

CREATIVE WORKS

Leviathan

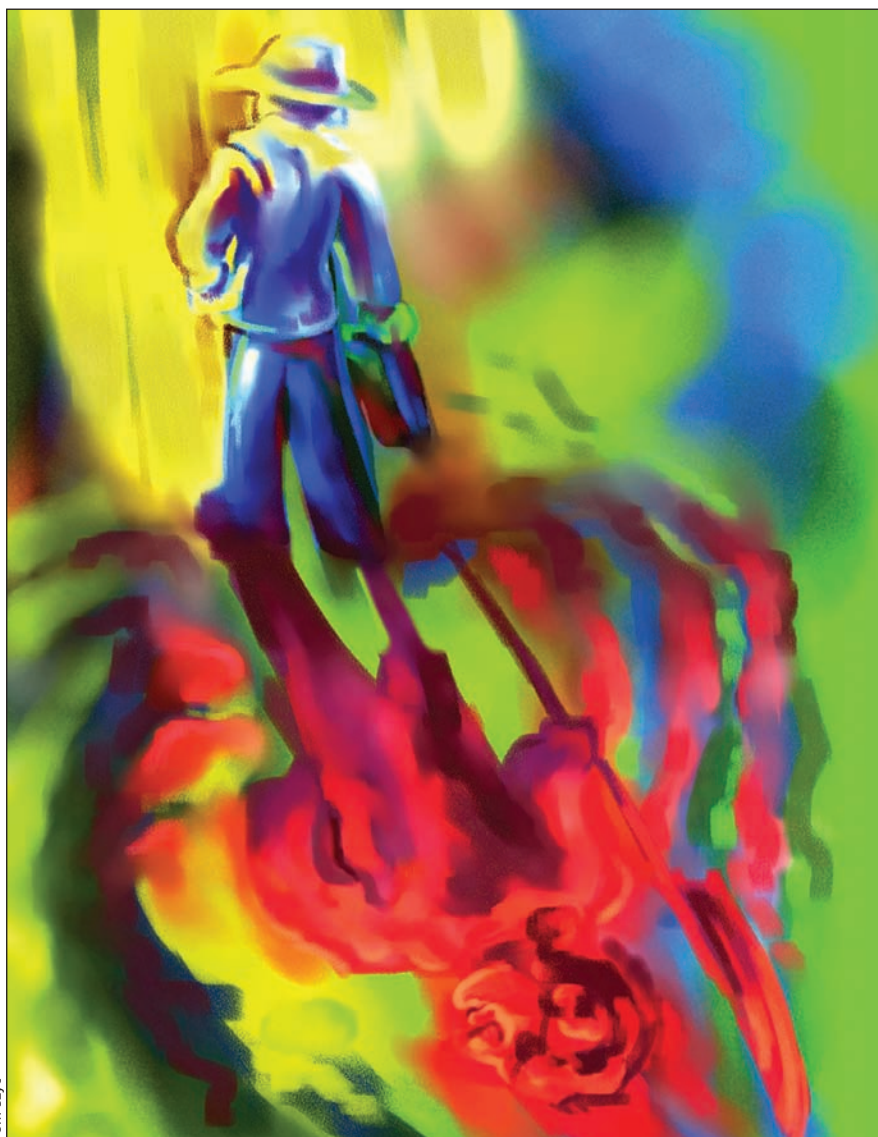
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“...a monstrous fable, or still worse and more detestable, a hideous and intolerable allegory.” — Herman Melville, *Moby Dick* (1851)

Somehow, I had forgotten that we decided to change our book club meetings from the third to the first Tuesday of the month until I received the reminder email. At 10 o’clock this morning. With 79 chapters of *Moby Dick* left to go.

Sitting on the couch next to the endocrinologist, I wonder whether anyone else hadn’t finished it. Unlikely. I am the youngest person in a book club composed primarily of brilliant retired physicians who have not only excelled in their medical careers, but who have read, between them, a vast library of nonmedical books roughly equivalent in size to the holdings of the Ancient Library of Alexandria. Collectively, they scare the hell out of me. They probably read *Moby Dick* weeks, if not decades, ago.

I sip Merlot, listening as the internist summarizes the book. The basic plot is familiar because it has been retold so many times in children’s picture books, comics and second-rate Hollywood adventure films. Even if I hadn’t made it past page one, I would have known it was the story of Captain Ahab of the Pequod, a man obsessed with killing Moby Dick, the white whale he blames for the loss of his leg. This brief description leaves out chapters of explanation about the whaling industry in the 19th century, classifications of whales, rambling tales and meditations on fate. The novel is like a churning sea, with waves of fantastical grammatical constructions and deep undertows of metaphor that can drag you far from shore. It’s not easy to read, and the gastroenterologist didn’t like it at all. “Dear God, please tell me you’re not going to give me more information on whales,”



Tom Szyk

he says, horrified, as the internist picks up a sheaf of printed notes.

I know what he means. Reading through the duller sections, I started to experience the book itself the way Ahab saw Moby Dick: as something to be defeated. Dead whale or stove boat, as the whalers would have said. As the discussion proceeds, the others also toss harpoons at the novel, trying to capture or subdue it. Why the strange structure of the book? Why does the figure of Ahab take so long to emerge from below deck? Is this really the Great American Novel? We want to know the answers. We aren’t English

professors, content with ambiguity, we’re doctors, and there are moments when it sounds like we are having a case conference about a particularly complex patient whose illness is refusing to follow the prescribed course.

