

large stacks on the floor. More cheerful and familiar works include the gorgeous 42-foot-long *Reflections of Clouds on the Water-Lily Pond* by Monet. And rooms full of Matisse, Picasso, Kandinsky, and Jackson Pollock. Too pedestrian for you? How about two ordinary wall clocks, side by side, set to the same (actual) time?

Next, a work that would make our collecting — we did not say packrat — mothers proud: Charles LeDray's *Oasis*, a display of perhaps hundreds of tiny glazed ceramic pitchers, vases, and bowls, set on six glass shelves in a large vitrine. Each little object is delightful, and the effect of so many of them grouped together is dramatic. And speaking of multiples, Josiah McElheny's *Modernity Mirrored and Reflected Infinitely* is simply mesmerising. Stopped bottles made of mirrored blown glass are set in a aluminium metal display case with lighting and two-way mirrors, such that they are endlessly reflected — in the bottles, in the mirrors, row upon row, extending, well, infinitely. Innovative and stunning.

One of the things that makes modern art so intriguing is its range of materials. Canvas, paint, ink, and paper constitute a small and quiet beginning. After that, there is a veritable flood of increasingly odd items: wood, cement, leather, string, neon tubing, transformers, wire, maps, gelatine silver prints, board, porcelain, beads, pillows, quilts, sheets, grease, staples, sand, two ears of corn, a baguette, and, memorably, a hare. Unlike the roomful of live pigeons that were a part of a recent Matthew Barney exhibition, this bit of inspiration appeared to have met with a taxidermist.

You know those great lines Frank Sinatra sang in *New York, New York* — 'New York, New York, it's a wonderful town/The Bronx is up and the Battery's down'? All of that is still true, but right now, there's even more to celebrate: the pound is up and the dollar is down! The new MoMA is so bold, audacious, and exuberant, you really can't afford to miss it.

FAITH MCLELLAN
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Leone Ridsdale

Conversations imagined and remembered

I'm no Shipman, but a normal GP. The memorial garden in our village has many names I recognise.

There was one of my first patients. She called me to see her in her flat behind a pub. I knew her by reputation. She had been a dancer. She was one of the few people allowed to remain as licensee after her husband died. It said a lot for her popularity, and her capacity to manage people. My father used to visit the pub once a week. It was a good rallying-point for people of a certain age.

She felt generally weak and off colour. I took some blood and sent it off to the hospital. She asked me to call next time outside of opening times. She did not want anyone knowing she was seeing the doctor.

During the following week I heard nothing from her and nothing from the hospital, and felt slightly uneasy about this. I had been working abroad for a few years and expected, without being sure, that the hospital would tell me if there was any definitely abnormal result.

Then I got a result in the post. Her haemoglobin was significantly low at 6 g/dl. I went round to see her, and looked through her old notes. In the 1980s notes consisted of lot of cards, named after Lloyd George, which were in no particular order. I found she had had breast cancer about 15 years ago.

Later on I 'phoned the hospital, and asked if it was usual to receive such abnormal results by post. I was a new doctor and did not know the ropes. If this were usual I would need to telephone whenever I thought something might be wrong. It would do me no good to have patients like the village publican go off, while I waited for a telephone call, if abnormal results were usually sent by surface mail.

The hospital pathologist 'phoned me back. He was angry that I suggested that there was anything wrong about what had happened. From his perspective I had no right to question the hospital system.

The publican had a recurrence of her carcinoma. She got sicker and sicker. She continued to run the pub from her back room. She had nowhere else to go, and no wish to go. She always seemed stalwart, wanting to minimise the social consequences of her illness. I suppose I found this comfortable too.

Eventually I had to put her in the village hospital. Early one Saturday evening when I went to see her, she had a lot of pain. I said I would increase her morphine.

The light was falling as I stood up to go. When I reached the end of her bed, she said 'Is this what it's like?'

I'm not sure if this needed an answer. I'm not sure if I could have answered. I paused in the gathering darkness, not sure what to say. Was it the pain she meant, or death itself? I did not know. I am still not sure if she wanted an answer. I went out of the room.

She died that weekend. Her son appeared from abroad and cleared her things away.

I often thought of her with respect and warmth. When I like people of a certain age, I tend to collude with them in reticence. But what if they want to speak?

It seemed as though she and I had stopped in mid-conversation, and sometimes I wanted to reply, perhaps to reassure her or me, or perhaps simply to acknowledge her coming death.

After this I decided to go on a course at St Christopher's Hospice.