

Journal of the
SURGICAL HUMANITIES



Journal of the
SURGICAL HUMANITIES

EDITOR-IN-CHIEF

Francis Christian

EDITORIAL BOARD

Francis Christian

Ivar Mendez

Taras Mycyk

Justine Pearl

Marlessa Wesolowski

David Swann

GRAPHIC DESIGN, COMMUNICATIONS
AND MARKETING

Department of Surgery

University of Saskatchewan

COVER PAGE

Brain

Alan Syliboy

CONTACT US

Journal of the Surgical Humanities

c/o Surgical Humanities Program

Department of Surgery

University of Saskatchewan

Health Sciences Building

107 Wiggins Road, 4th floor, Suite B419

Saskatoon SK S7N 5E5

TEL: 306.966.7323

<http://medicine.usask.ca/department/clinical/surgery-pages/surgicalhumanities.php>

CONTENTS



04	GUEST EDITORIAL David Swan
07	BRAINSTORM OF SHAPES & COLOURS Ivar Mendez
10	FINGER PAINTING IN UGANDA Damian Duffy, Eleanor J. Reimer and Geoffrey K. Blair
14	HEART TO HEART Ron Nguyen
19	THE HOSPITAL LIFE OF A SOLDIER OF THE 1885 NORTHWEST REBELLION Lauren Konok
22	OSLERIUM Francis Christian
24	THE STUDENT LIFE Sir William Osler
28	POETRY CORNER Henry Woolf
30	ZHIVAGO: DOCTOR IN LITERATURE Excerpts from memoirs of R. M. Kirk Chapter 3
42	SUBMISSION GUIDELINES



Blue whale diving (Detail)
Alan Syliboy

■ GUEST EDITORIAL

David Swan, MD

I am honored and pleased to be asked to provide an Editorial which will hopefully complement the creative and uplifting Surgical Humanities Journal led by friend and colleague Francis Christian.

We share a common faith and conviction that the healthcare system can contribute to more than cure and care. It must, for the sake of both professionals and patients, be a source of inspiration and hope for people (including jaded professionals) who may have lost these fundamentals of our humanity and personal wellbeing.

My literary and philosophical studies before Medicine helped me to appreciate both the privilege of life, health and career as well as the responsibility to apply them in daily living.

“Politics is medicine, writ large” wrote Rudolf Virchow over a century ago. While politics often carries pejorative baggage this phrase became quite personal only after I left the security and familiarity of Alberta in 1975 and traveled to apartheid South Africa, immediately after completing Family Medicine residency. Diseases of poverty, malnutrition, amidst racism and random acts of violence found only temporary relief in my Mission hospital. Political decisions set the conditions for living: public services, equal treatment before the law, and how resources are acquired and shared.

The importance of politics was highlighted further on returning to southern Alberta (Pincher Creek) with my wife (also a family doctor) and experiencing the unique features of rural life, including a substantial Aboriginal

population with no access to culturally-sensitive medical care. Here the demands of agricultural life and oil and gas development both raised questions about long term water quality.

Specializing in Public Health in the mid-80's opened my eyes further to the many opportunities for social policy in prevention, to anticipate and intervene in high risk families, poverty, economic hardship and environmental issues including oilsands, coal emissions, climate warming and again, our failure to adequately protect drinking water.

The final push came in 2002 when, as President of the Society of Public Health Officers in Alberta, I was fired for criticizing the Ralph Klein government over its failure to address climate warming.

Now in my 12th year as a provincial Liberal politician (MLA) I continue to be struck by how limited is the engagement of our population (including physicians) in daily democratic duties – critical reading, commenting, questioning and writing to media and to representatives on issues affecting them and their community.

There are many reasons. Of course politics (public opinions and advocacy) is ‘messy’, raises conflicts and takes away from other activities and responsibilities of busy professionals. But physicians are in a unique position of both experience in assessing cause and solutions, and in influencing the political system through thoughtful presentation of evidence, which should be the basis for healthy public policy.

At a minimum physicians should be speaking up on quality, access and cost of health services. Frustrating as it may be, there is no substitute for the persistent writing, meeting and advocating for the changes that will enable better use of burgeoning healthcare spending, often in the absence of improved outcomes. Across the country there is a clarion call to shift investment into early intervention in high risk families and individuals, in income support and in education.

And as citizens too, surely all health professionals are in positions to both learn and contribute to healthy debate on such issues as growing obesity levels as well as hungry children; doctor assisted dying; overuse of pharmaceuticals; barriers to Aboriginal health; appropriate policy on marijuana ...

As physicians we have the privilege of influencing the lives of thousands of people. Policy makers have the opportunity to influence millions – for better and for worse! Without the input of thoughtful people – including health professionals on the frontlines of human suffering, politicians will not make the appropriate decisions, investments and policy supports that move our society, including our formal health system, to a healthier and more affordable place.

