Which brings me to some weaknesses and strengths in the presentation of his argument. For a poet with a highly developed sensitivity to language, Campo writes prose that is sometimes exasperatingly expansive, tangled and elusive. What are readers to make of this sentence, part of Campo's analysis of "The Widow's Lament in Springtime," a poem by an earlier physician–poet, William Carlos Williams:

> Yet the veiled suicidal gesture also occurring here is not urgently eloquent enough to move this poet to embrace the utter humanness of our mortality — the murky marsh of the soul's perdition, for a moment indulgent of old-style negative metaphoric thinking, seems too dark to penetrate, even for the well-honed instrument of his perspicacity.

It's unfair to take a single sentence out of context, but I can hear the rising chorus of unbelievers: "Very interesting, but what does it *mean*?"

His thesis gathers strength when he lets the poems speak for themselves. His introductions to the poets and their poems are brief and incisive, whereas his literary criticism tends to overreach the mark. Reading through some of his analyses is akin to the letdown one feels in the unveiling of a magic trick or the deconstruction of a joke. Campo's multiple gifts as a writer (and indirectly as an advocate for poetry) are best seen in the para-poetic chapters in which he tells the stories of patients. For example, his portrait of Eduardo demonstrates both the heightened visual acuity and the empathy of the poet writing prose:

> Eduardo was seventy-six years old and, except for mild hypertension and diabetes, was remarkably well preserved. He wore his thick black hair combed back with a strong smelling pomade, and in his suit jacket's pocket a handkerchief folded as precisely as an origami figure declared his fastidiousness. He told me he was once a promising young writer in his native Ecuador, but unmentionable circumstances had forced him to leave the country, and when he arrived in America he could only find work as a bellhop at an upscale hotel. He had stayed in the same job for forty years; it had been backbreaking work, leaving precious little time, he always said, for cultivating one's mind.

Then there is Sunny, a difficult patient with fibromyalgia, whom he is trying to interest in poetry as a catalyst to deepening their mutual understanding of her condition. Like many of us, she will take some convincing:

> "Would you like to look at some poetry together, Sunny?" She moans a little, wincing with the effort of standing. Time seems to ease its grip on us; the exigent world stops its screaming. "Maybe," she says.

Near the end of the book Campo expresses the hope that his effort will not be in vain: "Indeed it is perhaps my greatest wish to see nonpoet physicians someday use this book with their own patients and medical trainees." He could be right about some of the poems in the book, if not about the book itself. As poet and Nobel laureate Czeslaw Milosz wrote in the preface to his own *Treatise on Poetry*,

> Novels and essays serve but will not last.
> One clear stanza can take more weight
> Than a whole wagon of elaborate prose.

Vincent Hanlon
Emergency Physician
Lethbridge, Alta.

Room for a view

The quiet room

"Please wait in here while I find the doctor."

I was faced with four sterile noncommittal walls and a couch as the door closed behind me. Gone was the bustle of the busy waiting room, the TV, the well-thumbed magazines and the happy expectant couples waiting their turn for obstetrical ultrasound. After my turn, the technician had ushered me here, to the quiet room. The room we bring people to after someone has unexpectedly become gravely ill or passed away. The room we use to allow families privacy in grief. Given how vigorously the baby kicked, finding myself in the quiet room now seemed surreal. But I knew something was wrong when the cheerful demeanour of the ultrasound technician became steely and professional mid-exam. Bad news was coming, and it would come only out of the mouth of the physician. I knew better than to ask the technician any more questions.

Fred Sebastian

The problem in a quiet room is that there is nothing to do except think. I was facing this alone — the price of having a military husband now deployed in a far-away land. There was no one to distract me from the deafening sound of my racing mind. At times like this, being a physician is more a curse than a blessing: the unknown is rapidly filled with a long and particularly morbid differential diagnosis. Wary of my own instinct to interpret every kick as a sign of impending placental abruption and every headache as a hypertensive crisis, I had rationalized every worry away, until now. Working full time, it was easy for me to underestimate the importance of taking care of myself: there were always people around whose needs seemed more urgent than my own. Nothing could happen to me: I was a doctor. Besides, one is now always being told to view pregnancy as a

natural process. It should not cause disruption to your workplace, like that reserved for an illness.

