

Obituary: P. Latelet, February 11–21, 2006

P. Latelet of the peripheral circulation died of natural causes at the age of ten days. Born in the bone marrow, she is survived by her great-grandparent, Pluri “Potent” Stemcil. She is predeceased by her parent M. Ega Karyocyte, who was consumed by a mononuclear phagocyte after she gave birth to P. Latelet and her siblings. The product of an endomitotic division, P. Latelet was one of a set of octuplets. She is remembered fondly by her five surviving siblings, each of whom is exhibiting signs of senility, including shrinking size and loss of functional capacity. She was predeceased by her brother, who was activated by collagen and subsequently lost his identity when his body coalesced with those of others in the same primary haemostatic plug. Her sister was killed at the age of three days by the combined forces of an IgG antibody and macrophages, presumably in the spleen, during the ITP uprising.

During her life, P. Latelet lived both in the circula-

tion and sequestered in the spleen. Like her siblings, she was anucleate and infertile. She formed an irreversible bond to aspirin, which inhibited COX-1 and rendered her unable to produce thromboxane-A2. As a result, she was unable to participate in aggregations with other platelets when invited by a platelet secreting ADP, serotonin, thromboxane-A2 or another endogenous aggregating agent. This limitation did not impair P. Latelet’s ability to circulate freely and probably contributed to her long life.

By request, there will be no memorial service. Catabolism has already occurred. In lieu of flowers, the family would appreciate donations in memory of P. Latelet to support research into the cause of platelet death or a charity of your choice.

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Knit two, purl two: My therapeutic choice

Homemade Cookie Monster sweaters, red striped mittens, those warm wool socks and the unforgettable sound of metal needles click-clicking away on that old brown couch; these images are fragmented yet remain happily in my mind as memories of my childhood. At the time, I remember knitting seemed so abstract and old fashioned; and for those boys and girls who have never held a pair of bamboo needles, perhaps it still does. Knitting, however, has become part of my adulthood and I would like to share my thoughts with you about being a knitter and how, I believe, the practice of pharmacy and the tradition of knitting are not as different as they might first appear to be.

Knitting is a learned skill set which changes and grows so long as the knitter is willing to increase her knowledge of the craft. I started knitting when I was twenty-one and I am sure I will continue to polish my skills, and my needles, until my hands are no longer able. I started knitting just to see if I could. Upon first glance, the quick movements, the dexterity that is required and the skeins of yarn that roll along the floor may seem slightly overwhelming. The common questions arise: Can you show me again how to cast on? How do you know

when to increase a stitch? How do you decrease every other row? When do you cast off and start anew? I was amazed at the sweaters and shawls, hats and socks that my friends were able to produce with their own hands. I wanted to try, to give it a proverbial shot, but admit now that I had a veiled fear of embarrassing myself and ending up with a knot of wool at the end of my first attempt.

To my unexpected and welcomed surprise, knitting moved from a task-oriented “knit two, purl two” internal monologue into a relaxing, exciting and often challenging pastime. It is a rewarding experience to have the opportunity to make something with my own hands and I feel lucky that my mother was patient enough to walk me through the steps. Recently, though, I have come to acknowledge a deeper understanding. I knit not only for the enjoyment of it, but I knit for my health. Knitting is more than a hobby; it is a way of being with my self. It is, in fact, a meditation.

Pharmacy, perhaps, is not a meditation, but more a thoughtful process that also requires skill, patience and accuracy. It too is a learned skill set which evolves over time with the emergence of new products, practices and continuing education by and from the field itself. Al-

though the circumstances are quite different, the feelings inside remain the same. The academic demands placed on the student as well as the professional standards, expectations and responsibility positioned squarely on the shoulders of practicing pharmacists seem, at times, overwhelming, if not daunting. Nonetheless, we succeed; adapting to the environment, making changes in our practice and learning how to carry forward the new knowledge without leaving our current wisdom behind.

As with anything in life, one cannot function fully without a complete understanding of the basics. What comes with year one of the pharmacy curriculum is a deeper understanding of the fundamentals. There is a great frustration that is shared among students and is often expressed by their desire to pass quickly over the seemingly mundane subjects in order to learn the more interesting details of the countless disease states and the host of pharmacologic agents used to treat them.

And so it is for the young knitter who treads wearily along her needles with an ever-present sense of urgency in the movements of her hands which must only be thinking, if they could think, "I need to learn this faster. I want to make a sweater, or a purse, not these plain old scarves." I read an article once by a yogi-knitting writer that said "[when knitting] my tendency to rush through details is exposed" and it has stayed with me because the statement is true for all of us no matter the field we have chosen to practice within. Mistakes are made when we rush ahead and become distracted. For the pharmacist, this could be the difference between one misread prescription that results in serious harm or a mistake that is caught quickly enough before the wrong drug is dispensed; and what of the knitter? Rushing through the details can result in hours of silent aggravation as you curse yourself for glancing vaguely through the pattern. So, to both the pharmacist and the knitter, I say, slow down, enjoy yourself and learn to take your time, as there will be a day that comes, I am certain, when you will ask for simplicity and ease...or for just one slow moment in your day.

Now while the context is quite different, being sent into first year pharmacy skills lab with a recipe for prickly heat dusting powder and only a mortar and pestle in tow can be just as intimidating as picking up a set of your mother's old size 6 knitting needles, a used ball of wool and trying to cast on your first 25 stitches to make a scarf. Daunting? Yes. But, the moment of surprise comes later: for the future pharmacist it is when the prickly heat powder is tucked safely away in the hands of the lab instructor and for the novice knitter it comes when the scarf is wrapped warmly around her neck, ironically, on

one of the dog-day afternoons of summer.

The confidence builds as pharmaceutical compounds become more challenging just as it does when the knitter graduates from the scarves to the hat and further still to mittens (albeit those nasty little thumb holes just want to be left for someone else to finish, similar perhaps to having to make a coal tar salve at the end of an eight hour shift when you would much prefer to leave it for the next hand to complete). Both tasks can prove tedious, particularly when an active ingredient is omitted from the mix or a stripe is left of the cuff of a sweater and the whole sleeve must be torn down. Starting over is not easy, occasionally tedious and never a thrilling prospect, but ultimately, for both student and knitter, being able to produce something for someone with one's own hand is often reward enough.

Pharmacists and students alike are on the edge of learning and we should never dismiss this fact. There is no place for stagnant minds or bodies in this field. It is a profession that moves quickly ahead and carries with it great opportunity for education and change. Knitting, smile if you will, is not so different. New patterns, like new drugs, appear daily and it is the responsibility and duty of both the knitter and the pharmacist to critically appraise the patterns and literature, respectively, before making a decision on the preferred route of therapy.

And back, once again, to therapy. How do we choose? How do we know? What decision is the right decision? Is there a right decision? One could argue either side of any coin, perhaps; but, I believe that being well informed and having the ability to apply the knowledge to a patient makes the therapeutic choice more manageable for the practitioner. My decision then, my therapeutic choice, if you will, is to knit. The knitting gene was passed through my maternal family line and I am both grateful and accepting of its inheritance. I am fully aware of the adverse effects of stiff fingers, sore neck and the occasional problem of eye strain; cost is not often an issue unless the decision is to refuse generic and purchase solely brand material; contraindications are few and far between - unless of course you are adverse to learning something new; and efficacy is proven, no randomized control trials or meta-analyses to date; simply a growing cohort of women and girls who enjoy the thrill of clicking those needles and seeing what unravels as time moves on.

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