



The loss of empathy that these works depict was counterbalanced at the end of the 19th century by the appearance of a more redemptive medicine as practised by women. Apart from Henry James's Dr. Prance in *The Bostonians* (1886), American literature of that

period portrays women physicians as feminine and more communicative. Unfortunately, opera is destitute of doctor divas to confirm this. Only Mozart's imposter Despina, in *Così fan tutte* (1790), appears as a physician and then in a trouser role.

Where do we stand today? Both Furst and the Hutcheons turn to Oliver Sacks, whose biographical case stories provide us with a voyeuristic perspective of patients' needs. Furst draws attention to Sacks's "attitude of positive and respectful attentiveness fundamental to ... establishing a relationship with his patients." On the other hand, the Hutcheons choose an aria from Nyman's chamber opera *The Man who Mistook his Wife for a Hat* (1987) to focus on Sack's interest in agnosia and a preoccupation with deficits in the patient.

Furst points out that "doctors' therapeutic behavior includes advice, explanation, discussion, and listening, but listening as such is not an integral part of medical training." But all is not bleak. Communication skills are now a major part of Canadian medical school curricula, and the strong presence of family medicine complements the hi-tech tertiary care hospital milieu by providing a person-centred rather than disease-centred approach to the management of illness. And those who specialize and work in the scientific atmosphere of hospitals are helped by their colleagues the nurses, who balance the therapeutic relationship. Above all, physicians must follow the aphorism of Oliver Wendell Holmes: "It is the province of knowledge to speak and it is the privilege of wisdom to listen."³

Do read Furst's book, preferably on the way to a conference at which the Hutcheons have been invited to speak.

C.P.W. Warren

Associate Dean
Undergraduate Medical Education
University of Manitoba

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References

1. Pellegrino ED. Foreword. In: Peschel ER, editor. *Literature and medicine*. New York: Neale Watson Academic Publications; 1980.
2. Bichat X. *Anatomie générale*. Cited in: Foucault M. *The birth of the clinic: an archaeology of medical perception* [Translated by Smith AMS]. New York: Vintage Books; 1994.
3. Holmes OW. *The poet at the breakfast table*. Boston: Houghton Mifflin; 1902. ch. 10, p. 264.

The sad ballad of the ICU

I'm dying, doctor
you told me so last week,
not exactly that, but we
understood each other.
Is that why you've
dropped by to visit only
once, your face protected with
a cautious frown, because
I'm no longer alive,
because I annoy you when
I smile at your frown, when
I have no business smiling
in my condition?

Neither of us knows
how many Johnny Walkers
we have left, maybe I should
mask the cautious frown, next
time you pour.
I suspect we die
with a slap of apprehension
if not sooner,
programmed for death
at the moment of conception.

I am tied in
an umbilical knot
to IV lines,
transducers, EKG monitors,
PO₂ finger gauges and
a blood-gas console.
You've insisted on these
electronic tombstones to
keep me alive,
their ruby digital displays
frown at me, the
PEEP ventilator that
squeezes my blood oxygen to
orgasmic pink will
BEEP if I blue-out at sea level,
colliding the nurses round
the machine, frowning

because I have the audacity
to breathe for myself.

An electronic defibrillator
hovers over me
on knobby jointed
legs, a tarantula
waiting to zap my heart
back into iambic metre
if death tries to win
a race
with my pulse's wild
erratic sprints.

You can retrieve me from the brink,
perhaps even a few steps beyond,
who knows how far I could go
before your magnets pulled
my molecules
from that gilded sedan-chair
shouldered by bleached skeletons
in cloud-white toga shrouds
solemnly descending
on the lonely downhill of the sun
back to this Lysol mausoleum.

But doctor, what
if your heart should
stop or
your brain arteries
clog with clots
when two miles
up in your Piper Apache;
without those shiny
magnets there, can
the Head Nurse shove
you back?

George I. Bernstein, MD

*Dr. Bernstein is an orthopedic surgeon
practising in Windsor, Ont.*