

INTERTEL

A MATTER OF TIME

PRODUCED BY THE
CANADIAN BROADCASTING CORPORATION

WRITTEN BY
WILLIAM WHITEHEAD

WITH
LEE PATTERSON
AS
TED ANDERSEN

IRENA MAYESKA
AS
MRS. ANDERSEN

HILARY VERNON
AS
ANN

PRODUCED AND DIRECTED
BY
VINCENT TOVELL

IN CO-OPERATION WITH
THE STAFF OF
THE PRINCESS MARGARET HOSPITAL
TORONTO
AND
THE ONTARIO CANCER INSTITUTE

The Doctors and Hospital Staff in this film are real.
Ted Andersen and his story are fictitious.

SEPTEMBER 1967

"INTERTEL"

"A MATTER OF TIME"

VIDEO

TED ENTERS HOSPITAL.
STOPS AT FRONT DESK. WE
SEE ONLY HIS LEGS.

MCU TED WALKING DOWN
CORRIDOR. STILL ONLY
LEGS VISIBLE. SUPER:
"A MATTER OF TIME."

AUDIO

Announcer (V.O.)

The doctors and hospital staff
in this film are real. Ted
Andersen and his story are
fictitious.

Ted Anderson (V.O.)

Excuse me.

Receptionist (V.O.)

Can I help you?

Ted (V.O.)

Yes, I have an appointment
for an examination.

Receptionist (V.O.)

Just go down this hall here
and then turn to the left.

Ted (V.O.)

Thank you very much.

Mrs. Andersen (V.O.)

Ted?

VIDEO

SUPER: PRODUCED BY
THE CANADIAN BROADCASTING
CORPORATION.

WE FOLLOW TED DOWN
CORRIDOR. HE TURNS
CORNER.

SUPER: FOR INTERTEL
A PROJECT FOR INTER-
NATIONAL UNDERSTANDING
THROUGH TELEVISION

AUDIO

Dr. Davidson (V.O.)

We are short of time.

Dr. Dworkin (V.O.)

Time is of the essence here.

Mrs. Andersen (V.O.)

Ted, you'd better hurry.

You're going to be late.

Ted (V.O.)

How long is this going to
take?

Operator (V.O.)

Sorry, no answer.

Ann (V.O.)

They're really marvellous.

They do everything they can.

Ted (V.O.)

Why me? What did I do?

Why did this happen?

VIDEO

SUPER: IN CO-OPERATION
WITH THE STAFF OF THE
PRINCESS MARGARET HOSPITAL
AND
THE ONTARIO CANCER INSTITUTE

PHOTOGRAPHER TAKES
I.D. PHOTO OF TED

MCU TED, THROUGH SCALES.

AUDIO

Mrs. Andersen (V.O.)

Ted, don't forget to call
me.

Ted (V.O.)

I won't. Don't worry
but if I'm not back in three
or four days, come looking,
eh, sweetheart?

Ted (V.O.)

When do I have to be there?
How much time do they need?

Ann (V.O.)

Could you tell me, please,
will the doctor be much
longer?

Photographer

That's fine ... just look
straight ahead into the
camera. This is just a little
identification photograph.

Nurse

Would you step on the scale
please?

VIDEO

DOCTOR EXAMINES TED.
TAKES BLOOD PRESSURE

I.V. NURSE TAKES
BLOOD SAMPLE

AUDIO

Ted

I'm not a cripple!

Mrs. A. (V.O.)

Will you please phone me as soon as you can, Ted?

Nurse (V.O.)

I'm sorry, but the doctor is busy this afternoon Mr. Andersen. But we should take you in shortly.

Ted

Dr. Diaz. That's a good Mexican name.

Dr. Diaz

Yes, very typical.

Nurse (V.O.)

We're ready for your blood test now Mr. Andersen.

Volunteer Worker (V.O.)

Well, it was rather a nasty day to have to come out so early for an appointment.

Nurse (V.O.)

Mr. Andersen, will you please see the nurse in Room 114?

VIDEO

PATIENTS WAITING
IN CORRIDOR.

AUDIO

Nurse (V.O.)

Mr. Andersen, before you
leave will you go and see the
Social Service Worker please?

Nurse (V.O.)

Mr. Andersen, Mr. Andersen,
do you have your appointment
for Wednesday afternoon?

Dr. Peters (V.O.)

Every patient whose history
and clinical findings have
been well documented provides
a good source of knowledge.

Social Service Worker (V.O.)

Mr. Andersen, you've really
had a long day of it,
haven't you?

Ted (V.O.)

Yes, it's quite tiring.

Social Worker (V.O.)

Oh, it must be. This is
your first time to the
hospital, is it?

Ted (V.O.)

Yes, it is.

VIDEO

AUDIO

Ted (V.O.)

I've never been sick
before!

ANN IN CORRIDOR

Ann (V.O.)

Same time tomorrow. Same
time, same place, same
people. All of us.

SWITCHBOARD

Operator

3 OPERATORS AT BOARD.

Princess Margaret Hospital.

(Pause)

I suggest you see your own
doctor sir. This is a
treatment hospital only.

(Pause)

He will refer you here if
need be.

MONTAGE STILL PHOTOS

Ted (V.O.)

TED AT HIS OWN DOCTOR'S
OFFICE.

So to get the policy I
had to have another
checkup.

First thing I know, he's
asking me how long I've
had the lump in my neck.

I hadn't even noticed it.

VIDEO

CU MICROTOME

SLICING TISSUE

PATHOLOGY DEPT.

PATIENTS WAITING.

ANN IN CORRIDOR

AUDIOTed (V.O.)

I took a few days off.

It wasn't much of an operation. They just took the lump out and said they wanted to have a good look at it under the microscope.

Dr. Brown (V.O.)

What you're looking at under the microscope is a very thin slice of tissue stained for specific elements and magnified many times; and so, in effect, we're looking at shadows of a disease process ...

Dr. Hasselback (V.O.)

The majority of the patients that we see are aware that they have a serious disease and in talking to the patient one has to keep this in mind.

Ann (V.O.)

It started about two months ago. I was on my way downtown to do a bit of shopping and as I was getting off the bus I noticed a pain. I wondered what on earth it could be (fades out)

VIDEO

MEDICAL RECORDS

CUT TO

TED ALONE PACING IN
CORRIDORCUT TO DEPARTMENT OF
NUCLEAR MEDICINE
TED ON TABLE

TED UNDER SCANNER

AUDIODr. Bergsagel (V.O.)

Since the hospital opened
we have prepared new hospital
charts for 60,000 patients.
During the past year we
registered thirty-five
hundred new patients and we
also saw patients on
follow-up visits on thirty-
one occasions.

Ted (V.O.)

Tell me doctor, what am I
doing here?

