

READING JACQUES FERRON

Sardonic As An Idol: Jacques Ferron and the Fine Points of Medicine

Ian Cameron and Patrick Sullivan
Department of Family Medicine, Dalhousie University

Introduction

Jacques Ferron, the Quebec physician-writer, has created a body of work that reflects his experience in the context of his literary culture and medical background. His writing is deceptively simple with finely balanced sentences and compelling rhythms that bring delight. His characters are true and spring to life with subtle description and dialogue. Above all, Ferron is a master of complex brevity, and imbedded in the multiplicity of his stories are questions that are important for medicine:

How do you “realign medicine with life”?¹

How do you restore integrity to a patient?

Are physicians more discerning in their practice if they reflect on the lessons in stories?

Does Dr. Ferron provide answers in his vignettes?

It can be argued that these questions constitute some of the fine points in the art of medicine and in Ferron’s work they can be revealed without the presence of a doctor character. In search of answers, let us first explore Jacques Ferron’s vignette: “The Parakeet.”²

The Parakeet

The departure of her eldest had never upset her, for she had always managed to replace them as she went along. But there came a year when she was no longer able, having, as it turned out, produced her lastborn the year before. This was the end of her family. The lastborn grew and, growing nudged the rest, who, one after another, went their way.

“Soon they’ll all have left.”

“I hope so,” said the old man.

The wife looked at this husband of hers and thought what a fool he was, what an old fool. What disconcerted her was that he had always been this way and that she loved him. He was of the opinion that as long as you’d done your duty by your children, and they weren’t in poor health, they should be made to fend for themselves once they were of age – or sooner, in the case of the smartest ones; after that they didn’t belong to the parents any more, but to the whole world, and to the good Lord; you had to let them go, and even, if necessary, show them the way.

“Even the lastborn?”

The lastborn was no different from the rest, for the old man was poor and hadn’t the means to keep a single one. So in due course he, too left, and the mother fell ill.

“Very well,” said the old man, “but I’m warning you old girl: if you die, I’ll take a new wife.”

He thought himself clever. She thought what a fool he was, what an old fool. What disconcerted her was that he had always been this way and that she loved him. She couldn’t bring herself to leave him to another, and recovered. This changed nothing in the house, which was as sad as before. Even the old man was not happy.

Then, one day, they received from a daughter, who had never married, two parakeets in a white cage, birds the like of which had not been seen in the county, blue birds with masquerade beaks, which spent their time teasing, petting, nestling together to sleep, never tiring of love? two birds of paradise. As soon as they entered the house the sadness left

¹ The phrase is used in the presentation of Ferron’s 1965 editorial “General Medicine,” published in English translation in *The Medical Post*, April 4, 2006.

Selected Tales
of
*Jacques
Ferron*
translated by
Betty Bednarski

it. The old couple were delighted. Soon the cage got in the way. They opened it, and the parakeets flew about the house. The only drawback? the holes pecked in walls and ceilings. The old man had a hard time repairing the damage, but he was only too happy to do it.

“Damned birds! I’ll cut off their heads!”

The old woman looked at him and thought what a fool he was, what an old fool. What disconcerted her was that he had always been this way and that she loved him.

One winter afternoon, when the old man went out to fetch wood, one of the parakeets followed behind him and found itself burning in the icy air. Frantic, it flew straight for the sun. The old woman had rushed outside. Together on the doorstep, husband and wife watched as the bird fell, and they took it to be a sign that their own end was near. They went back inside. In the parakeet that lived on, the old man saw his bereaved wife, the old woman her widowed husband. Each was brokenhearted. Their last days were spent doting on the bird; by lavishing attention on it, they encouraged it to live. Each partner hoped in this way to lessen the other’s pain.

Each morning, the old man would say to himself: this day will be my last. At his side, the old woman would think: this will be mine. After a time, however, they changed their chronology, instead of the last day, preferring to say the last week, then the last month. When a year had gone by, and they still hadn’t died, they didn’t know what to think. Above their heads, the blue parakeet, with which they had become one, hovered motionless, sardonic as an idol.