It seems the consensus is that *Moby Dick* is overrated. One member murmurs to me that an English professor he knows called it “pretentious.” The gastroenterologist thinks the comic book version someone brought not only summarizes the story better, but conveys the themes more effectively.

“Don’t you think,” suggests our hostess, swimming against the tide of

opinion, “that if a book is great, you don’t always appreciate it on first reading?” She believes great books should be ambitious, and she admires the way *Moby Dick* does not back away from posing deep questions about life. At one point, Ahab asks himself, “What nameless, inscrutable, unearthly thing ... commands me: that against all natural lovings and longings so keep I pushing, and crowding, and jamming myself all the time?” There is no single answer, although the concepts of fate and free will play a role.

Someone wonders if Ahab is evil. “Perhaps the psychiatrist would care to comment,” another suggests politely. I defer, not only because I didn’t read the last half of the book, but because I have learned that bringing psychiatric viewpoints to bear on works of fiction sounds pompous unless it is done with great circumspection. I try not to be a psychiatrist at these meetings, with variable success.

As we wrap up the discussion and retire to the dining room for coffee, I wonder whether I should finish the book.

I have so little time to read. I am still in the throes of a busy clinical practice and I have three young children. While there were passages in the book of such striking beauty that I was transfixed, I found myself wondering why, if Melville could write like that, he hadn’t done so in the other 99 per cent of the novel. If I am going to spend time reading a book that has nothing to do with medicine, shouldn’t it at least be something I enjoy?

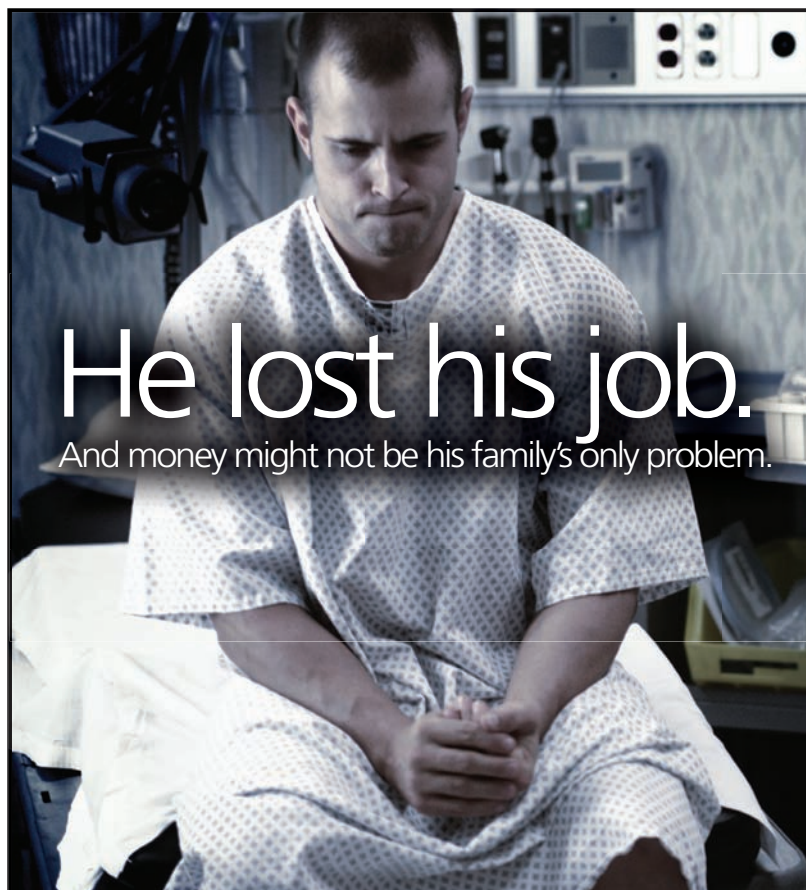
But I don’t know if I’m ready to put the book aside just yet. In the past year, I’ve been feeling a familiar restlessness, haunted by the “image of the ungraspable phantom of life.” I’ve been in practice for 10 years now. Where am I going next? What direction should my career take? Which winds should I catch? It is not an unaccustomed feeling for me: I am generally happy, but rarely satisfied. I always want to accomplish more, perform better, go further. Like the narrator of the novel, I feel a yearning for things remote: not distant lands, but goals and aspirations that are undeliverable, nameless. But even as I ago-

nize over my decisions and try to discern my purpose in life, I wonder how far my career will be shaped by deliberate choices and how much by unconscious desires, or happenstance, or fate. Mysterious forces send me chasing after something unseen and unknown that swims swiftly away under the surface of the water, eluding capture.

As I look around the room, I think of how much I envy these other members of the club who seem to have navigated their lives and careers so successfully. I wonder if they are content with their lives. I wonder what it would take for me to feel content.

The conversation dwindles. As I say goodbye until next month and walk out into the cool September evening, I see in my mind an image of the whale, floating portentously above me, “one grand hooded phantom, like a snow hill in the air.”

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For some men, unemployment can trigger domestic violence or even femicide.

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