Dr. Dworkin (V.O.)

What we're looking for is
spread of the tumor to other
places within the body, and
one of the places is the
liver.

Ted (V.O.)

That uh ... stuff you
injected. What's that?
Where does that come from?

Dr. Dworkin (V.O.)

This is a small amount of a
radioactive drug which when
given intravenously
accumulates in the liver.

VIDEOAUDIO

Ted (V.O.)

...That machine...what's
coming out of that at me?

Dr. Dworkin (V.O.)

Well, this machine has
nothing coming out of it.
We call it a scanner and a
portion of it is able to
detect the presence of
radioactive material in the
body and the instrument can
print out the distribution
of this radioactivity and
produce a picture which is
known as a 'scan', a
pictorial representation,
graphically, of just which
spots in the liver ...(fades
out)

CUT TO CHILDREN'S
CLINIC

Dr. Simpson (V.O.)

Cancer is usually thought
of as a disease of older
people. But in actual fact,
in this hospital, about one
patient out of every forty
is under fifteen.

Nurse (V.O.)

Oh, the children are wonderful
patients. As long as they're
not frightened the first time

VIDEOAUDIO

Nurse (V.O.) continued
we very seldom have any
trouble with the children...

Mrs. A. (V.O. echo)
Oh Ted, don't be silly.
it's nothing.

Ted (V.O. echo)
I don't care. I think we
should take her to the
doctor. You never know.

Mrs. A. (V.O. echo)
Allright daddy. Calm down.
It's just a scratched knee.
She'll survive.

Volunteer Worker (V.O.)
Do you like that? Here's
a dolly, look at the nice
big dolly. (fades to B.G.)

PATIENTS WAITING

Dr. Bergsagel (V.O.)
Children have a funny
attitude towards illness.

Most children never ask a
direct question as to what
the disease is that they
have, or what their outlook,
what they can expect from life.

VIDEO

CUT TO TED IN CHAIR
OUTSIDE X-RAY DEPT.

LOOKS AT CLOCK

TECHNICIAN TAKES
TED INTO X-RAY ROOM.

TECHNICIAN POSITIONS
TED AND TAKES X-RAYS

AUDIO

Dr. Bergsagel (V.O.)

One of the things that bothers
my friends about having me work
at a cancer hospital is that
they feel I must become very
depressed at having to deal
with a disease for which
cures do not come easily.
However, I have to tell them
that I'm satisfied with much
smaller goals than this.

Ted (V.O.)

Oh, oh. I said I'd be back
at 12:15. That's one
appointment I'm not going
to make.

Dr. Bergsagel (V.O.)

We do make them feel better.
We prolong their lives
significantly.....

X-Ray Technician

Way over there facing that
gray plate.

Ted

How long is this going to take?

Technician

Oh, about three minutes.

VIDEOAUDIOTed

I've been waiting an hour
and a half.

Technician

An hour and a half...you
haven't been waiting that
long.

Ted

Well, it seems like it.

Technician

Well.

(pause)

Don't move now. Okay, that's
fine. That's one picture.
Just relax. Now, turn side-
ways. No, this way...your hands
up on top of your head. Bring
your....(overlap)

Dr. Davidson (V.O.)

Normally, many parts of the
body are invisible on X-rays
and to render these visible
one must inject a substance
into the tissue concerned and
this will appear on a subse-
quent X-ray film.

TED WHEELED INTO
OPERATING ROOM ON
STRETCHER,
BAREFOOTED.

VIDEO

OPERATING ROOM
SEQUENCE
(LYMPHANGIOGRAM)

AUDIO

Dr. Officer:

The idea of the dye is to stain the foot, and this picks out the vessels, the lymph vessels, that we're interested in, which are running up the foot here as you see, these blue streaks. And the idea is that we freeze the foot on each side just over one of these vessels and then I'm going to dissect one of them out, put a needle into it...you won't feel anything. The only tedious part of this examination is that you have to lie in here for a couple of hours.

Ted:

A couple of hours!

Dr. Officer:

A couple of hours. That's all.

Ted:

Well...

Dr. Officer:

You can read. Do whatever you like. As long as you keep your feet still. Now I'm going to go and scrub up now and I'll

VIDEO

AUDIO

Dr. Officer: (continued)
be back with you in a few
minutes.

Ted:
Alright, thank you doctor.

Nurse:
Would you like to read, Mr.
Anderson?

Ted:
Yes, thank you.

Nurse:
Fine.

Ted:
Anything but the medical
journal.

Nurse:
Oh, I'll see if I can get
something else.

LOOKS AT HIS FEET

Ted:
Pretty blue feet.

BRINGS MAGAZINE

Nurse:
I think you have a fair choice
here.

15.

Ted:

Thank you. (pause) Blue feet!

Dr. Bergsagel: (V.O.)

A patient with cancer often wonder why he developed cancer and he worries that there may have been something he could have done to prevent its occurrence. Unfortunately, since we don't know what causes cancer, there's very little we can do in advising him as to how it can be prevented. At the present time, the most important advice we can give patients is that they should not smoke because this definitely increases the frequency of lung cancer.

DOCTOR PREPARES
TED FOR INCISION

INJECTS ANAESTHETIC

Ted:

You do the same thing to each foot, doctor?

Dr. Officer:

Yes, the same thing exactly to each foot. So you've got one more prick to come.

Ted: (V.O.)

Well, if they can be cheerful

16.

VIDEO

DOCTOR MAKES
INCISION AND
INSERTS TUBE FROM
PUMP

AUDIO

Ted: (continued)
about the whole thing, I
guess I can too.

Dr. Officer:
Here we go then. That...
hurt you?

Ted:
No.

Dr. Officer:
No? Just feels like a piece
of wood, does it?

Ted:
Yes.

Dr. Officer:
That's fine. Here we go.

Nurse:
I have your coffee Mr.
Andersen.

NURSE BRINGS TED'S
COFFEE

Ted:
Thank you nurse. Miss Walker,
isn't it?

Nurse:
Yes.

17.

VIDEO

AUDIO

Ted:

Didn't know you in your Lone
Ranger mask.

Nurse:

How are you feeling?

Ted:

Fine, just fine, thank you.

Nurse:

Fine.

DOCTOR SUTURES
INCISION TO HOLD
FEEDER TUBE IN
PLACE

CONNECTS PUMP
WHICH FEEDS DYE
TO LYMPH SYSTEM

Ted: (V.O.)

I'd heard about tests, but
I didn't know there were so
many of them. And so many
different people involved.
They're all so pleasant. I
wonder how they do it? You'd
think it would get to them.

Dr. Johns: (V.O.)

Cancer research covers a
tremendously broad range of
subjects. We have in this
building physicists and chemists
and bio-chemists and geneticists
and micro-biologists, immun-
ologists and mathematicians
and we're all working together

18.

