

rian. These beautifully illustrated books are now hard to find.

So why yet another addition to the Asclepius annals? Hart tells us that he hoped “to popularize Asclepius and interpret the present day use of his staff and symbol.” As was true for his predecessors, Hart makes extensive use of the monumental work of Emma and Ludwig Edelstein, whose two-volume *Asclepius: Collection and Interpretation of the Testimonies* appeared in 1945. It would have been helpful to mention that in 1998 the Johns Hopkins University Press brought out a paperback edition of this classic work.

Religious healing, as Henry Sigerist described so well in his chapter on the Asclepius legend in the second volume

of his *History of Medicine* (1961), has a very long history that continues to the present. Medicine, like all crafts or callings, has a need to remind its practitioners of their origins and purposes, hence the ever-

present fascination of books such as these. Even if there is nothing startling or very new in his account, Hart serves his purpose nicely by once again making readily available a discussion of the symbols of medicine.

There are a few jarring moments. To use the

term “health care” to refer to ancient Greek or Roman practices is one. In two notes there are errors. Hart fails to

mention that the work of Soranus on gynecology is readily available in an excellent translation by Owsei Temkin in a Johns Hopkins paperback edition. And to say that the British-born Elizabeth Blackwell, the first woman to receive a North American medical degree (in 1849), disguised herself as a man is not only wrong but misses the point that her feminine presence had a calming effect on the rude and boisterous farm boys who were her classmates.

All in all, Hart has provided us with a nicely produced and well-presented analysis of the origins and continuing use of the symbols of the healing god of medicine. Asclepius and his staff, with a single snake, are as enduring as medicine itself.

**Gert H. Brieger**  
William H. Welch Professor  
of the History of Medicine  
Johns Hopkins University  
Baltimore, Md.



*Lifeworks*

## Focus on attention deficit

For the third consecutive year, medical students at Dalhousie University have pooled their artistic talents in an exhibition of works that reflect on a medical theme. This year’s show explores issues surrounding attention deficit hyperactivity disorder.

“This [exhibition] allows us to speak to the public and provoke thought. That’s one reason ADHD was chosen. This disease is often misunderstood,” says Jonah Samson, a third-year medical student who originally launched the idea for an annual exhibition with an email to his classmates asking if they were interested in transforming their medical insights into works of art.

This year 38 students accepted the challenge and created installations, photographs, sound pieces, quilts, stained glass and even a diorama for *Focus: Zero In, Zoom In*, which ran for

two weeks in April at the Dalhousie Medical School.

Although the original intent was to nudge viewers into thinking about a particular medical issue and to provide a creative outlet for medical students, the annual exhibit has become a means “for students to learn about medicine in a different way,” notes Samson.

In his paper collage, *1280 Right Angles*, Samson tried to put himself (and the viewer) in the shoes of a child with ADHD by deliberately making concentration difficult. Brightly coloured squares within squares prevent the eye from resting on any one spot for more than a second. “The overall effect is that you can’t focus on any one colour,” says Samson, adding that compiling the collage was painstaking and labour intensive.

First-year student Madeline Morris looked at how ADHD affects a child’s



sense of self. She used wool to show how self-worth unravels as the disease distances a child from classmates and family. "I came across the analogy of weaving a blanket as a representation for building self-esteem. Each thread or colour represents a theme," she writes in the exhibition catalogue.

For second-year student Pat Felt-

mate, the discordance between familiar images of a carefree childhood and a life tied to medication is expressed in a digital image entitled *The Methylphenidate Machine*. It is a realistic depiction of a candy dispenser brimming with Ritalin. The reaction it evokes is eerie discomfort.

"It is often said that Ritalin is given

out like candy these days," Feltmate writes. "While this served as the inspiration for the image itself, the message I intend to convey is a reminder that long-term medication and childhood do not fit together."

**Donalee Moulton**  
Halifax, NS

## Room for a view

# The man in the johnny shirt

July 1st, my first day of McGill residency, I leave the Douglas Hospital at five. The Douglas is a sprawling mental hospital set among spacious parks in southwest Montreal. There are locked wards with depressed, violent patients; there are wards with ill geriatric and child patients.

In August I will be on call for the entire hospital of 2000 patients.

At noon, to relax, I wander the hospital perimeter, past the road where the St. Lawrence rushes by in dark currents, then north to the rear of the hospital by the children's section, where the fenced Lachine Canal flows. Between the waterways the hospital is remote from the world.

Inside, patients sit in corridors and move slowly. Some tremble, others stare, most eat lunch. I attend an afternoon orientation for new residents, then take a tunnel to the children's section. I emerge at "F" Pavilion, where I will work with preadolescents. Then I leave.

Outside, a few adult patients move in the July heat.

In the distance I see the man in white climb the fence.

The man in the johnny shirt slips one leg over the fence, then the other. He climbs down to the water.

I wake from my torpor, run across the road, scramble up the fence and, with a passerby, seize him as he disappears.

He fights us. Between gasps, he swears we should let him go. We pull him out from the water, kicking.

He punches me.

By the canal we lay him on wet long grass and order him to be still. We flag a car to call the police. The man in the johnny shirt rises to his knees and makes a move to run back to the water. I grab him and push his face into the grass.

"Say there," I say.

"Don't move."

"Fuck you."

The two of us are strong. He is thin. His skin is pale and covered with fuzzy brown hair. The water of the Lachine Canal is cool.

He trembles under our hands.

Spluttering, clearing his throat, he lies on his side. His damp johnny shirt slips up, exposing his body, which glistens in the sunlight like a flounder. I keep

both hands on him, to guard him from fleeing. When he stops coughing I ask what happened that he wants to die.

"Fuck you."

An ambulance, followed by a squad car, takes him away.

After, I ask myself: What if he had been a large man? What if I had been alone?

Two years pass.

I am in my fourth year as chief resident in psychiatry at St. Mary's Hospital, Montreal. One night in the inpatient unit I am dictating overdue charts when Céline, the head nurse, pops into my cubicle.

"Dr. Ruskin. You have to see a patient. *Now*."

"I'm doing a dictation ..."

"I can't get the on-call. The man in 633 looks weird."

"Weird?"

"*Bleu*," Céline says. "Dusk blue. *That* colour." She points to the mauve wall of the nursing station.

In medicine we are taught that the signs of disease are *calor, rubor, dolor, tumor*. Warmth, redness, pain, swelling.

Céline stops outside 633. "He isn't right. I checked his breathing," she says. "His pulse is up.

He says nothing is wrong.

No pain. No shortness of breath. He's reading *Time* in bed."

"What was his colour when you first looked?"

"At 19:00 hours, pink. At 20:00 hours, a bit blue."

