

STEVE

MCCAFFERY

Open Letter, Sixth Series, No. 9: Fall 1987

language is being manipulated as a
say that language is implicated as
ely have led to the mad, trampling
characterizes Western society. As v
r McCaffery. But, whereas Derrida
ntrism, and therefore unsuitable to
ees reference in the light of its n
s the

ed gives of something beyond language
and derived from an earlier theological

Open Letter

Open Letter

Sixth Series, No. 9: Fall 1987

151

from Music at the Heart of Thinking
(for Steve McCaffery)

Fred Wah

mht 64

The peripheral vision with half-closed eyes and the passing cars.

The grid or graph and the brick houses along this street in Toronto.

The Mind of Pauline Brain and a city, actually any place really.

The intestinal tract and the portable cassette tape recorder.

The weft the warp, the left the right.

The prison as you say the prism.

- The word as an intentional flaw in an otherwise perfect design and thought
as super glue in an unworkable plastic.

mht 65

Teleological mapping outside the realm of observation architected to the brain the edge of which you get so close to saxaphoning the right gap this spark plug explosion dieseling after the key's turned off invisible eme shapes still hanging around when she says roulette to you what is called meaning on the sound tract translated two levels under the lying Hermes should have said not to steal yourself yourself.

mht 66

Split screen concurrency like Williamsesque Kora repetition to accommodate the known language conspiracy this incendiary device shifts the fence out of the back yard and into the melody with an equally careful telos to quote you only then see F at that point does the genuine odour return.

mht 68

A scatology of this book index back to front problem how to reference shit sans number stone glad possible cold lump in their throats after she spoke of her anus mucous faeces foetus with a little warm piss dribbling down the lef who is the little 'i' who slid the bedpan under his ass with the sadness of death looming large on Ontario's acidic horizon whether or not it's her or he that's your anagogy for you the middle section of *Panopticon* vacant of shit until the repetitive fecal matter which writing blind bowel stirrings as a narwhal from the body words that form the 'hole' image dogma mouthed unfortunately with disgust except language stops to begin with.

Open Letter

Sixth Series, No. 9: Fall 1987

A CANADIAN JOURNAL OF WRITING AND SOURCES EDITED BY FRANK DAVEY.
Contributing editors: George Bowering, Steve McCaffery, bpNichol, Fred Wah. Assistant editors: Nancy Johnston and Michael Murphy.

Three issue subscriptions (Canada) \$13.50 and (international) \$16.00.
Edited and published at 104 Lyndhurst Ave., Toronto M5R 2Z7, Canada.

Unsolicited manuscripts, except poetry and fiction, are welcome. These must be accompanied by a self-addressed envelope and Canadian postage to enable return.

The greatest problem for the patient who wants to judge his doctor is not the acquisition of experience, education, and information. It is the acquisition of a willingness to judge. Patients in the thrall of the medical mystique are unwilling to examine their doctors.

THE FIRST

The first objective, then, is to puncture the myths of the medical mystique. Dr. Eliot Freidson, professor of sociology at New York University, lists six. The first is that the doctor is always saving the life of every patient he sees. That is simply not so. Most illness does not involve life and death, which means that many elements of judgment and training are not all that arcane.

A second element of the modern medical mystique is that medicine is a precise, effective science. The truth is that it's neither precise nor effective on many occasions; to the contrary, it may be imprecise and ineffective.

A third rationalization of the mystique is that judgment is so complex in medicine that the physician exercising it can't, himself, be judged. Not so — the diagnosing physician is often comparing symptoms to criteria that may be as basic and fixed as multiplication tables. To be a good diagnostician, he has to know his fundamentals.

WHICH

The fourth is that doctors are perpetually rational. This assumes that doctors are immune to human frailties, that they don't get tired or lose their edge. Doctors *are* human. They *do* get tired. Their interest *does* flag.

A fifth aspect of the mystique is that the quality of medical work is "assured by a long, arduous course of professional training." Actually, much of what was learned may be forgotten. Doctors' knowledge becomes stale. It requires constant replenishment through continuing education.

WANTS

Finally the medical mystique assumes that doctors comprise a responsible, organized profession dedicated to the