VIDEO

TED DRINKING
COFFEE

AUDIO

Dr. Johns: (continued)
on the one problem which is
the cancer problem.

Ted: The straw collapsed.

Nurse: How's your coffee,
Mr. Andersen?

Ted:
Very nice, thank you nurse.

Nurse:
Fine.

Ted:
Have a sip if you like.

Nurse:
Pardon?

Ted:
Like a sip?

Dr. Officer:
No, thank you, we'll get ours
after. (laughing)

DISSOLVE TO
MONTAGE STILLs. TED &
WIFE OUTDOORS AT
SCULPTURE EXHIBIT.

MUSIC BG.

VIDEO

RETURN TO MCU TED
ON OPERATING TABLE.

DISSOLVE TO INTERIOR
TED'S HOME. TED &
WIFE IN KITCHEN TED
REPLACING A BULB IN
CEILING FIXTURE.

BULB FALLS AND
BREAKS. THEY
EMBRACE. FREEZE
ON EMBRACE.

CUT TO OPERATING
ROOM. TED DOZING.

AUDIO

Ted:
Very funny.

Mrs. A:
(Laughing) What are you doing?

Ted:
Well, you could help. Wash
that dirty thing there,
please...

Mrs. A:
It's not dirty, I just washed
it. ...Ouh, look out (laughter)

Ted:
Now look what you did.

Nurse: (V.O.) ECHO
How are you, Mr. Anderson?
How are you feeling?

Nurse:
How are you, Mr. Anderson?

Ted:
Uhm?

VIDEO

AUDIO

Nurse:

How are you feeling?

Ted:

Fine, just fine.

LS OPERATING TABLE

Ted: (V.O.)

They say this is the last examination before my big day.

CU PUMP INFUSING

Nurse: (V.O.)

DYE

Oh, Mr. Anderson, do you have a note of the conference on Wednesday afternoon?

CUT TO X-RAY DEPT.

Ted: (V.O.)

TECHNICIAN TAKING

Yeah, I'll be there. Exhibit 'A'. And the jury will deliver the verdict after due consideration of the medical evidence.

X-RAY

X-Ray Technician:

Hold your breath.

Okay, now turn over on your right side.

Ted:

I was just going to sleep. Another picture for my album?

CUT TO STILLS OF

Dr. Officer: (V.O.)

X-RAYS

What we are seeing on film are merely shades of grey pattern

VIDEO

CUT TO TED ON
STRETCHER IN
CORRIDOR. ANN
WALKING TOWARDS
HIM.

ANN PASSES STRETCHER

STRETCHER DOLLIES
INTO CONFERENCE
ROOM. (TED'S P.O.V.)

MS DR. ALISON COMING
TO TED ON STRETCHER.
LYMPHOMA CONFERENCE
SEQUENCE. A DOZEN
OR SO DOCTORS AND
TECHNICIANS ATTENDING.

AUDIO

Dr. Officer: (V.O.) (Continued)

which in themselves mean
nothing. It is the interpret-
ation of what is actually
going on as indicated by these
changes in pattern which is the
important thing.

Ann: (V.O.)

He must be waiting for his
conference. I know what that's
like. Embarrassing to lie there
in a corridor.

Ted: (V.O.)

All right, panel. Here's the
next contestant. Let's see
if he can stump you. (pause)
Let's hope he can't.

Dr. Allison:

Good morning, Mr. Anderson.
Thank you very much for coming
to the conference. I'd like
to introduce you to the doctors
who will be discussing your
treatment. Would you like to

VIDEOAUDIO

Dr. Alison: (continued)

sit up Mr. Anderson, so we can just check...sit up, if you would, and swing your legs over this side. That's fine. Just slide your top off. How are things today?

Ted:

Fine, thank you doctor.

Dr. Alison:

Good, that's fine. We just wanted to check these areas. It was in the left side that you first noticed the node?

Ted:

That's right. (pause). So many people. I'm flattered.

Dr. Alison:

Does it bother you at all?
When I press there?

Ted:

No.

Dr. Alison:

It's not tender?

Ted:

No.

VIDEOAUDIO

Dr. Alison:

Good. And you haven't noticed any lumps in any other areas?

Ted:

No, I haven't.

Dr. Alison:

Good. Just let your arm relax. That's fine. Let this one relax.

Ted:

I had a tooth-ache last week, would that have anything to do with it?

Dr. Alison:

I don't think so. Did you have any sore throat before you noticed the mass in your neck?

Ted:

Well, uh, perhaps a little. But I, uh, I do smoke, I'm afraid, too much.....

Dr. Alison:

Just lie down if you will for a moment.

VIDEOAUDIO

Ted:

Shall I leave this here?

Dr. Alison:

That's fine...good. Fine,
just loosen your belt.

Ted:

Enough parts left over to
build a bicycle. (laughter)

Dr. Alison:

That's fine, sir. Thanks very
much. Deep breath...and let
it go. Good...breathe again...
and let it go. That's just
fine.

Ted:

Supposed to tickle?

Dr. Alison:

(laughing) Might. Any
questions you'd like to ask Mr.
Anderson?

Dr. Simpson:

Mr. Andersen, have you had a
vaccination recently?

Ted:

No, doctor. Last time I had

25.

Ted: (continued)

a vaccination was about two years ago.

Dr. Alison:

Dr. Simpson, would you like to check the neck area?

Dr. Simpson:

...I would.

Dr. Alison:

Would you mind sitting up again? If you would just swing your legs this side.

DR. SIMPSON

EXAMINES HIM

Ted:

(cough) I, uh, find I get a sore throat if I drink at all.

Dr. Alison:

That just happened recently?

Ted:

About the last four or five weeks.

COMPLETING

EXAMINATION

Dr. Simpson:

That's pretty routine.

Dr. Alison:

Thank you very much.

Alison:

VIDEO

AUDIO

Doctor:

Has Mr. Andersen been on any
drugs or anything?

Dr. Alison:

Any medicines?

Ted:

A sleeping pill occasionally
doctor, that's all.

Doctor:

No other medication?

Ted:

No.

Dr. Alison:

Thank you very much.

Ted:

Thank you. Is...

Dr. Alison:

We're just going to discuss
this and one of the doctors
will be out to talk your
treatment over with you.

Ted:

I see.

VIDEOAUDIO

Dr. Alison:

Thank you.

Ted:

How come there's so many
people involved?

Dr. Alison:

We always think it's a good
idea to have all the specialists
talk about the problem so that
they can decide on the best
treatment for you.

Ted:

I see...thank you.

Dr. Alison:

Thank you, very much.

TED POINTS TO
X-RAY PLATES

Ted:

Is that me?

