

ates that are difficult to humanize and in which decision-makers are removed farther and farther from the bedside.

We know that professionals' views do not necessarily reflect the experience of patients. For instance, staff justify involuntary hospitalization, involuntary treatment and the use of physical restraints more frequently than patients do. This difference is probably a function of how the two groups evaluate the potential benefit of a treatment — how convinced they are about its ability to heal what they perceive to be the problem in need of healing. Psychiatric professionals and psychiatric patients rarely share the same perspective on what is fundamentally wrong. Bridging this chasm of incomprehension are individuals who, to borrow from Primo Levi's description of Nazi labour camps, occupy a "grey zone."<sup>1</sup> They are functionaries selected from among the inmates or the trainees to assist the staff. Some are collaborators, prepared to compromise their principles for personal gain. Some use their position to advantage, making the lives of inmates a little easier. I'd like to think that Thea and I belonged to the second category.

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#### Reference

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## CMAJ through the ages

David McDonald

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<p><b>EDITORIAL • ÉDITORIAL</b> Is 2-beer health care inevitable? i</p> <p><b>LETTERS • CORRESPONDANCE</b> Effluvia? Miasma! ii West Nile Fever? Not in a thousand years! ii Humours: What's so funny about phlegm? iii</p> <p><b>RESEARCH • RECHERCHE</b> The annual bath: Just how deadly is it? iv Treating voyageur elbow vii Chronic tuque rash: risk factors, diagnosis and management x The "sandwich" kids: Are the middle half-dozen children getting enough parental attention? xv</p> <p><b>REVIEW • SYNTHÈSE</b> Mercury: Nature's wonder healer xvii "It's alright, Ma, I'm only bleeding": choosing the most efficacious method of treatment for the ague, hectic fevers, King's evil, palsy, quinsy, phthisis and podagra xx Podagra: What the heck is it anyway? xxiv Self-pollution: Juggernaut of imbecility, blindness and scrofula; or thralldom of lassitude, dropsy and death? xxvi</p> <p><b>COMMENTARY • COMMENTAIRE</b> Should education be a prerequisite for the practice of medicine? xxix</p> <p><b>THE LEFT ATRIUM • CÔTÉ CŒUR</b> "Take my fleam, please!" A physician finds an outlet in standup comedy xxx</p> <p><b>QUERY • RÉFLEXION</b> Treating my aunt's furuncles xxxii</p>	 <p style="font-size: x-small; transform: rotate(-90deg); position: absolute; left: -40px; top: 50%;">Rowlandson, Ober Library</p>	<p><b>DEADLY SINS GAINING HOLD IN THE CANADAS?</b> iii, xx</p>
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