

find the appropriate references listed. And Canadians will appreciate Duffin's perspective. Too often we overlook our country's solid achievements. Sir William Osler put it best in his introductory lecture to medical students in 1882: "Canada yields to no country in practical work and the average of its attainments."

Finally, I have to debate Duffin's argument that blood, that passive carrier of oxygen, is particularly special. Blood, we are told, is mentioned 460 times in the Bible and the lungs not at all. As a respirologist I must point out that without the breath of life man would be but dust and, without man, there would have been no rib. And then we, whatever our background, would not be here to enjoy this history of medicine.

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### *One thousand words*



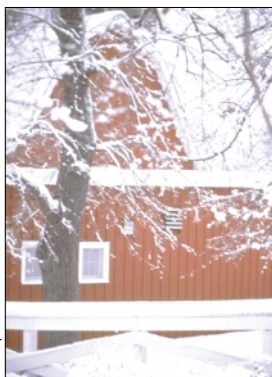
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**World War I soldiers, probably Canadians, suffering from fractured femurs, at the No. 7 Canadian General Hospital, Etaples, France, 1917**

### *Room for a view*

## Being Frank

It was long, long ago in a galaxy far, far away. I was leaving the hospital close to midnight on a Sunday, after attending one of my patients in childbirth. The quickest way back to my car was through the emergency room, and I was glad to be going home in time for a good night's sleep before the working week began again. The emergency room seemed quiet, but I wasn't surprised when the nurses asked me to see a patient, since I was there anyway.



A middle-aged man had come in complaining of upper anterior chest pain and palpitations, absolutely convinced there was something seriously wrong with his heart. By the time I saw him he was attached to a cardiac moni-

tor and breathing oxygen through nasal cannulae. The pain had settled down. I listened to his concerns, asked a few questions and examined him. His chest pain didn't sound cardiac, but he was certainly frightened. He appeared to be in good condition, and I found nothing

abnormal. I'm just an ordinary doctor who can barely spell supraventricular tachycardia and who thinks that aberrant conduction should get an orchestra a new leader, but his electrocardiogram looked fine and the squiggly lines on the monitor were good enough for me. I reassured him about the benign nature of his symptoms, asked him to come back if

his symptoms recurred, and recommended that he call his own family doctor in the morning.

I was about to leave when one of the nurses took me aside and told me that the patient didn't have a family doctor and had been coming in several times a week for the last month or two, always late at night, always with the same complaint and afraid that he was going to die. "What he needs," the nurse said emphatically, "is a family doctor who will take an interest in him." She seemed to mean me. I was busy enough at the time, but not so busy that I couldn't take an extra patient or two. So I gave him my office address and suggested that he call for an appointment in the morning.

I got to the office a little early the next day, at half-past eight. My receptionist looked a bit put out. "Frank's here to see you," she said. "He's a strange one." Frank? It was the patient from the previous evening. I went into the consulting room. He was prowling up and down, pausing to inspect my

framed graduation diploma on the wall. Frank was indeed his name, and although I have since forgotten his surname I've never forgotten him. I do remember that he was from eastern Europe and spoke English with a strong accent — as, indeed, do I.

He seemed to have a high regard for physicians trained in Europe and thought that my standing as a graduate of Glasgow University was good, although Edinburgh would have been better. He was restless and impatient, keen to tell me all about his chest pain and have me check it out. I don't think I had heard of panic attacks at that time, but it seemed to me that anxiety was a major part of his problem. "Frank," I remember saying, "if you weren't so worried you wouldn't have so much to worry about!" He looked at me as if I were mad and seemed convinced of it when I proceeded to listen to his chest and pronounce that his heart was strong and full of courage.

I don't know why I used those words and I had to think fast for an explanation when he irascibly and quite justifiably demanded to know what the hell I meant. All I could think of to say was that I admired the courage that had brought him to Canada in his mid-fifties without knowing a word of English. I remember contrasting my own relatively easy adjustment as an immigrant from Scotland to what must have been a very different experience for him. He seemed to accept my explanation and we agreed that he would come to see me once a week until we got to the bottom of his health problems. "Knowing that you can see me in a day or two might mean that you won't have to rush off to the emergency room quite so often," I said.

I got to know Frank quite well over the next few months. He had once been married and had a son, but he hadn't heard from his former wife or his son for years. His people in "the old country" had either been killed in the war or lost in the postwar population upheaval that convulsed Europe. "Doctor," he once said to me, "I've lost my place!" He had a job and apparently was good at it, but he didn't get on too well with the other

people at work. He frequently did not understand what they were saying and, in any case, had little in common with them. He thought they were talking about him behind his back, and some of the younger ones played tricks on him.

Frank was lonely and unhappy, but he didn't seem to be able to put these emotions into words. His episodes of chest pain tended to occur late at night when he'd had a few beers and fell to thinking about his troubles. He didn't really see how I could help him, what with me not being a real doctor, a real specialist like the intimidating figures he associated with hospitals in his home country, but he was willing to talk to me and have me check him out regularly. At least I might be able to spot something early and get him to see someone in good time, someone who really knew what he was doing.

Over time, Frank's episodes of chest pain subsided. He accepted my humble reassurances about the fundamental soundness of his health and still seemed to be intrigued by my description of his heart as being strong and full of courage. He began to go to church and to attend occasional social events at the Legion. He stopped trying to examine my diploma with a magnifying glass and started to be a little late for his appointments.

Then, about three months after I had started seeing him, he missed an appointment. He was quite apologetic when he next appeared but, as he explained, he had a lot of things to do and

couldn't always be running to see a doctor. He had met a nice woman and was thinking of asking her to marry him. He had been glad to come and see me and help get my practice established, but we were now both busy enough that he felt he would just come by if he had a problem. I was a very nice doctor, he said, but it was time I paid more attention to people who were sick. He didn't mean to be rude, he said, he was just being frank.

### James McSherry

Professor of Family Medicine

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### I am

I am the hayrake rusting,  
as life moves on.  
My bones grey and brittle,  
my sinews weak with rust,  
as time grows green  
beneath my feet.

I am warm  
in the winter sun  
as pebbles of sunlight  
scatter on the snow.

I am lonesome waiting  
for the calloused touch  
that weakens just as I.

I have seen you watching,  
rocking,  
the strength we spent together  
now gone.

I am waiting —  
for your hand to move my rusty chains  
and free my feet,  
to feel the soft earth  
warm sun  
wind  
freedom  
youth.

### Robert C. Dickson

Family physician

Hamilton, Ont.