Dr. Alison:

Yes, you'd hardly recognize
yourself there. (laughter)

Ted:

I'd like a copy of that,
please! (laughter) Thank you
very much.

28.

VIDEO

NURSE WHEELS

TED OUT

CONFERENCE

CONTINUES

DR. ROBERTSON

GOES TO CHART

ON BLACKBOARD

MS TED WAITING

IN CORRIDOR

ON STRETCHER

CUT TO X-RAYS

IN CONFERENCE

ROOM

AUDIO

Dr. Alison:

Thanks Mrs. Vallia.

Ted:

Good-bye.

Dr. Alison:

Dr. Robertson, would you like
to go over Mr. Andersen's
blood work?

Dr. Robertson:

Mr. Andersen's haemoglobin is
normal. His reticulocytes are
within the normal range.
60,000. His white blood cell
count...)fades to b.g.)

Dr. Hasselback: (V.O.)

Treatment of cancer is not a
simple business by any means
and as a result it requires a
number of doctors with differ-
ent interests, different
specialties, different approaches
to the treatment of the patient.
But the disadvantage of this
approach, of course, is that
it is in danger of becoming
something of a machine...a
factory that patients are drawn
through. We have to fight
against this constantly. Each

VIDEO

DOCTOR AT X-RAYS

CUT TO PATHOLOGY
SLIDES ON SCREEN
IN CONFERENCE ROOM.
DR. BROWN WITH
POINTER.

CUT TO TED
IN CORRIDOR

CUT TO PATHOLOGY
SLIDES AND SHOTS
OF DOCTORS
WATCHING DR. BROWN.

CUT TO TED
STILL IN CORRIDOR

AUDIO

Dr. Hasselback: (V.O.)

doctor has a personal
responsibility for the patient
he's seeing at the present
time: to treat that patient
as they deserve to be treated,
as a human being with very real
emotions, real thoughts, and
real concern for their disease.

Dr. Brown: (V.O.) (Fade up)

...the biopsy of the lymph
node was done in another
hospital and the pathologist
reported that this was a firm,
rubbery node some three
centimeters long and perhaps
almost two centimeters wide.
It was discreet. When you
get down under the 'high-
power' the thing that you
focus on immediately is the
Reed-Sternberg cell with two
nuclei...more or less mirror
image...very dense eosinophilic
cytoplasm and a faint halo
around the nucleus. In the
background a number of small...
(fades to b.g.)

VIDEO

VOLUNTEER WORKER
APPROACHES WITH
TEA CART

DOCTOR BROWN'S
VOICE IS HEARD
ON ECHO IN BG)

VOLUNTEER
SERVES TEA

AUDIO

Volunteer:

Would you like some tea?

Ted:

Yes, that would be very nice.

Volunteer:

And how do you take your tea?

Ted:

Just sugar, thank you.

Dr. Brown: (V.O.)

(fade up sound) ...on the basis
of this, the Reed-Sternberg
cells and destruction of nodal
architecture, we know we're
dealing with Hodgkin's Disease
...(fade sound to b.g.)

Volunteer:

Is this your first visit here?

Ted:

Yes.

Volunteer:

Are you from out of town?

Ted:

No, I'm from Toronto.

Volunteer:

Oh.

VIDEO

AUDIO

Ted:

I must say it's very nice
service you give.

CU TED, ALONE

Volunteer:

Thank you very much.

CUT TO

CONFERENCE ROOM

Doctor:

...I think in our new staging
I would still...keep him in
stage one, but with the spherical
nodes as well, he moves into
Stage 2...he has no systemic
symptoms so...(fades to b.g.)

CUT TO CU TED

IN CORRIDOR

CUT TO MS DR.

PETERS IN

CONFERENCE ROOM

Dr. Peters:

...the results have been
excellent and I think this
patient has a good chance of
a permanent cure...probably
about a 75% chance of a cure.

CUT TO TED IN

CORRIDOR

CUT TO DR. ALISON

IN CONFERENCE ROOM

Dr. Alison:

Dr. Bergsagel, do you think
there's any place for Chemo-
therapy or drug therapy in
addition to radiation?

VIDEO

CUT TO DR.

BERGSAGEL

CUT TO TED

IN CORRIDOR

CUT TO DR. PETERS

IN CONFERENCE ROOM

CUT TO TED IN

CORRIDOR. WHEEL-

CHAIR ROLLS PAST.

CUT TO EXAMINATION

ROOM. TED ON TABLE.

DR. SIMPSON LAYS OUT

MEASUREMENTS FOR

AUDIO

Dr. Bergsagel:

Well, in most patients with early Hodgkin's I wouldn't think that Chemo-therapy would play a role because radi-therapy is quite effective.

However, in this patient, it...
(fades to b.g.)

Dr. Alison:

What dose would you give over a period of time, Dr. Peters? What would you consider adequate therapy?

Dr. Peters:

Approximately thirty-five hundred in three weeks. In some centers, they give four thousand in four weeks but as long as the dose is not in the low range we can feel fairly content.

Dr. Simpson:

Up just a wee bit until we, get...okay. Just relax. 23 Miss Burnett, for the chest.

VIDEO

RADIATION TREATMENT
(INKS OUT AREAS TO
BE SHIELDED FROM
RADIATION)

DR. CUNNINGHAM
POINTS TO TED'S
MARKINGS

AUDIO

Dr. Simpson: (continued)
Just relax. And 14 for the
neck. Fine. Would you like
to sit up now, Mr. Andersen?

Ted:
Thank you.

Dr. Simpson:
That finishes the marking part
of it and please don't wash
it off. We're going to be
taking X-rays to make certain
that these markings...(fades
to b.g.)
(V.O.)
In this type of cancer we
think that radiation therapy
is the best form of treatment.
The idea is that the radiation
will destroy the malignant
cells and not injure the normal
cells to too great an extent.
In order to make use of radia-
tion in this rather fine fashion
we need the help of a clinical
physicist.

Dr. Cunningham:
Our particular problem is that
this is a very irregularly
shaped area that we want to
treat, and your shape is not

VIDEOAUDIO

Dr. Cunningham: (continued)

flat so this requires some rather special calculations to get the dosage distribution. If you were nice and flat it would be easy. We can do this by hand but we've also developed some computer techniques over the years to handle this sort of thing.

CUT TO COMPUTER

Dr. Cunningham: (V.O.)

Of course, what the computer can do here is to compress time and allow us to make calculations in a few seconds that would ordinarily take us hours to perform.

REEL II

RADIOTHERAPY DEPT.

TED EMERGES FROM
DRESSING ROOM IN
A HOSPITAL GOWN.

Nurse:

Mr. Andersen, would you take
a chair out there please?

TED SITS IN A

SILENT CORRIDOR.

OTHER PATIENTS IN

B.G. NURSE APPROACHES.