This Journal is a good reminder of our great privilege in Canadian society along with our great responsibility. Recognize it or not, we are involved daily in politics - negotiating for both short and long term public health and outcomes.

Dr. David Swann was elected to his first term as a Member of the Legislative Assembly of Alberta for the constituency of Calgary Mountain View on November 22, 2004, and re-elected to his second term on March 3, 2008. He was elected as Leader of the Official Opposition of Alberta in December 2008 and stepped down in February 2010. Dr. Swann was re-elected to his third term as MLA on April 23, 2012, and was named Interim Leader in February 2014. Dr. Swann was once again re-elected to his fourth consecutive term as MLA for Calgary Mountain View in Alberta's last general election, held on May 5, 2015.



Dr. Swann graduated from the University of Alberta with his B.MSc. in 1971; with his M.D. in 1973; and from the University of Calgary with his FRCP(C) in 1988. He practiced as a family physician from 1975 to 1984 and then as a public health consultant from 1988 to 2004.

Dr. Swann is active within his community and was responsible for initiating the Healthy City Project in Calgary in 1987. He was also a part of developing the first pesticide-free park in Calgary in 1998, and has been involved in a number of anti-sanctions and anti-war movements from 1995 to 2004, which included three trips to Iraq.

In 2004, Dr. Swann authored a chapter in the publication "Finding My Voice for Peace" (from Canada and the New American Empire, ed. George Melnyk). Dr.

Swann was also honoured with the Gold Star Teaching Award by the Faculty of Medicine at the University of Calgary in both 1999 and 2003.

In 2015, Dr. Swann was invited by Premier Rachel Notley to co-chair a review of Alberta's mental health and addictions system and to submit a report outlining his findings and recommendations. The ensuing report, Valuing Mental Health: Report of the Alberta Mental Health Review Committee, was made public in February 2016.

Dr. Swann and his wife, Laureen, have three children and eleven grandchildren. During his free time he enjoys peace and justice work, music and singing, jogging, woodworking, and writing.



Blue moose on a meadow (Detail)
Alan Syliboy

■ BRAINSTORM OF SHAPES & COLOURS

About our cover artist and his work...

Ivar Mendez, MD, PhD, FRCSC, FACS
Fred H. Wigmore Professor and Unified Head
Department of Surgery
University of Saskatchewan

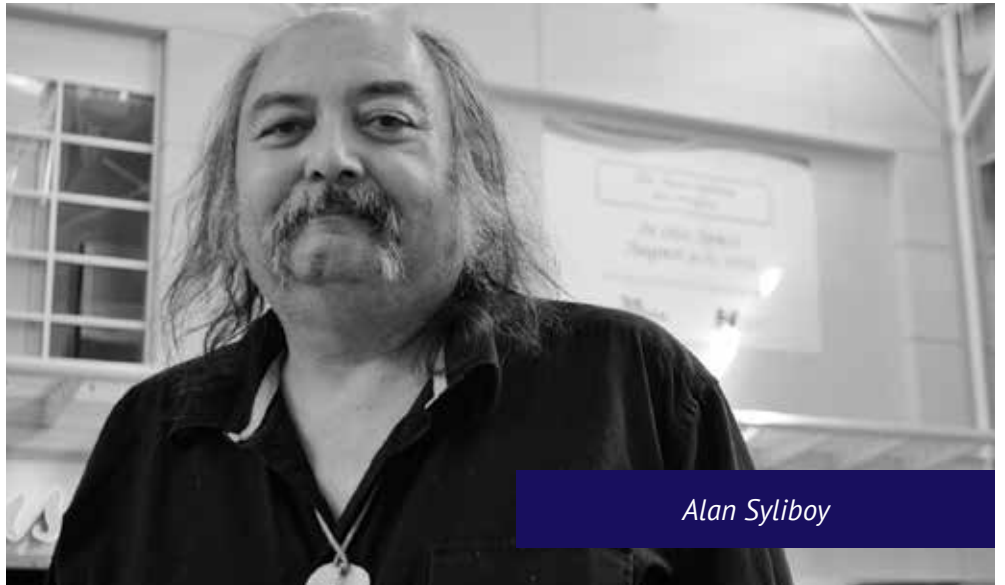
I first met Alan Syliboy several years ago when I was invited by Mi'kmaq elders to give a talk about the use of remote presence technology to deliver health care to underserved communities. As I visited the Millbrook Reserve near the town of Truro, Nova Scotia, I was invited to Alan's fine art studio. When I looked for the first time at his paintings I was amazed by the striking resemblance of their shapes and colors with the histological slides of the brain that are routinely prepared with fluorescent dyes in my research laboratory.

