

this admission is to get her through withdrawal and back on antabuse.”

Annette was sitting cross-legged on her bed when I entered the room, cutting out pictures from a magazine.

“Holly Golightly,” she said, holding up a still photo from *Breakfast at Tiffany’s*. “She got the mean reds, not the blues.”

Annette was petite with big unfathomable grey eyes: North Atlantic, mid-winter grey. She had a pixie haircut and looked even younger than her 26 years. We talked about her lab values and management plans and her drinking. Annette stopped cutting out the pictures.

“I don’t really like to drink but I have a pattern. I feel fine, sometimes for long periods of time, then I start to withdraw. I don’t want to go out and party, I don’t want to be with anybody, I just want to be by myself. Then after a while I start to feel angry, very angry. I get the mean reds.”

“How do you express your anger?”

“Most people wouldn’t know I was angry. I don’t get physical or verbal or out of control. I just get angry, very angry. When I can’t stand it anymore I drink. A lot.”

Before I left I asked Annette to think of a metaphor that described her. If she came up with one we could talk about it on rounds next morning. “I like words,” she said. “I’ll think about it.”

The next morning Mr. Duval passed me twice as I did my rounds. He was walking with some authority, and the second time he went by he looked back and said, “I’ve just double-lapped you.” I smiled and gave him a victory sign.

Writing progress notes in the charts, I noticed Annette busily going back and forth from her room to the kitchen — looking after her roommate, who was in a geriatric chair by the nursing station.

She spotted me and came over to the desk.

“I’ve got that metaphor,” she said.

“Good.”

“I’m an angel with a broken wing.”

“What’s going to happen to the broken wing?”

“I don’t know.”

On Monday morning the pictures in Annette’s room were gone, and so was she.

There are many fragments in medicine: investigation results that are never seen, stories that are never resolved. A life’s work in medicine is a huge tapestry with many unfinished panels. Perhaps some are completed in someone else’s work. I like to think of Annette’s panel as a bright room full of images, a forty-eight hour period of safety and sobriety when she cared for a confused and frightened woman and began to think more kindly of herself. And I hope and pray that somewhere, in some other tapestry, there is an angel with two strong, fully restored wings.

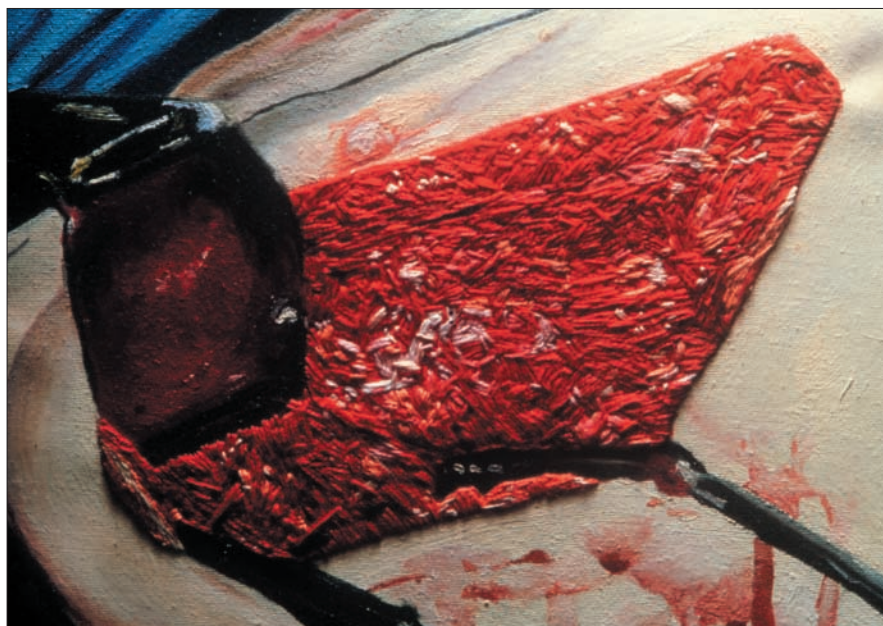
Ian A. Cameron
Family Physician
Halifax, NS