Nurse:

Mr. Andersen. Mr. Andersen?

Would you come this way please?

VIDEO

THEY WALK TO
TREATMENT ROOM

CUT TO MISS MARTYN
AS TED ENTERS
TREATMENT ANTE-ROOM.

LIES DOWN
UNDER MACHINE

TED UNDER
THERATRON

NURSE ROTATES
TABLE

AUDIO

Social Worker: (V.O.)

Now, these treatments, they shouldn't bother you: they don't last very long. You're only here a few minutes each day but they're a bit time consuming in that you do have to come down each day for a period of treatment.

Miss Martyn:

Good morning, Mr. Andersen. Would you like to come right in please? Just slip your gown off.

Ted:

Here?

Miss Martyn:

...thank you. If you would just lie down for me, Mr. Andersen, please.

Ted:

That's a very impressive machine. I have the feeling that if you press the wrong button I'll be the first man on the moon.

Miss Martyn:

I don't think you really will.

VIDEO

NURSE ADJUSTS
HIM AND PLACES
SHIELD GRID
ABOVE TABLE,
OVER HIS CHEST

NURSE PLACES LEAD
SHIELD ON GRID
AND ADJUSTS THEM,
MATCHING THEIR
SHADOWS TO THE
MARKINGS ON HIS
NECK AND CHEST.

LOWERS LIGHTS
CHECKS SHADOWS

THEY LEAVE
ROOM.

AUDIO

Ted: *Ha*
Caged again.

Nurse:
Yes.

Ted:
I want to see my lawyer.

Nurse:
Head down, please.

Ted:
Lead weights...what are they
for...so I won't blow away?

Nurse:
No, just to shield these marks
on your skin where we don't
want you to have treatment..
chin up, please.

Miss Martyn:
Now, I'm just going to lower
these lights so we can check
those shadows.

We're going outside now Mr.
Andersen.

You just lie very still.

Nurse:
Don't turn your head.

VIDEO

NURSE SEES TED
THROUGH WINDOW
AT CONTROL PANEL

TRUCK SHOT AROUND.

TED UNDER
THERATRON. MISS
MARTYN TURNS
ON THERATRON.

AUDIO

Miss Martyn: (over intercom)
Are you alright now, Mr.
Andersen?

Ted: (over intercom)
This is fine. Thought you
left me alone.

Miss Martyn: (over intercom)
You just lie still there,
please.
(MUZAK PLAYS SOFT MUSIC IN
TREATMENT ROOM)

Ted:
I wonder if that thing is
working. I can't feel any-
thing.

Miss Martyn: (V.O.)
I think the machines frighten
them. I think the whole
atmosphere probably frightens
them. When they don't realize
the machines go off automatically
they think that they might be
left under the machine. I
think this is what a great
number of the patients are
afraid of.

VIDEO

CUT TO MONTAGE
OF STILLS. TED &
HIS WIFE IN PARK

CUT TO NURSES
AT THERATRON
CONSOLE

CUT TO TED ON
TABLE

CUT TO SNAPS OF
TED'S WIFE

CUT TO TED ON
TABLE. PAN UP TO
MURAE OF MOUNTAINS
IN TREATMENT ROOM.
TED IN FOREGROUND.

AUDIO

Ted: (V.O.)

Well, it's better than an
operation!

Mrs. A: (V.O.)

...and why not Athens! And
some of the islands. Then
we'll go on to Rome, and have
a few days in Venice of course.
And then we'll just laze around
the south of France on the
beaches for awhile. The kids
will be fine with Mom...(fades
out)

Miss Martyn: (over intercom)
Just another two minutes, Mr.
Andersen...

Social Worker: (V.O.)

Your wife, does she understand
about these treatments?

Ted: (V.O.)

Yes, I think as much as anyone
that hasn't been through this
sort of thing before can
understand.

VIDEO

CUT TO CORRIDOR
OUTSIDE: OTHER
PATIENTS WAITING

TED LEAVES
TREATMENT ROOM

CUT TO TED IN PARK.
HE WALKS ALONE IN
A VALLEY. DISCOVERS
A BALL AT HIS FEET.

PICKS UP BALL AND
PREPARES TO THROW
IT.

CUT TO FOOTBALL
CLIP, TOUCHDOWN,
CROWD YELLING.

CUT AGAIN TO TED
ALONE IN PARK,
SILHOUETTED AGAINST
SKY.

CUT TO CROWDED
HOSPITAL CORRIDOR.
BED AND ATTENDANT
EMERGE FROM
ELEVATOR AND PASS
BY REVEALING TED
IN STREET CLOTHES
AT PHONE. HE IS

AUDIO

(VOICES SPEAKING HEBREW,
GERMAN, ETC. HEARD IN B.G.)

Ted:
Thank you ladies, same time
tomorrow.

Child: (V.O.)
Hey mister! Throw me the ball!

(BURST OF NOISE - FOOTBALL
CROWD CHEERING)

Ted:
Don't worry about it Harry,
I'll take care of that when
I get to the office.

VIDEO

AUDIO

ON HIS WAY TO
TREATMENT.

Ted:

No wait, I'll sign them myself.

CUT TO TED
WATCHING BED PASS

Ted:

No, I won't be long. Thank
you.

FOLLOWS BED INTO
RADIO-THERAPY
DEPARTMENT.

(MUZAK)

CUT TO MURAL OF
MOUNTAINS IN
TREATMENT ROOM
AND PULL BACK TO
FIND TED UNDER
THERATRON.

Ted: (V.O.)

So far I feel O.K. Hope
they've got all the markings
in the right place. Must be
a pretty tricky business.

CUT TO CU TED

Dr. Cinnadar: (V.O.)

All therapy is a two-edged
sword. Whatever you do which
you intend to be detrimental
to the tumor cell could also
be detrimental to the normal
cell.

VIDEO

CUT TO CAFETERIA.

ANN AT TABLE,
ALONE.

TED BUYS COFFEE
AND JOINS ANN AT
TABLE.

AUDIO

Ann: (V.O.)

They warned me what it could
be like after the first two
weeks or so the side effects.
Feeling tired, having an
upset stomach. They said it
doesn't always happen but it
might. In my case it did.

Ann:

Hello.

Ted:

May I?

Ann:

Please do. I've seen you
upstairs.

Ted:

Yes, that's right. Tell me,
how long have you been here?

Ann:

I'm on my third week of
treatment. I'm beginning to
feel tired.

Ted:

I've heard that happens.

Ann:

How long have you been here?

VIDEO

AUDIO

CU ANN

Ted:

I'm at the end of my first week.

Ann:

Do you live in Toronto?

Ted:

Yes I do. Do you?

Ann:

No...I live out of town but I'm staying at the Princess Margaret Lodge. It's on Jarvis Street.

Ted:

Oh yes, I've heard of that.

