

ness had on them all. How many clinicians move into practice with their fathers? How many have mothers who would make daily house calls to rout out germs? Which of them would welcome the displacement of their spouse and colleagues by family, or expect this displacement to be tolerated for weeks on end? Excerpts from the diaries of both anxious parents reveal their fears and feelings of guilt. The diaries also

reveal that this book, planned even before the donor cells were harvested, reverts family confidence in a gifted son.

*One Hundred Days*, like Napoleon's famous comeback, does not end in closure but in ignominious transfer to St. Helena, an indeterminate but not intolerable island state floating between health and disease — a state we always occupy, although usually unaware. The irony is that Biro's continued fragility two years

post-transplant is no longer a product of PNH alone, but also of his treatment decision. What might have happened if his personality had allowed him to follow Luzzatto's recommendations and do nothing? We are led to believe he would be dead. But we will never know.

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### Lifeworks

## Man of the mill

**B**orn in the year of Confederation, Dr. Robert Tait McKenzie left his mark on Canadian medical history not only as a pioneer in preventive and rehabilitative medicine but also as a highly skilled sculptor who celebrated the human form and human effort through his art. This life's work is hon-

oured at his little-known summer home, the Mill of Kintail, near his birthplace in Almonte, Ont., where he and his wife, a poet and pianist, worked and entertained from 1930 until his death in 1938. Situated on a 167-acre site some 50 km west of Ottawa, the picturesque mill remains as McKenzie left it. His studio houses

over 70 plaster originals as well as original bronzes of his sculptures, friezes and medallions. These works include *The Joy of Effort*, which was used as a model for Olympic medals in 1912. His rawly seductive *Masks of Facial Expression* (1931-32) record stages of physical exertion. *Onslaught* (1911) depicts a rugby scrimmage and is now the Ivy League football trophy. Dominating the studio is a plaster cast of the centerpiece of his impressive Scottish American War Memorial; the finished work is in Edinburgh.

Despite the significance of these works, they are endangered by underfunding. Much-needed repairs to the mill have been delayed since 1996, when provincial funding was pulled. The Mississippi Valley Conservation Authority ([www.mvc.on.ca](http://www.mvc.on.ca)),



The design of *The Joy of Effort* (1912, 269 cm in diameter) is deemed to be one of McKenzie's most accomplished in the placement of the runners and degree of relief. The artist modelled it after a school of porpoises he once saw leaping through the water; his athletes have the same cresting movements.



Among McKenzie's seven larger outdoor monuments scattered across the globe is *Memorial to Jane A. Delano and 296 Nurses Who Died in World War I* (1933), located at the Red Cross headquarters in Washington, DC.

custodian of the property since it was opened to the public in 1972, is hoping to build a trust fund to maintain the site and increase national awareness of McKenzie's legacy.

McKenzie's ideas are still recognized as innovative by sport and health organizations across North America. After graduating from the faculty of medicine at McGill, where he excelled in gymnastics more than in academics, he became its first-ever medical director of physical training in 1894. McKenzie held the revolutionary belief that exercise was an in-

tegral component of preventive medicine. He became director of Physical Education at the University of Pennsylvania in 1904 and went on to become the first professor of physiotherapy in the US, specializing in treating deformities with therapeutic exercise. Many of the exercise, massage and hydrotherapy treatments he developed are still used. During World War I, McKenzie devised new techniques in rehabilitation; this work became a source of inspiration in his creation of war memorials in four countries.

Between 1900 and 1940 McKenzie's art was shown in 72 exhibitions world wide. Today the main repositories of his work are the University of Pennsylvania's Lloyd P. Jones Gallery and the Mill of Kintail. If a picture is worth a thousand words, these sculptures speak volumes of a life dedicated to promoting physical activity through medicine and art.

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The Mill of Kintail, near Almonte, Ont.

### *Room for a view*

## An exchange of gifts

The day had been too long again. The “start early, finish early” strategy had never really worked for her, and certainly not on Fridays. Outside, the premature darkness of late November that wrapped itself around the hospital like a mantle was made all the more dense by a steady drizzle that was trying to be snow but could not quite shine white. No comfort of a greeting-card scene here.

The hospital often seemed to her to be separate from the rest of life, like an island or a ship, a world unto itself. This insular quality had the effect of intensifying the sense of community, of shared purpose, within. Her hospital, she sometimes called it — and she really felt that in some ways it was. Eighteen years of caring for its seriously ill and dying patients. About three hundred a year ... over five thousand in all. Could it be possible? Each person, each story, unique. A rich legacy. She felt privileged to receive some of the lessons of living from those who, facing illness and death, had gained a crystal-clear perspective on what was valuable in life and what was irrelevant distraction. Lately, she found herself caring for family members of previous patients. This made more acute not only her sense of the passage of time, but also her sense of death as inescapable in the human community of which she, too, was a part.

And with these years came a cumulative burden of sadness. How could anyone be acquainted with such repeated sorrows and not be affected by them? Especially when she was as tired as she felt today. She had learned to recognize the signs of an overload of sadness: tears too close to the surface, trouble sleeping, increasing worry about the people in her own life. Fatigue could be an insidious enemy, causing her to lose perspective, second-guess herself, doubt her ability to help people. Illness and death were formidable foes. Sometimes she felt they held all the cards in the game, dictating how it would play out, allowing her little room to provide comfort. It was this sense of powerlessness that could trouble her the most, making it all seem overwhelming. Such a night was tonight. She needed a weekend away. She would wrap up a few details and head home.

But now her office phone was ringing. It was the evening shift nurse. She wanted to tell her about a twenty-four-year old man ... boy ... who had been admitted last night. He is dying, the nurse said. Might live until Monday. His pain control seems to be good ... that isn't the problem. The thing is he looks so scared. He won't let his family leave even for a minute. Seems to fight sleep ... won't close his eyes. He hasn't

said much to any of us. It can probably keep until Monday ... . Then came a telltale pause. Clearly, she wasn't so sure. Do you think you could come, just for a few minutes? I know you can help him ...

Ah, the sweet appeal to vanity. But not really needed. She could feel a familiar pull, a powerful urge to help. It was always a mystery to her how the dying and those who grieved for them evoked this impulse in her time and again. They would look at death together — the patients and their loved ones with a desperate sense of urgency, and she of necessity one step removed, it not yet being her turn.

The ward had the look and tone of early evening: few people, subdued lighting, the soft hum of televisions and visitors' voices — the gentle ordinarieness belying the fact that, for at least one person, the tragedy of life and death was being played out too early.

The rooms used in such situations were strung along the far edge of the ward, removed from the buzz of the nurses' station. Some architect's idea of privacy, no doubt, but one that isolated the dying as though on a moored boat, still attached to the mainland but floating loosely offshore, ready to be released at any moment. His room was the one at the end. The door was closed; no sounds came from within.