Lifeworks

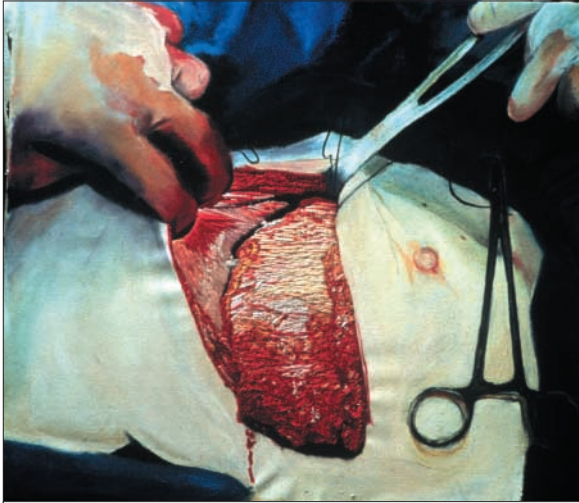
Fibre optics

In August 2002, the Roundhouse Community Centre in Vancouver hosted an exhibit of contemporary Canadian fibre art. Among the works showcased in *If Images Speak a Thousand Words*, two small pieces at first seemed out of place: *Reduction Series #1* and *Reduction Series #2* by London, Ont., artist Bev McNaughton. What were oil paintings doing amid the other fibre works? The subject matter was obviously some sort of surgical operation, but it took a few seconds for the punch line to travel from the retina to the brain. The external body and the surgeon’s fingers and instruments were finely rendered in oil on silk, but where the flesh was exposed, the silk was covered in dense, gleaming embroidery.

There is an oblique relationship between surgery and needlework. The word “suture” is both noun and verb in its medical sense, but it is also used in



Bev McNaughton, 2002. *Reduction Series #1 (detail)*. Oil painting on silk; cotton and silk embroidery.



Bev McNaughton, 2002. *Reduction Series #2*. Oil painting on silk; cotton and silk embroidery, 16" x 14"

the language of film theory to describe how the film pulls viewers into the scene, making them feel as if they were present. McNaughton makes her viewers feel present by positioning them in the surgeon's place. She also commands their attention by showing a private, disturbing moment (one wants to look away) and by achieving an aesthetic allure: the quality of her embroidery invites the eye to linger and the hand to venture a hesitant, surreptitious touch. Contrasting the embroidered, open wound against the discreet and bland surface of the oil paint, she deftly expresses the complexity of our physical, intellectual and emotional "insides."

McNaughton learned to embroider and knit from her mother in a typically osmotic process. She remembers spending hours as a child experimenting with coloured floss. The embroidery in *Reduction Series #1* and *#2* does not resemble the repetitive, formal stitchery one finds in a needlework instruction book. Rather, it is an intensely complicated layering. And it makes a feminist statement. The embroidery (traditionally seen as a frivolous, female pastime) is used to achieve a sense of realism for which oil paint (a heroic and masculine medium) is inadequate.

There is an overlay of anxiety in McNaughton's work. Her father survived a malignant melanoma, and

she describes how that experience irrevocably demonstrated to her that the body is vulnerable and transient. A recent graduate of the University of Saskatchewan's Master's program in Fine Arts, she has worked with microscopic imaging of her own blood cells dying and has examined her own fear of cancer in sculptural work. Much of her work is concerned with the body and its capacity for metamorphosis, both natural and imposed. She has worked with fruit as a metaphor

for the body — for example, using real surgical tools to make a new species by suturing half an apple to half a pear, or presenting a banana with stitches holding its pathetic peel together. McNaughton's dark humour calls to mind a *Far Side* cartoon in which a chicken doctor informs his plump chicken patient that he appears to be filled with "a tasty, bread-like substance." The effect is amusing, but menacing.

McNaughton is interested in how we change our bodies through piercing, tattooing, branding and scarification to make strident statements, as well as in the transformations wrought by medical procedures such as plastic surgery. Previously, only nature and time worked changes on the body, but today many people hire surgeons to make alterations of their own designing. (A glance at a chronological series of Michael Jackson's album covers describes a transformation that in itself enters the realm of performance.) All of these processes reveal something about a person's sense of who they are and who they want to become.

Without being judgemental, McNaughton's works focus our attention on the complexity of the inner self. Her embroidered version of human flesh, with its brilliant shadings and layered threads, is an apt metaphor for the stuff we are made of.

Bettina Matzkuhn

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ARS MEDICA: a new medical humanities journal

The Left Atrium, that gracious and accommodating space, deigns to point out to poets, writers, photographers and artists with an interest in illness and healing that they will soon have an additional forum for their creative productions. *ARS MEDICA*, a quarterly literary journal to be launched this year, will examine the art of medicine and explore the interface between medicine and the arts. Content will include narratives from patients and health care workers, medical history, fiction, poetry, illustrations and photography. Editors Allan Peterkin, Ronald Ruskin and Rex Kay, all of the Department of Psychiatry at Mount Sinai Hospital in Toronto, invite submissions by mail or email (arsmedica@mtsinai.on.ca) of unpublished work. Poetry should be typed single-spaced up to two pages and prose double-spaced to a maximum of 3000 words. For mail submissions, three hard copies and an electronic copy on diskette are requested. (MS Word preferred.) And, oh yes, don't forget your SASE (self-addressed stamped envelope). The mailing address is: *ARS MEDICA*, Department of Psychiatry, 9th Floor, Mount Sinai Hospital, Toronto, ON M5G 1X5. More detailed guidelines are available at www.mtsinai.on.ca/arsmedica — CMAJ