Copyright © 1984 House of Anansi Press.
Reprinted with the permission of the publisher.

Commentary (Ian Cameron)

Walker Percy, the American physician-writer, values the role of stories in medicine. He argues they help us to defamiliarize patterns or situations that have become repetitious or so familiar that we ignore them. In medicine we frequently observe the interactions between people. The question is, do we discount this information and thereby undervalue certain aspects of the patient’s personhood. This phenomenon can be likened to professional strabismus, suppressing information from a lazy eye until we no longer see. Skilled writers help us regain that vision by telling stories that allow us to see people and situations in a fresh way. Jacques Ferron’s stories can defamiliarize what we fail to see or appreciate.

In the vignette “The Parakeet,” Ferron develops characters that are familiar. Jackie Gleason, in his classic television series “The Honeymooners,” created the memorable character, Ralph Kramden. Ralph is ample, grumpy, brash, embarrassing and sometimes threatening, “You ‘re going to get it Alice.” But in fact he is a roasted marshmallow? crusty on the outside, soft on the inside. Ralph obviously struck a note with the North American public and has been recreated in popular culture by the likes of Fred Flintstone, Archie Bunker and his most recent successful reincarnation, Homer Simpson. Similarly the female lead in the “Honeymooners,” Alice Kramden, lives on in Wilma Flintstone, Edith Bunker and Marge Simpson. These ladies are family focused, savvy in varying degrees, potentially vulnerable and at risk of being intimidated but rarely are. Ferron’s male and female leads in “The Parakeet” are in the Honeymooners’ genre but they are different. The pop culture characters are parodies, Ferron’s characters are more complex and grounded in

reality; these are people Ferron has encountered. Perhaps they are his patients.

In “The Parakeet,” when the mother is faced with the departure of her last child she says, “Soon they will all have left.” To which the husband replies, “I hope so.” The wife then looks “at this husband of hers and [thinks] what a fool he was, what an old fool. What disconcerted her was that he had always been this way and that she loved him.” This refrain is repeated by the wife after each of the husband’s grumpy pronouncements. When the final child leaves the wife falls ill and the husband says, “Very well, but I’m warning you, old girl: if you die, I’ll take a new wife.” A daughter provides a solution for their dilemma, a surrogate family – a pair of love birds. The birds are treated like family and are given the run of the house. Like family, they cause damage which the husband happily repairs while saying, “Damned birds I’ll cut off their heads.” Then tragedy strikes: one of the birds dies and this becomes an omen, signifying that one of the couple will die. Miraculously, this does not happen and the remaining bird takes on a supernatural role, looking down on the doting couple, “sardonic as an idol.”

This ending is mysterious, visually arresting and troubling. Why does Ferron choose to end the vignette in this way?

Is *he* being sardonic? Sardonic was originally a medical term referring to facial twitching. If you chewed too much of the Sardinian herb, *sardonica herba*, your face would twitch. The term *risus sardonicus* was also used medically to describe a distorted smile due to spasm of the facial muscles, especially in tetanus. Cholera victims depleted of fluids and electrolytes often went into dreadful spasms and died with a sardonic smile. In the modern usage the term sardonic denotes a scornful or cynically mocking stance. This modern definition suggests the sardonic idol reference might be an uncomplimentary reference to religion. Or Ferron may be tipping his hat to Flaubert, the distinguished late 19th century French writer who wrote a short story about an elderly woman and a parrot who comes to symbolize the Holy Ghost for her.³ However, given the context of a family struggling to adjust to a major life event, I think Ferron is adding a level of meaning to his story by defamiliarizing a situation and allowing us to observe a nameless mother and father not as a dysfunctional family but as distinct individuals who have developed a grumpy/loving relationship now centred on a parakeet that brings

meaning to their lives. As for the precise meaning of the sardonic gaze we may never know, but life is ambiguous and there are no certainties in medicine. What I do know, is that, as presented, the old couple would not consider the outcome a mockery.