Ann:

Do you have a family?

MCU TED

Ted:

Yes...I have a wife and two children. Do you?

MCU ANN

Ann:

It's amazing what they've done with the Lodge. They've made it more like a hotel. It's not like a hospital. It's very nice.

43.

VIDEO

AUDIO

Ann: (V.O.)

I suppose this is what they mean by the "patients underground". Where you find out how other people feel about it. I don't know. It does us good just to talk to somebody, even somebody you don't know. Perhaps especially somebody you don't know, and won't ever see again.

CU ANN

Ted:

Seems to be all coffee nowadays.

Ann:

Coffee and waiting.

Ted:

Yes, that's right.

CUT TO EXAMINATION
ROOM, TED AND DR.
SIMPSON

Dr. Simpson:

Well, that's the first week of treatment over with. How's it going?

Ted:

Fine doctor. My appetite is a little less than usual and I seem a little tired most of the time.

VIDEO

AUDIO

Dr. Simpson:

Both of those are perfectly usual symptoms...nothing to be concerned about.

Ted:

Right.

Dr. Simpson:

Well, we'll see you next week.

Ted:

Alright, thanks very much doctor.

CUT TO CORRIDOR.

ANN & TED MEET.

Ted: (V.O.)

See your doctor once a week.

(SECOND WEEK THERAPY)

CUT TO TED UNDER
THERATRON

(MUZAK)

Ted: (V.O.)

I guess they're going to want to see me regularly from now on. I'm on their re-call list. Regular check-ups for the rest of my life.

CUT TO MONTAGE
OF STILLS OF TED
IN HIS OFFICE

Social Worker: (V.O.)

Does your firm know that you are going to have to take some time off?

VIDEO

AUDIO

Ted: (V.O.)

The management side of the firm knows.

CUT TO MCU TED'S
WIFE ON PHONE
WITH DR. SIMPSON

Dr. Simpson:

There's really nothing to be concerned about. He's going through the treatments in the usual fashion...nothing unusual. It is a bit rough on him. With the radiation treatments, appetite usually falls off and sometimes pretty markedly. It's only temporary, of course, and in somebody in as good general condition as he is, nothing to be concerned about.

CUT TO CU DR.
SIMPSON ON PHONE

Mrs. Andersen:

Thank you very much, you've been very kind. Good-bye.

LS TED'S WIFE
HANGS UP PHONE

Mrs. A. (V.O.) (ECHO)

Do you think we should tell anyone? What about the folks?

CUT TO STILLS
MONTAGE OF TED
& WIFE IN PARK

Ted: (V.O.) (ECHO)

No. They'd only worry. The rest of the crowd would be embarrassed.

VIDEO

TED'S WIFE,
ALONE.

CUT TO TED IN
HOSPITAL CORRIDOR
READING MEDICAL
JOURNAL.

CUT TO CU MICE
RECEIVING
INJECTIONS.

AUDIO

Dr. Davidson: (V.O.)

In all age groups, cancer remains one of the major causes of death and many problems both in diagnosis and therapy remain to be solved.

Dr. Johns: (V.O.)

The medical problem is really a science problem. It is a problem that...will require the co-operation of the physicist, the chemist, the mathematician, all the basic scientists working with the biologist and the medically qualified man.

Dr. Bruce: (V.O.)

We want to improve our treatments just as rapidly as we can. We can do this best by working with animal tumors, I think. A lot of these tumors are very similar to human tumors and if we could work out methods for effectively curing mice of their tumors we could probably achieve a situation in which we could look after human tumors much more effectively. Even with

VIDEO

CUT TO TISSUE
CULTURE
PREPARATIONS

CUT TO SAMPLING
DEVICE

CUT TO TED
UNDER
THERATRON

CUT TO TED &
WIFE AT KITCHEN
TABLE.

AUDIO

Dr. Bruce: (V.O.) (continued)

mice, the progress is not as fast as we'd like, and in many ways I think we can improve on it and speed things up if we work in tissue culture where we can define the effects of the agents much better. So we work with human and animal tumors in tissue culture... study the effects of these agents on the tumor cells in this situation and then try to apply the results from tissue culture to mice. And then eventually chemo-therapists, radio-therapists and surgeons try to apply these methods to the treatment of patients.

Mrs. Andersen: (V.O.)

Uh-huh. Yes, that's right. And he's just the same. The more worried he gets, the nuttier he acts. Why, the other night, we were sitting at the table....

(RADIO MUSIC B.G.)

Ted:

It just occurred to me, I haven't seen our children for three

VIDEOAUDIO

Ted: (continued)
days. How are they?

Mrs. A:
Oh, they're fine. They had
hockey practice after school
...maybe that's why they got
back a bit late.

Ted:
Yeah, well I don't like the
idea of our girls playing
hockey.

Mrs. A:
Oh, they're pretty good.

Ted:
It's not a girl's game, dear.

Mrs. A:
They can compete with the boys.

Ted:
Well, you started it all by
calling our eldest daughter
John and youngest daughter
Sidney.
Lots of class! That was your
mother's idea, wasn't it?

Mrs. A:
Yes, her middle name's Sidney.

VIDEO

AUDIO

Mrs. A: (continued)

What's wrong with that?

Ted:

Yeah, that's right. She looks like a Sidney.

Mrs. A:

Do you want some more coffee?

Ted:

Not for me, I'm driving.

Mrs. A:

Come on, it's very good. I'm going to have some more.

HOLDING UP
MAGAZINE

Ted:

No, it's a....look dear, which one do you think looks like you?

Mrs. A:

That one, of course.

Ted:

That fellow?....

Mrs. A:

You're really on the bit tonight, aren't you?

VIDEO

TED HOLDS UP
EMPTY COFFEE
CUP, UPSIDE
DOWN. FREEZE
FRAME.

CUT TO MONTAGE
STILLS TED &
WIFE DOWNTOWN.

CUT TO HOSPITAL
AND PATIENTS.
NURSE WHEELS
PATIENT DOWN
CORRIDOR. ANN
PASSES.

AUDIO

Ted:

Yeah, but thanks for the coffee.

Mrs. A: (V.O.)

And you know, the crazy part
of it is we've had more fun
just doing things together
these past weeks than we've
ever had. He's always surprising
me with some madness or
other.....(fade out)

Social Worker: (V.O.)

I'd be glad to see either
you or her if there's anything
at all I can help you with.

Ted: (V.O.)

Thank you. That's very kind
of you. But I'd rather handle
this myself if I can. I don't
want to bring her into it
unless I absolutely have to...

Volunteer: (V.O.)

It's not a gloomy hospital.
There's a spirit of hope...
You know, if you get something
big, you dig your feet in.

51.

VIDEO

TED RISES,
GOES INTO
THERAPY ROOM

CUT TO TED
UNDER THERATRON.

