

Ascending the Magic Mountain



Ronald Bayne, MD

In 1948, after I passed the Medical Council of Canada exams, I enrolled for a year as a resident in pediatrics at the Children's Memorial Hospital in Montreal, then beautifully situated on the slopes of Mount Royal. But a routine chest radiograph revealed the unexpected and somewhat shocking news that I had "bilateral pulmonary tuberculosis, moderately advanced." Immediately I was swept up in the system for tuberculosis control and found myself in a single room at a private pavilion of the Royal Victoria Hospital while sputum samples were taken for culture. Shortly after, I was sent to the Royal Edward sanatorium at Sainte-Agathe.

This was the magic mountain where tuberculosis became a way of life. It was also a way of death, as I soon observed when a gaunt figure entered my room to welcome me. He was a young sailor, tall and so emaciated that he had to balance his vertebrae one above the other, teetering like a pile of saucers, with his head wobbling on top. He breathed rapidly and spoke in short sentences through blue lips as he steadied his head with thin, tapered fingers. In his advanced case, he said, treatment was useless, thoracoplasty out of the question. He correctly forecast that his survival was a matter of months.

We were advised to forget time, to live in a sort of nirvana, each day rounded by sleep, weeks and months flowing in an empty continuity. I was confined to bed for the first few months to reduce all unnecessary exertion. The day began with breakfast and ablutions. Then we were wheeled in our beds onto a screened porch for fresh air and sleep. Lunch was at noon, followed by another 2-hour sojourn on the screened porch. Visitors, if there were any, came in the late afternoon, and then after supper we slept again until morning.

The days were uneventful, and gradually my mind slid into a languid torpor. During that winter and spring I listened to the hiss of falling snow; every morning I heard the distant wail of the steam train winding up the valley from Montreal. I understood the sound of silence: uninhibited memories and fears winding their way into my consciousness. There were visits from other patients — those who were allowed to walk about. One of them, a young businessman, told me he would soon be transferred to the hospital's Montreal division for a thoracoplasty. He welcomed this unpleasant prospect because it might shorten his stay and lead to an earlier recovery. From my recent experience as a resident physician at the Grace Dart hospital, I knew what pain and disfigurement lay ahead for him. But I said nothing. After all, what alternative was there, since a pneumothorax — the insertion of air into the pleural space to collapse the lung — was apparently not possible for him?

For my part, I was determined to derive some benefit from the free time between breakfast and the morning rest period. I read medical texts and novels and learned to type. Perhaps I was insufficiently restful, for after several months the medical director paid me a visit. His expression was serious. The news was not good. My lung lesions were not responding; in fact, they were spreading. He recommended a pneumothorax. A resident physician tried to perform the procedure, but it was clumsily executed, painful and unsuccessful.

At about this time, another physician was admitted to the hospital. He was Dr. Jacques Ferron, the prolific young writer — and eventual founder of that exercise in political irony, the Rhinoceros Party — who was quickly gaining recognition as the Voltaire of Quebec letters. His left-wing views were unacceptable in conserv-

Experience

Expérience

Dr. Bayne is Emeritus Professor of Medicine, McMaster University, Hamilton, Ont.

This is the second of a pair of articles by Dr. Bayne on the 2 faces of tuberculosis — that seen by the physician and that seen by the patient. The first article appeared in the Aug. 11, 1998, issue.

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ative Quebec circles, but his opposition to the Duplessis regime was irrepensible.

Ferron happened to be among a group of radicals swept up by the Sûreté du Québec at a communist demonstration in Montreal on Mar. 29, 1949. This was unfortunate, for he belonged to a prominent family, which included several members of religious orders. It was not desirable for him to be publicly accused of subversion. He relieved everyone of the embarrassment by stating that he had recently been discovered to have pulmonary tuberculosis. It is likely that Ferron's tuberculosis was stable; it was discovered only on a routine chest x-ray when he applied to join the Canadian Army Medical Corps after an unsuccessful attempt at private practice.¹ Ferron did not admit this to me, but his sister, Madeleine, reported that he felt guilty at having used his family connections and his lung lesions to gain his freedom.¹ He perhaps saw this as a betrayal of his comrades, although he told the judge that he was not a communist.¹ What better way to "disappear" than to be admitted to an anglophone sanatorium in the Laurentian mountains?

Ferron did not comply with any treatment regime. He spent the days writing and the evenings in the village. He teased the director of nursing by returning late each night and tiptoeing to his room, shoes in hand. He was a

witty conversationalist with a wry sense of humour. He pointed out to me that he and I were engaged in a sort of *jeu de bascule* — a seesaw game — in which as I got worse he got better. Soon he would leave the hospital but, regrettably, I would not. As he expected, he was discharged 2 months later.

But luck was also on my side. The medical director announced that he had received a limited amount of a new antibiotic medication, streptomycin. It had serious side effects, not fully defined as yet. There was enough for several weeks of treatment. Would I consent to try it?

With streptomycin therapy, the lung shadows were rapidly reduced. I was allowed some activity, walking outside in the summer air. The radiology results appeared to be stable. After 9 months in the sanatorium I was discharged. After another 9 months of rest at my father's country house I was deemed fit to return to work. I joined the residency staff in internal medicine at the Royal Victoria Hospital. I had left the confraternity of the diseased, but my view of life had been utterly changed.

Reference

1. Olscamp M. *Le fils du notaire: Jacques Ferron 1921-1949. Genèse intellectuelle d'un écrivain*. Montreal: Fides; 1997. p. 381-2.

NUMÉRO DES FÊTES 1998

APPEL DE COMMUNICATIONS FARFELUES

Date limite : le 1^{er} oct 1998

En décembre dernier, le *JAMC* a publié son premier numéro des Fêtes. Nous espérons en faire une tradition annuelle, mais tout dépend de vous. L'année dernière, nous avons présenté une rétrospective de l'année où des auteurs de toutes les régions du Canada ont décrit les progrès réalisés dans leur spécialité. Cette année — et nous admettons sans gêne avoir emprunté l'idée de nos amis du *BMJ* — nous visons des résultats plus légers. Voici ce qu'ils recherchent : «Le cocktail habituel de textes d'un sérieux mortel, prenants, hypothétiques, légers ou tout bonnement loufoques.»

Nous savons que les médecins du Canada peuvent être aussi loufoques que n'importe qui et c'est pourquoi nous lançons le défi. Faites nous parvenir vos études bizarres, vos recherches sans preuves, vos preuves anecdotiques outrées. Dites-nous pourquoi vous auriez dû être vétérinaire ou banquier d'affaires. Documentez ce qui ne l'est pas. Exemple : un des comptes rendus publiés dans le *BMJ* en 1997 s'intit-

ulait «Les personnes de poids trop élevé enlèvent-elles leurs chaussures avant de se faire peser par un médecin? Étude consécutive sur des patients en pratique générale.» Vous voyez l'idée. Nous cherchons des articles prenants qui ont trait à la pratique.

Nous demandons des textes de moins de 1200 mots et nous encourageons les illustrations les plus farfelues. Les efforts collectifs aussi — nous aimerions recevoir des textes d'une clinique ou même d'un département d'hôpital au complet. Pour discuter d'un document que vous voulez présenter, veuillez appeler le D^r John Hoey, au 800 663-7336 x2118, hoeyj@cma.ca, ou Patrick Sullivan, x2126, sullip@cma.ca.

Nous devons recevoir votre texte ou votre proposition au plus tard le 1^{er} oct. 1998. Veuillez les faire parvenir au D^r John Hoey, rédacteur en chef, *JAMC*, 1867, prom. Alta Vista, Ottawa ON K1G 3Y6.