By telling the couple’s story Ferron affirms who they are and by doing so “realigns medicine with life.” Ferron also affirms the notion that if answers are not apparent, we are to keep questioning.

Next, we will consider “La Mi-Carême,”⁴ a story about childbirth and the strange witch-like creature who is said to bring babies in the Gaspé region of Quebec.

La Mi-Carême

I was only a nipper, a kid from the Shore. At eight I hardly knew la Mi-Carême, since she had so far only come to our house at night. Then, one morning, my mother realized that things were going to be different for once. Speaking ever so softly, so as not to let me see her pain, she said:

“Go fetch Madame Marie.”

I ran and told the old lady, who quickly began changing into a clean apron. I stood waiting for her, thinking she would simply follow me. But no; her apron changed, she grabbed a huge stick and waved it over my head, crying: “You rascal, off with you!” I bolted, needless to say. My mother, who was watching for me, gave me a questioning look. I nodded my head in reply. A few moments passed. Then, another look, followed by the same reply. At last the old lady arrived, all out of breath. She fell onto a chair and, winking one eye, sized up the situation with the other. In no time at all she had turned on us children, who had never done her any harm. “Out with you!” she shouted. But we were too stunned to move. So, ever so softly, my poor mother was obliged to say:

“Now run along and go next door.”

When we came home, the old lady was waiting for us in the middle of the room, with her stick. Behind her, my mother lay in bed, quite still, and she turned her head towards us and smiled. Seeing this, the youngest ones, just chicks themselves and barely hatched, rushed over to her. The old lady caught hold of them and sat them firmly down.

“Don’t touch your mother,” she said. “La Mi-Carême has been beating her.”

And to me, she explained: “It happened while you were all next door. I’d just gone out to fetch some wood, when all of a sudden I heard terrible cries! I rushed back in, and what should I see but La Mi-Carême, right here in the house. I wasted no time. I lit straight into her with my big stick. Aië! Aië! Aië! She wasn’t expecting that, La Mi-Carême! Away she flew, out through the doors, out through the windows, out through all the holes and cracks. And in her hurry, guess what she left behind ... this baby!”

And the old lady winked one eye, watching me with the other.

“Rascal! Do you believe me?”

Yes, yes, I believed her. But already I could hear my father’s footsteps coming up to the house. The door opened. My father stood in the entrance, wearing his big boots, his hands all covered with scales, and he said:

“I thought La Mi-Carême was in the house.”

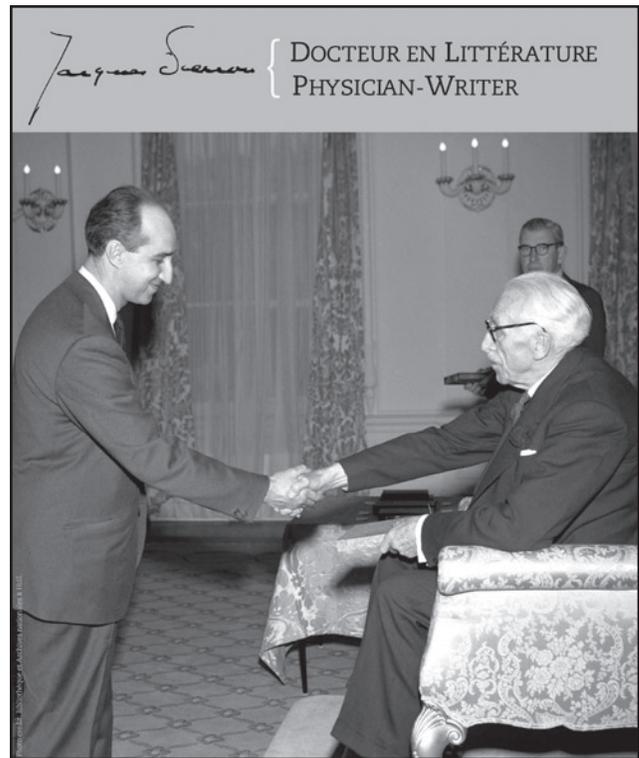
“She’s gone back to the woods,” the old woman said. “But just take a look at what she left us.”

