



Lifeworks

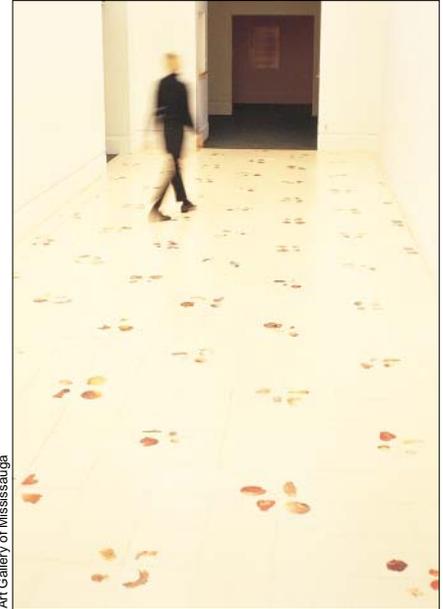
# Gut reaction

Confronted by *gulp*, an exhibition by Toronto artist Sandra Rechico, the viewer is first attracted by her colourful, abstract images only to recoil at the realization of what they are about: the pathology and diagnosis of gastrointestinal disease. The installation includes a piece called *soot works*, which comprises 100 prints based on radiographic images of barium meals and executed with the use of stencils and candle smoke. In another piece, entitled *Floor Show*, a gallery floor is covered with 1000 square-foot tiles patterned with images of diseased tissue from the gastrointestinal tract. Gallery visitors might think they are walking on a pattern of surreal petals — until they take a closer look. By then, as the artist intends, “you are too far engaged to turn back.” The challenge is to square these opposing reactions — attraction and revulsion —

and to puzzle out why the work is so disturbing. Is it because we view the *content* of art as having something to do with its appropriateness as the locus of beauty? Standards of what is fit matter for art have taken many fascinating turns over the centuries; *Floor Show* was in part inspired by Pompein floor mosaics from the second century AD, in which leftovers from a feast scattered on a floor became a legitimate subject for design. But perhaps Rechico’s work is disconcerting mainly because it exposes so frankly what is normally hidden, reminding us of our own helplessness before the secret processes of disease.

*gulp* is on display at the Southern Alberta Art Gallery in Lethbridge until April 25.

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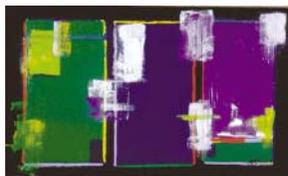


**Floor Show, by Sandra Rechico; mixed media.**

## The rookie

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“Better get restraints on his arms and legs before we bring him around.” There was a murmur of agreement. We had all seen it before, the drug user who comes violently out of his near-death experience.



Naloxone was administered. But Stuart came to like a dazed puppy, scared and confused by the intense surgical lights and the strange faces peering down at him.

“You’re in hospital,” I said. “You were a few minutes from dying.” He laid his head back on the stretcher,

considering my words. The restraints were removed.

“Are you left handed?” I asked, finally.

“No, right handed.”

“Who shot you up?” Perhaps, I thought, it was the friend who had run into emergency, his face pale and his body twitching, pleading with us to come check his buddy in the car.

“You don’t need to know.”

“Was it heroin alone?”

“I thought it was just up.

I didn’t know they were giving me down, too.”

“So, cocaine and heroin?”

“Seems like.”

Over the course of the night I

stopped to check on Stuart a few times. His so-called friends disappeared, but his girlfriend arrived to stay by his side. She looked concerned, but not surprised. I got to know a bit about him. He held down a steady job. He was not a regular hard drug user, but neither was this the first time that he had injected heroin.

In the morning, when he was discharged, I wondered if it seemed particularly sweet to him to squint at the sunlight, feel its warmth on his skin and fill his lungs with fresh air. And I couldn’t help but think that fate or luck or some higher power was showing him an open door.

And I remember thinking, “This is your chance, Stuart. Go through.”

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