Alan Syliboy is one of the most prominent Canadian First Nation's artists and has an international reputation. A few years ago, he designed an iconic gold coin for the Canadian Mint and was the lead artist of a group sculpture called

"Keepers of the Eastern Door" for the 2010 Olympics in Vancouver. He also painted a large mural entitled "People of the Dawn" for the same Olympics, which was later shortlisted for the Lieutenant Governor's Masterworks Art Award. His work is included in numerous private and public collections,

including the Beaverbrook Gallery, the Art Gallery of Nova Scotia and the Art Collection of the Department of Indian and Northern Affairs.

Since that visit to Millbrook, Alan has become a friend and it seems that I have known him for a lifetime.





The legend of the star brides
 Mural in Windsor, Nova Scotia
 Alan Syliboy

We have chanted together during my first sweat as the medicine man leading the ceremony paid respects to the Grandfathers (red-hot rocks placed at the center of the sweat lodge) by tossing sweet grass and small pieces of cedar to the rocks – the Grandfathers instantly responding with hissing voices as the small lodge filled with steam.

Alan has visited my research laboratory and peered at the microscopic world of the complex architecture of the brain stained with brilliant fluorescent dyes to highlight the intricate patterns of neuronal bodies and fibers. He has accompanied me to round on my movement disorders patients implanted with deep brain

electrodes and has listened to the microelectrode recordings of the brain.

These experiences have inspired him to produce a series of paintings related to the brain such as the large format painting with a prominent yellow background entitled “Male Mi’kmaq Brain” that graces the



Little Thunder Vistas
 Alan Syliboy



Blue whale diving
Alan Syliboy

cover of the present issue of the Journal. This painting has its pair “Female Mi’kmaq Brain” on the tradition of the cosmic duality encountered in many indigenous cultures of the Americas. He has incorporated neuronal shapes and fibers into many of his paintings. A good example is a painting of a whale diving into a sea of multicolor shapes and geometrical lines where we can clearly distinguish shapes reminiscent of the cerebellar cortex Purkinje neurons and the classical pyramidal cells of the motor cortex.

A major source of inspiration for Alan’s art is the indigenous

petroglyph drawings encountered throughout the Maritimes. He has adopted Mi’kmaq iconography as a main visual language in his art restoring his pride in his own Mi’kmaq heritage. “Most of my subjects deal with family, searching, struggle and strength. All of these things are part of my art, and my art gives me strength for my continuing spiritual quest” says Syliboy.

Alan Syliboy is a multimedia artist and has done murals, sculpture, animation, multi-media installations and videography. He is also an accomplished musician and the leader of the “Lonecloud” rock

band named after Jerry Lonecloud, a Mi’kmaq medicine man who traveled extensively throughout North America using Mi’kmaq medical knowledge to heal. The band has produced several albums including the acclaimed “We are Medicine People”. Lonecloud’s Honour Song was performed at the East Coast Music Awards and won best Aboriginal recording. Although the band ceased to exist in 2014 the spirit of medicine man Jerry Lonecloud lives in Alan Syliboy’s art as he feels that his art and music are medicine and have the power to heal.

FINGER PAINTING IN UGANDA

The role of finger painting within a Ugandan Pediatric Surgical Camp setting...

Mr. Damian Duffy, Executive Director, Office of Pediatric Surgical Evaluation and Innovation
Dr. Eleanor J. Reimer, Clinical Associate Professor, UBC Department of Anesthesiology
Dr. Geoffrey K. Blair, Clinical Professor, UBC Department of Surgery



Uganda's Pressing Pediatric Population Needs

Uganda has a population of 37.5 million people of whom 50% are under the age of 15 years of age. This youthful population is served by just three pediatric surgeons, so it isn't surprising that this east African nation struggles to meet the overwhelming need for surgical services for children. Moreover, formidable socioeconomic barriers prevent rural families from travelling to the national referral centre in Kampala for surgical care to save the lives of their children.

Uganda's Pediatric Surgical Camp Model

In response to this critical need, Uganda has developed a pediatric surgical camp model designed to bring surgical care to those communities where the surgical burden of disease is the greatest. Coordinated pediatric surgical camps have proven to provide immediate life-saving care to 916 Ugandan children over the past five pediatric surgical camps. Additionally, surgical camps have also created a collegial setting in which Ugandan and Canadian surgical teams may foster the exchange of knowledge and skills and prioritize shared goals for the long-term investment in Uganda's health system. The pediatric surgical camp model is a creative,



The family support worker helps to register the families for surgery and ensures the children are ready to enter the operating room, and incorporates child life activities such as bubble blowing, games, and colouring with crayons. In advance of the most recent Pediatric Surgical Camp in 2015, we were pleased to receive donated finger painting jars for the Ugandan children.