CUT TO MONTAGE
OF STILLS OF TED
& WIFE

CU MOUNTAINS
MURAL. PULL BACK
TO TED UNDER
THERATRON

AUDIO

Dr. Simpson: (V.O.)

Certainly there is an awful
lot of patience required when
you sit around here waiting
for treatments...waiting to
see me...waiting just to get
your blood taken, and it does
get on your nerves. At the
present time there is no drug
that can work nearly as
effectively as we know radiation
does. With this form of treat-
ment, I expect that you'll have
no further trouble in five
years...ten years....fifteen
years. This, in essence, is
a cure, although we don't
like to use that term. We
prefer to talk about long-term
control of the disease. And
this is what we expect.

(MUZAK)

Ted:

Nurse?

Ted:

The pictures on the wall...
Canadian Rockies?

Ted: (V.O.)

Why am I asking? I don't care

VIDEO

CUT TO MONTAGE
OF STILLS? TED
IN HIS OWN
OFFICE

AUDIO

Ted: (V.O.) (continued)
if they're the Himalayas. Oh...
oh, am I going to throw up
again?

Ted:
I thought so. I've been
there...very beautiful.

Miss Martyn: (over intercom)
Your wife called Mr. Andersen
and she'd like you to call her
when you get back to the office.

Ted: (V.O.)
Look Carl, can we go over those
figures tomorrow? Today I
haven't got the strength to
walk across the bloody room...
(fades out)

Dr. Simpson: (V.O.)
Yes Mr. Andersen, but you can't
possibly carry on in your job
in the same way that you would
if you weren't having these
treatments. To try to do that,
it's really expecting far too
much.

VIDEO

CUT TO HOSPITAL
CORRIDOR. 2-
SHOT TED &
PATIENT.

CUT TO TED
UNDER
THERATRON

CUT TO TED & ANN
IN CORRIDOR
WAITING FOR
TREATMENT. TED
IS VERY TIRED.

AUDIO

Dr. Peters: (V.O.)

A patient's mental attitude to the disease from which he is suffering is of tremendous importance. I am dealing with malignancies, and I find that the patients who are terribly frightened about themselves do not do as well, in general, that is, as the patients who accept their disease and do everything possible to help themselves and to help their physicians help them.

Ted: (V.O.)

It's been over two weeks now. What if these treatments don't work. They say I'll have to start another series. More check-ups. More tests.

Dr. Simpson: (V.O.)

You have one more week to go. This period right now really is by far the hardest and within a day or two of finishing the treatments much of this tiredness and fatigue will disappear. And within a month or two you'll be back to your usual self. Until then you're just going to have to slow down a little bit.

VIDEO

CUT TO TED

UNDER

THERATRON.

THE BEGINNING

OF A GRADUAL

TRANSITION FROM

DAYTIME IMPRESS-

IONS TO NIGHTMARE

FANTASIES.

INTERCUTS:

TED UNDER

THERATRON,

PATIENTS IN

CORRIDOR.

AUDIO

(MUZAK)

Mrs. Andersen: (V.O.) ECHO

Haven't they said anything

About how you're doing?

Ted: (V.O.) (ECHO)

No, can't tell yet, I guess.

Nurse: (V.O.)

Mr. Andersen, the X-ray

department is all ready for

you, will you go up to the

third floor, please?

Nurse: (V.O.)

Mr. Andersen, if you're

finished seeing the doctor

would you please step down to

the waiting room and wait

there till we call you?

Ann: (V.O.)

Waiting, waiting.

MRS. A: (V.O.)

Are you sure you feel all right?

Ted: (V.O.)

Yes, I'm fine. Fine.

Ted: (V.O.)

What time is it?

VIDEO

TED UNDER
THERATRON

FULL NIGHTMARE
MONTAGE OF
HOSPITAL
IMPRESSIONS

AUDIO

Mrs. Andersen: (V.O.)
It's about 9:30.

Ted: (V.O.)
Think I'll go to bed. 'Night.

Nurse: (V.O.)
Well, what are you frightened of?

Nurse: (V.O.)
Mr. Andersen, will you come
the same time tomorrow, please?

Dr. Hasselback: (V.O.)
I'm not saying that cancer is
not a serious disease, but
keep in mind that nowadays,
we're curing something in the
order of half the patients
with cancer who are seen and
a large proportion of the
remainder can have their
survival greatly prolonged.....

Nurse: (V.O.)
Oh, Mr. Andersen, don't forget
we'll see you on Wednesday
afternoon.

Ted: (V.O.)
Tell me exactly what you think,
will you?

VIDEOAUDIO

NIGHTMARE
MONTAGE
CONTINUES

Ann: (V.O.)

Oh, you'll be all right.

Mrs. A: (V.O.)

Ted? Ted?

Ann: (V.O.)

Waiting. Coffee and waiting.

Coffee and waiting.

Mrs. A: (V.O.)

Ted? You okay?

Miss Martyn: (V.O.)

We put these large pieces of
lead between the patients and
the machine...(fades out)

Nurse: (V.O.)

Are you Mr. Andersen?

Miss Bullis: (V.O.)

Well, now what seems to be
the trouble?

Nurse: (V.O.)

Are you Mr. Andersen?

X-Ray Technician: (V.O.)

Don't move. Keep still.

(wild laughter)

VIDEO

AUDIO

Man: (V.O.)

...home.

Miss Martyn: (V.O.)

In order to shield the parts
of the body that we don't wish
to treat.

Ted: (V.O.)

What time is it? What time
is it?

CUT TO TED AS
HE WAKES UP AT
HOME

SHE GOES TO
TELEPHONE.
TED SITS UP
LETHARGICALLY.

CU TED SHAVING,
ON THE BED

CUT TO RESEARCH
LUNCHEON, DOCTORS
& RESEARCH STAFF
ATTENDING

(CLOCK RADIO STARTS TO PLAY)

Mrs. Andersen:

Ted? Honey? Are you okay?
Would you like some coffee?

Hello, I'd like to speak to
someone about cancelling a
therapy treatment please. My
name is Mrs. Ted Andersen.
I'm just calling to say that
I don't think my husband will
be able to make it...he seems
very tired and doesn't even
want to get out of bed.

Dr. Bergsagel: (V.O.)

We're all bothered by a shortage
of time because there is such
an enormous volume of literature

VIDEOAUDIO

Dr. Bergsagel: (V.O.) (continued)
published every month that no one feels that he is able to review this adequately. One way in which we compensate for this is by arranging seminars in which we learn of new developments in our own or related fields from experts in these fields.

CUT TO LECTURER

Lecturer:

...look inside the cell and look at the sites of this damage, we could count the number of these sites and we could say exactly whether this cell or organ could or could not function, whether it would live or die.