But now, inside the quiet room, it seemed to me that these were naïve, even arrogant, notions. Segregated, isolated and in silence, I moved seamlessly and with a strange clarity through a thought process that I recognized only much later for the textbook-taught five stages of grieving.

As advertised, it was denial that found me first. Maybe I had been asked to wait in the quiet room in deference to my status as a physician, so I wouldn't have to sit with the *real* patients in the waiting room. But I knew this wasn't true. I had seen the pained sympathy under the icy exterior of the technician. Besides, she knew full well that I was a physician, that I would know that the quiet room meant bad news, grieving, loss.

Then anger set in. Anger at my employer and my peers for encouraging me to think I was invincible, that pregnancy wasn't a big deal. Anger at myself for having allowed things to get so out of control.

Then bargaining arrived, and with it a glimmer of hope. Now that I'd learned my lesson, now that I knew I shouldn't have explained away the little things that didn't seem right, that I should have been a better patient, that I should have given my own health care needs a higher priority than work, I would be able to do better. I would put all my energy into getting myself and my baby through this pregancy unscathed; I'd be better off for having had this little scare.

Then the reality of the despairing "what-ifs." What if this was already a problem I couldn't fix? Despondence and a sense of looming failure kicked in. How could I have allowed myself to get into this position, almost six months pregnant and only now getting high-risk screening? Something was dreadfully wrong; it was already unlikely that all the dreams and hopes associated with this pregnancy and child would remain unscathed by the end of this day. Why had I ever thought I could juggle all the balls in my life? Why had I ever thought it important to juggle them all in the first place?

And then, a preliminary acceptance of my fate — whatever it may be. It seemed that life had already placed me onto a new and unexpected path. I needed to face reality and deal with whatever revelation today would bring. I needed to make the best of the situation that faced my unborn child and me. I had to accept that being a doctor doesn't, and shouldn't, protect me from being a patient sometimes too. Whatever tomorrow would bring, today my baby was alive and kicking. Today was not a day for grieving or quiet rooms. Significant challenges and decisions likely lay ahead. The one thing I could do now was to choose to submit to that fact, to prepare to make the best of a bad situation.

I left the quiet room and returned to sit with the other patients waiting their turn to speak to the doctor.

Karen Breeck
Family Physician
Ottawa, Ont.

A beautiful baby boy was born and died July 18, 2002. He had a hypoplastic left heart from trisomy 18. His name was William.

Lifeworks

That 60s thing

Global Village: The 60s
Montreal Museum of Fine Arts
Oct. 2, 2003 - Mar. 7, 2004
General Curator: Stéphane Aquin
Deputy Curator: Diane Charbonneau
Guest curator: Anna Detheridge

When curator Stéphane Aquin, working on the exhibition catalogue for *Global Village*, asked Captain Alan L. Bean about his Apollo 12 mission to the moon, he wasn't looking for political or cultural analysis. He asked him what it felt like to walk on the moon. No highfalutin ideas about Cold War hegemony or the grand quest: just the physical experience. Bean's response was intriguing, if a tad prosaic.

"Well it is a physical experience. … So, for example, if I had closed my eyes and just stood there, I would have soon fallen over … I would be leaning way over forward, sideways, or back before I noticed that I wasn't standing up straight. … I don't feel that my body ever really learned."

In other words, moonwalking was strange, and although Bean's body never fully adjusted, his overall account tends toward delight rather than unease. Descriptions of extraterrestrial experiences are often characterized by wonder and ecstasy. Of course, deep unfamiliarity also provokes fear, dread and nausea, which is why NASA's training was so intensive: it tried to shave off the reactive peaks of astronauts, like the effects of lithium on bipolar disorder. Disorientation and deep feelings of alienation may well characterize the radical social changes that erupted in the 1960s. Likewise, how people reacted to them tended toward the extreme.

Take Verner Panton's futuristic *Phantasy Landscape*, originally designed for a Cologne furniture fair in 1970. This soft, undulating womb of an environment, composed of upholstered

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Piero Manzoni (1933–1963), *Base of the World*, 1961. Iron, bronze lettering, 82 cm x 100 cm x 100 cm. Collection of the Herning Kunstmuseum, Denmark.