My father bent over the tiny bundle. When he stood up he looked happier than I’d ever seen him. The herring scales glistened on his arms. He rubbed his hands and stomped his feet in his big boots. And I thought to myself, I, the nipper, that la Mi Carême ought rightly to have beaten him.

Copyright © 1984 House of Anansi Press.
Reprinted with the permission of the publisher.

Commentary (Patrick Sullivan)

What does this story have to say about “realigning medicine with life”? Perhaps it is most instructive in that it contains no physician, no representative of “biomedicine” or modern medicine. The midwife here is the authority figure in facilitating the birth, but clearly she operates outside the parameters of clinical medicine. This more folksy orientation of the midwife in contrast to the physician is depicted explicitly in Ferron’s “Little William.”⁵ This is to say that, while in “La Mi-Carême” the midwife does hold the responsibility for the mechanics of birth, as a physician would, her conceptualization of the process, at least as she relates it to the family, accords with the region’s folk beliefs. She is a member of the community, integrated in its belief system. Beyond this, she is “on the patient’s turf,” so to speak: the impetus



Jacques Ferron receiving the Governor General's Prize for his short stories in 1962.

lies with her to align herself with the popular beliefs and rituals.

Clearly, in this case, the nature of the medicine being practised is perfectly aligned with the family’s life in its most authentic sense. Conversely, most present day medical care occurs in clinics or hospitals, which have their own narratives: stories about infectious agents and “lesions” and chronic diseases; how they evolve over time, their “pathophysiology,” illustrated with “diagnostic images.” While these certainly constitute a genre of story, it is only the story of patients’ bodies, and this narrative itself may not carry a great deal of meaning for patients. To illustrate: if a prototypical hospital birth is considered, the medical story involves the rate at which a cervix dilates and thins, the frequency with which contractions occur, and the fetal heart rate. While these constitute the subdivisions of a process which has been mechanized in pursuit of “better outcomes,” these are not entities which figure into the patient’s experience of life.

I obviously don’t know from experience, but from a labouring mother’s point of view, it may feel more true to say she is being beaten by a witch than to say she is progressing through the second stage of labour more slowly than expected. At the same time, the constantly increasing sophistication of

the “medical stories” – that is to say, medicine’s technical and procedural capacities, allows for life itself to begin in cases where in the past it would not have. The easy answer to this question is that the life of a patient and the life of a patient’s body are parallel narratives which must be equally regarded and attended to by physicians. The challenge for clinicians who are immersed in the “medical story” and the medical milieu is to retain some awareness of and appreciation for the patient’s “life world,” as it has been referred to in the social sciences, for example by Hick.⁶ The question that remains is: How much awareness is *enough*? How much is *too much*?

Another of the questions posed by us at the outset was: How do you restore integrity to a patient? Restoring a patient’s integrity can be conceptualized in different ways. It can be understood in a strictly medical way, as the restoration of anatomy and function. A more encompassing understanding of this probably seeks to “realign medicine with life,” as discussed above. In “La Mi-Carême,” the midwife might be seen to *maintain* rather than restore her patient’s integrity. By this I mean that for this midwife parturition is clearly not to be understood as an illness, as it has tended to be by physicians in the past. In facilitating the birth, she conforms herself to the ideas and beliefs of the patient and the patient’s family. However, it is important to note that in so doing she takes liberties with the literal truth in order to preserve for the story’s young narrator the culture’s and the family’s symbolic truth about birth.

