

and on the poet's irrepressible desire to articulate what it means to be alive:

I have discovered to my amazement
that I am unable to believe
in my own death.
I know that I will die but I do not
believe in it.
Then how is it there are times
when I am almost crazy with fear?

Alden Nowlan is one of a select few poets I turn to for help in negotiating the world of illness and injury. We traditionally assign that role to a family doctor; at the same time, some of us also benefit from the alternative counsel of a professional poet. As one of my oncology

colleagues says, "It's hard to be a human being." Reading Nowlan's poems doesn't make it any easier, but he does provide salutary insights into what Zorba the Greek describes as "the full catastrophe."

Alden Nowlan & Illness is an admirable work of art, part of a long tradition in aesthetically pleasing book creation. It is an object that provides tactile as well as intellectual pleasure. For those who've not yet met Alden, it is an artful introduction to one facet of the man and his words. To experience the full dynamic range of his voice, I suggest pairing your copy with *Alden Nowlan: Selected Poems* (edited by Patrick Lane and Lorna Crozier). In the in-

roduction to their collection, they outline the reason for Nowlan's enduring appeal:

Alden's poems continue to be published, read and talked about not only because he was a skilled craftsman and immaculate writer, but also because he had a great heart. Our literature has not produced another like him, none with the gift of such honesty and insight, and such a wry recognition of human frailties.

Don't wait too long to make his acquaintance: *Alden Nowlan & Illness* is limited to 150 numbered copies.

Vincent Hanlon
Emergency Physician
Lethbridge, Alta.

Room for a view

Friday afternoon

Melanie insisted on being his last patient on Friday afternoon. The doctor leaned forward and studied her face in his windowless hospital office. Under the fluorescent lights her skin was pale. Her eyes were glassy, blood-shot, half-closed.

"I am fine." Melanie sipped a Tim Hortons coffee. "I'm just tired, a bit."

"Are you sure?"

"Of course." Her eyelids dipped. "Would I lie to you?"

"You don't look so well," the doctor said. "Could you stick out your tongue?"

"I'd rather not stick out my tongue you know."

The doctor waited several seconds.

"All right, if I have to" Melanie opened her mouth. Her tongue appeared between her lips like a damp grey slug.

Melanie had been coming to these

appointments for three months, smiling, saying little, showing no feeling except when she told him last week that she had been abused as a child. She brought with her an intricate fragrance: a waft of perfume, an aroma of tobacco and coffee, a mustiness of old clothes and a medicinal Listerine smell

that emanated from her throat. She held a purse and a shopping bag. The doctor sniffed the air like a bloodhound, searching for other unspoken accents.

"Do I look ill?" Melanie asked.

"You do." The doctor backed away from her mouth and face. He tried to place the lingering

nameless scent, a subtle vinegary aroma.

She had been beautiful in her mid-thirties, with her clear jawline, broad forehead and luminous eyes — an ac-

cess in musical theatre. He had seen her on stage. Now she said she gave voice lessons and was otherwise unemployed.

Her eyes were dull and flat, her face swollen.

There were two selves to a person, the doctor thought, a public and private self. The art of medicine was to know both sides. Each of us has a private side, he thought. The patient's madness — that is, the shame and torment of her early abuse as a child — had been ignored by her parents. She had not been able to look at or think about the ordeal. Her feelings had been pushed far away. She still pretended that everything was fine — this was her facade — but the doctor listened to the pain and depravity underneath. Was he wrong to try to understand or listen? She acted as if she did not want to see it, or even think of it. It was so terrible she had to close her eyes, her feelings, to hide herself in her room for days.

On Friday afternoons she came out into the world.



Art Explosion

"You were falling asleep," the doctor said.

"No I wasn't."

"You've been taking drugs."

"I had my eyes closed."

"How are you feeling?" the doctor asked.

Melanie averted her eyes.

"You look sad."

Melanie stared, her eyes suddenly reddening. "Yes," she said. "I am sad."

"You've been on drugs. Tell me. I want to help."

"You can't help," Melanie said. "No one can help."

"What did you take?" the doctor asked.

There was a long pause.

"Valium."

"What else?" the doctor said.

"Prozac, Ativan, Tylenol. I drank red wine." She grinned.

"Yes," the doctor said. "How much did you take?"

"Enough for a big party."

"How much is enough?" the doctor asked.

"Enough to kill myself."

"I am concerned," the doctor said. "We should do some tests."

Melanie stood up, tottered, and walked half-way to the door.

"I have voice students tonight," she said. "Let me leave."

"I don't think you have any students," he said. "We have to check you out."

"I'm fine," Melanie paused. "Let me go."

"You told me you were going to kill yourself," the doctor said.

"Don't pay attention."

"You took an overdose. You're suicidal. I have to listen."

"Don't listen," Melanie said. "I didn't mean it. That was an act."

"Why did you tell me if you didn't mean it?"

Melanie's eyes glowered. He was seeing the other side: her self-hate. She

moved to leave. The doctor walked quickly to the door.

"I will charge you with assault," Melanie said.

The doctor phoned hospital security. Melanie lunged for the phone. She pulled it from the wall. She was quick.

"Let's wait," the doctor said. "We need help."

Melanie sat in a swivel chair. She held her purse and shopping bag close to her chest. She rocked back and forth, holding the bags as if they were children.

Two security guards, the doctor and a nurse wheeled Melanie in the swivel chair to the elevators. "You can't do this! This is assault." She kicked. "You're killing me!"

The elevator opened; they descended. The doctor gently held her fingers while she sobbed. "Are you happy?" she said through her tears. "You see what you did!"

The doctor led her to the emergency nurse and explained what had happened.

He was completing forms for invol-

untary hospitalization at the nursing station when the nurse returned. "Was your patient chewing something or other, Doctor, when she came down?"

"No."

"She's chewing — in her cubicle."

The doctor followed the nurse to his patient's cubicle. She had pulled four open vials of pills from her bags. She was emptying them into her palms, gobbling all the pills.

By late evening he returned to his office to check his messages. His wife and children were disappointed. The emergency nurse was furious. He was exhausted. He phoned a colleague for consultation. Was she getting better, or worse? Melanie was transferred to the ward. He had been seeing her for three months. Melanie told him that no one ever stuck with her.

But they had a standing appointment, next Friday afternoon.

Ronald Ruskin

Department of Psychiatry
Mount Sinai Hospital
Toronto, Ont.

Dysmenorrhoea

A survey of our case records reveals a number of significant features. For example, dysmenorrhoea is not, as is so often thought, restricted even in large part to single women and marriage of itself is rarely a cure for it. When marriage *per se* does appear to result in relief, it can probably be said to be due to relaxation from the mental and physical tension of unsatisfactory single life. It is hard to understand how marriage can alter any endocrine factors that might be responsible for the distress. It will be noted that a few women, indeed, have increased pain with post-marital menstruation, and this, too, is not to be rashly ascribed to adnexal infection. It is more likely an evidence of new mental strain. The mechanism of psychic control of menstruation and its disturbances is no less puzzling now than a century ago.

From Shute EV. Dysmenorrhoea. *CMAJ* 1940;42(2):149.