authority can make our patients look foolish and us appear wise. But at some point we must choose whether we prefer to believe the evidence of our senses or a cognitively created explanation for a miracle.

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