This sort of symbolic truth telling becomes more difficult in today’s pluralistic society. The prevailing stories by which we live are less easy to identify. We live in a more individualistic age, in which presumption of a person’s belief system can be received as paternalistic, or worse. The bioethical principle of patients’ autonomy requires that they be given the facts of their situation and their options and be allowed to decide for themselves how to proceed. Use of analogy or symbolism by a physician requires a great deal more discretion and perception than it did in an age where aspects of culture were more pervasive and uniform. In such a context, I would suggest, reading of Ferron’s tales might develop physicians’ discernment capacities. Trying to extract answers from his complex, brief pieces might be analogous to this same process as it occurs in human interaction. While in one sense

these tales can be seen as historical artifacts, they also relate human interaction in its essence, and in this sense remain instructive, and are timeless.

REFERENCES

1. Ferron, Jacques. “General Medicine.” English translation and presentation by Betty Bednarski. *The Medical Post*, April 4, 2006, p. 26-28.
2. Ferron, Jacques. “The Parakeet.” *Selected Tales of Jacques Ferron*. Translated from the French by Betty Bednarski. Toronto: House of Anansi Press, 1984 (reprinted 2005), p. 154-156.
3. Flaubert, Gustave. “A Simple Heart.” *Three Tales*, Middlesex, U.K.: Penguin Books, 1961, p. 17-56.
4. Ferron, Jacques. “La Mi-Carême.” *Selected Tales of Jacques Ferron*, p. 91-93.
5. Ferron, Jacques. “Little William” (translated from the French by Ray Ellenwood). Printed in Betty Bednarski, “The Possibilities of Story: Jacques Ferron’s ‘Little William’ and the Teaching of Obstetrics,” Peter Twohig and Vera Kalitzkus, eds., *Interdisciplinary Perspectives on Health, Illness and Disease*. Amsterdam/New York: Rodopi, 2004, p. 113-134.
6. Hick, C. “The Art of perception: From the Life World to the Medical Gaze and Back Again,” *Medicine, Health Care and Philosophy*, 2: 2 (1999), p. 129-140.

**CONSIDER FAMILY PRACTICE
IN BEAUTIFUL NORTHERN BRITISH COLUMBIA, CANADA**

Opportunities exist to join a busy existing private practice arrangement and clinic with several other physicians or to practice in a clinical service contract arrangement.

We are currently recruiting General Practitioners for the following communities:

<p>District of Mackenzie www.district.mackenzie.bc.ca</p> <p>City of Quesnel www.city.quesnel.bc.ca</p> <p>The Village of Hazelton www.village.hazelton.bc.ca</p> <p>District of Fort Nelson www.northernrockies.org</p> <p>Hudson's Hope (f/s (D&T) Center) www.dist.hudsons-hope.bc.ca</p>		<p>City of Dawson Creek www.dawsoncreek.ca</p> <p>The Village of Burns Lake www.burnslake.org</p> <p>District of Fort St. James www.fortstjames.ca</p> <p>The District of Chetwynd www.gochetwynd.com</p>
---	---	---

LIFESTYLE

Beautiful British Columbia's Northern Health Region offers opportunities for virtually any activity. From countless outdoor and recreational pursuits to all that an urban environment can provide. Plus fantastic camping, fishing, hiking, riding, skiing and snowboarding for the outdoor enthusiast. For more information about Northern BC visit <http://www.nbctourism.com>.

INCENTIVES FOR BEING IN NORTHERN BC:

- Signing Bonus of \$10,000
- Up to \$15,000 for relocation
- Between \$11,016 and \$31,375 Rural Retention flat fee premium per year
- Fee for service premium of 12% - 30% depending on community
- Assistance with Privileges, Immigration / Work Permit and Provincial Licensing


northern health
 600 - 299 Victoria Street
 Prince George, BC V2L 5B8
 Toll Free: 1-877-905-1155
 Phone: (250) 565-2555
 Fax: (250) 565-2640
www.northernhealth.ca

*For further details, please contact:
Elizabeth Whittles physicians@northernhealth.ca
We look forward to hearing from you!*