succeeding confirmed my capabilities and empowered me to finally admit my dream of becoming a physician.

I went for it, and promptly found myself struggling to achieve medical school requirements while finishing a grueling professional degree. A plethora of new and complex tasks bombarded me. Time was running out. I lost all sense of control over my disability. Frustrated, I became my own worst critic. I burnt myself out, mired in a sense of constant failure. When I read, the words collapsed into a jumbled mess on the page. Every breath I took added kindling to a fire of anxiety deep inside my chest. I was losing control of my mind, my sanity and my future. Something had to change. Slowly, I began to accept my disability and limitations. Instead of reading things over and over, I wrote everything out word-by-word, and painstakingly recited my notes, as though memorizing lines for a play. Slowly, material began to stick in my brain. I applied to medical school and crossed my fingers.

Now here I am, a third-year medical student in the heart of my clinical clerkship year. Clerkship requires fast and efficient learning. The conundrum: learning in a constantly accelerating environment with a disability that slows me down. But I have one weapon: the determination to stick with something until I succeed. Something my childhood taught me in spades.

The hardest part of this journey has been learning to accept a part of me that I have kept hidden not only from the outside world, but also from myself. For years, I was afraid of the stigma that often comes with revealing a deeply personal and little-understood weakness. Yet only when I accepted my issues could I work through them and finally learn to cope.

Now as a medical student, I look at things differently. When I see the new challenges and struggles my patients face in tackling their new diagnoses, addictions and disabilities, I'm reminded of my personal struggle in tackling my disability. I feel the frustration they feel when their health care goals and challenges are not properly understood by those who care for them, just as my disability was at times not understood by those in charge of my education. In a system where so many are lost to follow-up, I see the power of what we as physicians can accomplish for our patients when we advocate for them, the same way those who advocated for me made such a positive impact on my life. What once seemed like such a burden now serves as my greatest asset in being compassionate toward my patients. It makes me human.

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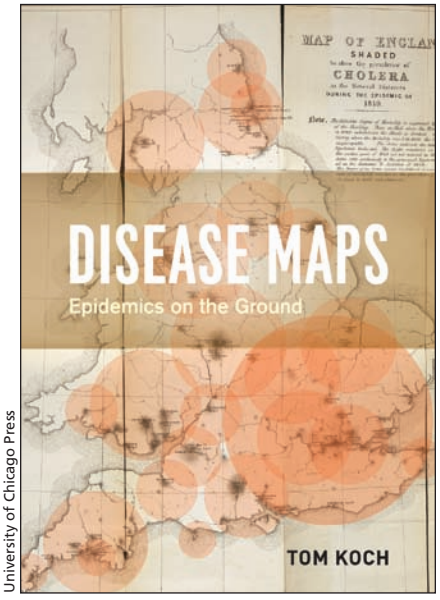
Books

Mapping as methodology

Disease Maps: Epidemics on the Ground
Tom Koch
University of Chicago Press; 2011.

It is almost impossible to attend a public health conference in Canada nowadays without some mention in the proceedings about the "built environment." Study within this emerging field looks at the interrelationship between urban design and its impact on sustainable, healthy living. Mapping the proximity of fast-food outlets to neighbourhood clusters of diabetes is one illustration of an exploratory study under this theme. Although the data produce products from digitalized geospatial analysis about the association between urban environmental features and chronic disease rates that may be relatively new, any delusion that mapping as a methodology is similarly new is quickly dispelled by Koch's foundational book, *Disease Maps: Epidemics on the Ground*. Maps have informed public health theory, investigations, understanding and political decisions for centuries.



University of Chicago Press

Koch's stately text develops and illustrates the argument that mapping the spatial relationships between disease and posited environmental influences is a methodology. As such, maps carry the exciting potential to identify and establish new empirical associations, yet they are susceptible to the same limitations of data accuracy and investigator biases as any other methodology — maybe even more so given our inherent tendency to conform visual information to known patterns. Readers forewarned: this can be especially concerning in the arena of public health when the backdrop to spatial patterns may be outlined by pre-existing political boundaries.

The author guides the reader through the maturation and exposition of disease mapping as a methodology in a series of 12 chapters divided into three sections, each supported by an impressive collection of archival maps and illustrations. The first section introduces the concept

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of cartographies of disease and documents the epistemology of the spatial classification of disease symptoms and origins. Advancements in the history of medicine, such as Vesalius' use of experiential knowledge to draw anatomy, align with developments in cartography, such as the insertion of longitude and latitude as spatial reference points to refine maps as tools of enquiry and empirical workbenches.

In the second section, the author invites the reader closer to the workbench, using cholera as the exemplar. Through critical review, assimilation and even secondary analysis of a century's worth of epidemiological data, maps and theories, Koch documents the range of mapping experiments conducted by scientists, physicians, bureaucrats and theologians as they strove to explain and control the local outbreaks of cholera that exacted a pandemic toll. He debunks the notion that John Snow was the singular hero who cracked the case by removing the handle from the Broad Street pump and rightly repositions the complexity of scientific investigation back within its broad and dissenting community.

The third section briefly features cancer as the new cholera and opens the door for innovative mapping techniques to explore the geospatial attributes of chronic diseases that today's studies offer about the built environment.

This is a gravid, heavy book about the often overlooked, yet extremely important spatial dimension of disease relationships. It merits slow pondering and deliberate thought, enhanced perhaps by a dictionary to look up the origins and meanings of certain words — eccentric, malaria and constantive — and a magnifying glass to zoom in on certain points in the illustrated maps not apparent to the onlookers on first inspection, particularly when they are biased.

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Poetry

Trainspotting in the clinic

We talked about his trains:
HO and N gauge, and even Z
which is two hundred twenty times smaller
than the real Santa Fe he rode as a kid
and is now too small to paint in his withered,
shaking hands
that swell on a sunny morning before
the next day of surprise showers.

We talked about the majestic mountains:
he carved them out of stacked, blue Styrofoam blocks,
then melted edges with hot wires to fall in butter
avalanches
and covered it with plaster cheesecloth
and brushed hues of brown, grey and green,
and glued sprinkled gravel and grass into
undulating meadows at the base
with a blue trickling waterfall of Magic Water cascading
down the side
running into a foaming stream where
he fly-fished as a kid in Colorado.

We talked about the rickety wooden bridge he built
across the gorge
that leads into the other cliff face beyond the orchard
and how he was troubleshooting for days to figure out
just why his Chattanooga would derail on exiting
the far tunnel —
he took apart the track, cleaned it, rubbed it, re-soldered
the connectors —
the switch is jammed, or there must be plaster caught
in the ties, he shrugged.

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He talked on and on about his old Baltimore & Ohio
steam locomotive
whose stack still billows wisps of actual smoke
if you pop off its golden whistle and squeeze down
some drops
but whose motor is now too gummed up to churn.

He talked 'til I stood on the caboose railing next to him,
watching the granite cliffside fade back,
the track slinking beneath us under a wake of smoke,
the thundering wheels and the occasional bell,
'til he leaned forward and shook my hand firmly,
"It's okay, doctor. I know it's spread,"
and we talked some more about everything but.

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