

alistic world views and political agendas, often undermining communitarian and social justice perspectives.

Most of the insights collected here are not radically new, as social and ethical perspectives on biotech have a rich and varied literature. However, the breadth of the examples and the wide range of methodologies brought to bear on them make this volume a worthy addition to the field. The convergence of insights from so many sources indicates that profound (albeit disturbing) truths are surfacing.

As with any collection, the articles

vary widely in style and readability, and not all topics will appeal to every reader. My primary reservation is that readers unfamiliar with the jargon of postmodernism and contemporary social science may find the language in some chapters confusing, unhelpful or pretentious. Although that jargon arises in part from the difficulty of articulating new ideas for which appropriate words often do not exist, it also reflects the volume's origin in high-level academic papers presented at a conference on "Biotechnology, Culture and the Body" at the University of Wisconsin

in 1997. To have edited this book with a larger audience in mind would have been helpful.

For those willing to wade through the academic prose, though, *Biotechnology and Culture* offers unforgettable images, challenging ideas, and questions that may stimulate as much as relieve our anxieties.

Laura Shanner

Associate Professor
John Dossetor Health Ethics Centre
University of Alberta
Edmonton, Alta.

Room for a view

The man with no seasons

Mr. Dunn lies in a four-bed ward, wearing a white johnny shirt. The chart says he is fifty-nine, divorced and living alone. His face is pale and uncertain. One eyelid folds over a dark hole. His good eye stares at us: three medical students and a staff psychiatrist.

"Remember me?" the first student asks.

"Speak up," the man says.

We draw closer. The patient looks at a woman in yellow sitting in a chair. The sitter has been watching him all morning. He looks at us but says nothing.

"Can you hear me?" the first medical student asks.

"He's calmer now," says the woman in yellow.

"Mr. Dunn," I say in a loud voice. "Do you feel better?"

"Yes," the patient says.

"Are you sure?"

The angles of his lips turn down. He looks afraid and starts to cry.

I usher the students from Mr. Dunn to the hallway.

"We will spend only ten minutes with Mr. Dunn," I say. "Check his

mood. Do a mental status. Think of his primary diagnosis."

"Why ten minutes?" one of the students asks.

"Because he gets exhausted," I say. "Try your best."

When we return we see the sitter stroke his hand.

I watch the patient as we approach him. He is still. His face is blank. His eyes are dry again. The students hover uneasily. I look at them and at Mr. Dunn. I watch the traffic of their eyes intersect.

"Remember me?" the first student asks.

"No," Mr. Dunn replies. He seems uncertain.

"How old are you?" I ask.

"Forty-six," the patient says.

"How did you get here?" the first student asks.

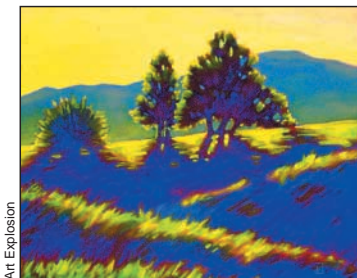
"I walked," Mr. Dunn says.

"You came by yourself?" the second student queries.

"Yes."

"When? When did you come?"

No answer.



cruel. Yet students must learn to interrogate, if only to understand, perhaps to heal.

"Mr. Dunn," the first student asks, "what is the date today?"

"February. February 15."

"Look outside," the third student says. "Is that February outside?"

The patient gazes out the window. "It could be February out there. Or April?"

"Who is the mayor of Toronto?" the second student asks.

"He's an idiot."

"What is his name?" the second student repeats.

"Badboy, that's his name. He's an idiot." Mr. Dunn has worked himself into an angry mood. He tells a mean joke about the mayor as if memory has returned.

The students smirk.

"What will you do when you leave the hospital?" the first student says.

"You tell me," the patient says. "I'm no good now. I've got to get better first."

There are no books beside his bed,

no cards, no radio or TV, no photos, only a large calendar on his night table and a clock. On the calendar is pencilled in bold letters, with a time beside each one, breakfast, shower, morning walk, nap, lunch, social work visit, CT scan, supper, candy snack. Someone has charted a map to orient Mr. Dunn on his lost journey.

I point to my watch and say goodbye to Mr. Dunn. We move from the bedside. He folds back into himself.

The sitter tucks him in. Mr. Dunn turns away, exhausted.

We sit in a small classroom and review the case.

"Mr. Dunn was an alcoholic," I explain.

"He can't remember months," the first student says.

"Or that he is in a hospital," says the second student. "He has no time sense. He makes up false stories."

They recite his mental status exam. Lost memory fascinates them. They have not seen it before. Memory is

what we take for granted. The students return to its absence, as if searching for a missing limb.

"What is his diagnosis?" I ask.

"Korsakoff's syndrome," the third medical student says. "But I saw the chart."

"What is the treatment and outcome?" I ask.

"There isn't much treatment, apart from controlling symptoms and vitamin replacement. The outcome is poor," the second student says.

The following evening the students visit Mr. Dunn a last time. He doesn't remember them. He will be discharged. The calendar and clock are missing. The sitter has gone. Darkness is the worst time. He stares outside but sees nothing.

He thinks it is April or February, or January, and he cries easily.

Ron Ruskin
Psychiatrist
Toronto, Ont.

Lifeworks

Still motion

David Ferguson's large-scale paintings first give an impression of stasis. But after a moment of experiencing their scale and their densely pigmented surfaces, one gets the impression of fine, quick, vibratory movement. Before long, the viewer is caught up in reverie, a multi-tiered meditation on the elemental nature of things. It is this mental and emotional space — the wordless source of improvised creation — that is the true subject of Ferguson's paintings and installations. Hence the title of the show, *Courtyard for a Bird*, implies a safe, enclosed place where a habitué of the skies (the realm of abstraction?), accustomed to flight and constant activity (always in a flap?), may touch down for a while, rest and focus. To those of us who feel we are in ceaseless internal or external mo-



David Ferguson in dance performance. In background: *Wilderness*, 1999. Acrylic on cast cotton, 6' x 12'.