CUT TO ELECTRON
MICROSCOPE AND
MONTAGE OF
RESEARCH
ACTIVITIES

Dr. Johns: (V.O.)

The real stumblingblock is that we don't understand how a cell operates. In fact, we really don't know why a cell divides or when it will divide. So how can we really tell the difference between a normal cell and a cancer cell? So the type of research that has to go on is really at a very basic level: to find out everything

Dr. Johns: (V.O.) (continued)
we can about the cell. And
this involves a lot of bio-
physics and bio-chemistry.

CU MICROTOME

Dr. Bruce: (V.O.)
It has to be a directed urgency.
And I think that we have to be
prepared, as some of the people
in this Institute are, to
attack a problem at a level
where they would be prepared
to tear the cell apart to the
molecules to try to find the
solution. I mean, a solution
that they would be prepared
to work many, many years to
find.

DR. CINNADAR
IN LAB.

Dr. Cinnadar: (V.O.)
We realize all the time that
there isn't going to be a
single approach to any of
these problems. All approaches
to all individual tumors, to
all separate diseases (which
we will gradually recognize
as functional separate diseases)
will basically depend on our
fundamental insight.

Dr. Davidson: (V.O.)
And this is an international
problem. We have the advantage

VIDEO

CUT TO DR.
PETERS ON WAY
TO AIRPORT FOR
AN INTERNATIONAL
CONFERENCE

AUDIO

Dr. Davidson: (V.O.) (Continued)
of having the ideas from other
countries. We have people from
Europe, we have people from
the States and....

Dr. Cinnadar: (V.O.)
They come from all over the
world. We have had people from
Czechoslovakia and from Japan,
and from France. You have a
double relationship with the
outside world. You have people
coming to your laboratory
bringing information, techniques
...going away with what they
have learned here. You expose
your work to your colleagues
in various international
forums. So there is a
continuous flow of information
and personnel, and this of
course, is the life blood of
research. This is really an
international kind of occupation.

Dr. Johns: (V.O.)
Our biggest shortage is time.
The scientist is always pushed
for time when he can think...

Dr. Dworkin: (V.O.)
We have not yet reached the

VIDEOAUDIO

CUT TO RESEARCH
LUNCHEON

CUT TO TED
UNDER
THERATRON

CUT TO TED
IN DR.
SIMPSON'S
OFFICE. TED
ARGUING,
PACING UP AND
DOWN

CUT TO ANN,
INTERIOR
PRINCESS
MARGARET LODGE

Dr. Dworkin: (V.O.) (Continued)

point where we have all the answers. This means that we must constantly be looking for new ways of doing new things to reach the point where we can diagnose cancer early and treat it as early as possible. This implies, therefore, that research must go hand in hand with the practice of medicine that we apply to patients with cancer.

(MUZAK)

Ted: (V.O.)

I really let him have it. I felt worse than when I came here...He let me pop off and that calmed me down a bit. He said this will all pass. He said I'll feel a lot better when the treatments are over... I think he knows.

Ann: (V.O.)

They don't speak of cure, usually.

Lady: (V.O.)

The cab is here for you, Ann.

VIDEO

CUT TO EXTERIOR
PRINCESS
MARGARET
LODGE

ANN GETS IN CAB.
TED APPROACHES,
STOPS AND SAYS
GOODBYE.

CAB PULLS AWAY.
TED IS SEEN
THROUGH REAR
WINDOW, ANN'S
P.O.V.

CUT TO INT. P.M.H.
DOLLY DOWN CORRIDOR
PAST PATIENTS. FIND
TED AT WINDOW.

CUT TO MONTAGE TED,
WAITING PATIENTS,
DOCTORS, TECHNI-
CIANS; GENERAL
HOSPITAL ACTIVITY
WITH CLOSING
CREDITS SUPERED.

AUDIO

Ann:

Thank you very much.

Ann: (V.O.)

They speak of control.

(TRAFFIC NOISES)

Ted: (V.O.)

A month ago I had no idea
how much could be done.

(HOSPITAL SOUNDS B.G.)

Dr. Hasselback: (V.O.)

I think one has to be at all
times conscious of what a
patient is thinking about his
disease.

VIDEO

SWITCHBOARD

CLOSING MONTAGE
CONTINUED.
FURTHER CREDITS
SUPERED.

AUDIOOperator: (V.O.)

...(fade up sound) Princess
Margaret Hospital. (pause)
Yes, operator. Where is the
call coming from? (pause)
No, but will you call me and
give me the charges afterwards?
...Thank you. (fade sound to
b.g.)

Dr. Johns: (V.O.)

I think one of our reasons for
success in this Institute
is the fact that we are
continually forced to face
up to the practical problem
of patients who are very sick
with cancer. We meet them
on the elevators, we ride up
in the elevators with them,
we are aware of what is going
on, and our research tends to
be very much more directed
towards a practical application
than it would be if we were,
say, on a university campus
completely out of touch with
any hospital.

(HOSPITAL SOUNDS B.G.)

Ted: (V.O.)

I guess I was lucky. I came

VIDEO

TED COMES OUT OF
RADIO-THERAPY
DEPT. AND PROCEEDS
DOWN CORRIDOR
TO MAIN LOBBY.
HE IS WEARING
HIS STREETH
CLOTHES.

HE PASSES
RECEPTION DESK.

TED WALKS
THROUGH LOBBY
AND EXITS
THROUGH MAIN
DOORS.

AUDIO

Ted: (V.O.) (continued)
here in time. So many people.
So much courage.

Woman: (V.O.)
Excuse me, I have an appointment
for an examination. Could
you tell me where to go?

Receptionist: (V.O.)
Oh yes, just go down the hall
there and turn to your left.

Woman: (V.O.)
Thank you.

Dr. Bruce: (V.O.)
One can't work in a building
like this and see the amount
of suffering that goes on
without feeling a certain
sense of urgency in the
problem.

VIDEO

DOORS SWING SHUT
BEHIND HIM

AUDIO

Announcer: (V.O.)

The doctors and hospital staff
in this film are real. Ted
Andersen and his story are
fictitious.

FADE TO BLACK

CLOSING SUPER TITLES

1. A MATTER OF TIME
2. WITH
LEE PATTERSON
AS
TED ANDERSEN
3. IRENA MAYESKA
AS
HIS WIFE
4. AND
HILARY VERNON
AS
ANOTHER PATIENT
5. WITH THE STAFF OF
THE PRINCESS MARGARET HOSPITAL
TORONTO
AND
THE ONTARIO CANCER INSTITUTE
6. WRITTEN BY
WILLIAM WHITEHEAD
7. CAMERAMEN
ED LONG
HARRY MAKIN
8. LIGHTING
DON MCELLIGOT
BOB SPEARS

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