Recognizing that Uganda ranks 164 out of 187 on the Human Development Index, our team surmised correctly that it was unlikely that our Ugandan pediatric surgical patients had had any previous experience with finger painting. We introduced finger paints to the children on the second day of a two-week surgical camp.

indigenous solution developed and implemented by the Ugandans to maximize scarce pediatric surgical subspecialty resources and to eliminate barriers to care for their youngest, most vulnerable citizens.

The focus of the pediatric surgical camps is to provide timely and comprehensive surgical services, including large screening clinics, surgical care for children and families, post-operative management, and follow-up. In rural communities such as Soroti or Masaka, Uganda, families from surrounding villages learn about upcoming pediatric surgical camps through sponsored radio announcements and word of mouth.

Finger Painting as An Integral Part of The Pediatric Surgical Camp

While children are being screened and placed on the surgical slate for care, families wait patiently for the opportunity for their child to receive surgical care. At each surgical camp, the international surgical team works very hard to make the experience as family-centred as possible. This includes the provision of a family support worker who plays an important interface between the children, families, and the surgical team.

The children were curious about the jars of finger paints. Starting with finger painting demonstrations by the Family Resource Worker, the children were a little reluctant at first to put their hands in the wet paint, looking to their mothers as they put their hands into the paint dish ensuring they had permission to do so.

Very quickly, the children got accustomed to sliding their hands enthusiastically through the various primary colours, mixing them together to create new colours. The children painted pictures of fish, birds, flowers with sunshine and grass. Each child painted pictures for their mother, but then started painting pictures for their doctor or nurse as a way of warmly saying thank you.

Observations on The Role And Impact of Finger Painting in The Surgical Camp

In introducing finger painting within a Pediatric Surgical Camp setting, we made several observations about its role within the delivery of care to rural children and families. We observed that the Ugandan children had fun with the finger painting and helped to provide a distraction from the anxiety of having

Finger Painting in Uganda... by D. Duffy, E. Reimer & G. Blair

surgery. For the small children finger painting was simply enjoyable in playfully getting their hands wet, while the older children focused on making an artistic painting. Completed finger paintings supported a child-friendly environment within a low-resource clinical setting. Our team also recognized that finger painting was able to transcend language and cultural barriers. Importantly, the finger painting classes contributed to building a positive, trusting, and therapeutic relationship among the patients, families, and the Ugandan-Canadian health care team.

With no means for accommodation, it is important to point out that while waiting for surgery the families at Masaka Regional Referral Hospital found shelter under an overpass just outside the hospital. With long surgical days and many families waiting outside, finger painting facilitated an uplifting, enriching group activity for the children to interact with each other and the health care team. It allowed the children to be children regardless of their diagnosis within an acute

surgical setting. The completed artwork gave the children the opportunity to make a lovely, handmade gift for their parents and also to convey their thanks and appreciation to their doctors and nurses. Not only was finger painting a wonderful activity for children, the fresh pieces of artwork were enjoyable and contributed to encouragement and teambuilding within the busy surgical team.

On a practical note, the finger paints are completely non-toxic, non-staining, washable and very easy to clean up. They were easy to transport within our team's suitcases, and six jars of various colours of finger paint were able to provide many hours of enjoyment throughout the two-week surgical camp.

The Ugandan-Canadian Pediatric Surgical team partners each year for Pediatric Surgical Camp within Uganda, and we will continue to incorporate finger painting as a key child-centred activity within our global surgical work.





Mr. Damian Duffy is the Executive Director of the Office of Pediatric Surgical Evaluation and Innovation at BC Children's Hospital and is the project manager for the Uganda Pediatric Surgery Camp. Damian is passionate about timely access to surgical care for children and families in low-income settings. He is currently pursuing a Master of Global Health Policy at the London School of Hygiene and Tropical Medicine.



Dr. Eleanor Reimer is a Pediatric Anesthesiologist and is the past Chief of Pediatric Anesthesia at BC Children's Hospital. Eleanor is committed to building local capacity and the delivery of safe anaesthetic care to low-income settings through teaching and training in Pediatric Anesthesia.

Dr. Geoffrey Blair is a Pediatric Surgeon and is a past Chief of Pediatric Surgery at BC Children's Hospital. Geoffrey is committed to the Uganda-Canada Training Alliance and the delivery of pediatric surgical specialist training programs for Uganda's population.

■ HEART TO HEART

Ron Nguyen
2nd Year Medical Student
College of Medicine, University of Saskatchewan

Introduction

With this project, entitled 'Heart to Heart', I wanted to depict the emotional experiences of individuals involved with healthcare. I interviewed each of these individuals with a focus on particular moments in which they had felt strong, varied emotions. Instead of putting down their words verbatim, I decided that the best way to represent their stories was to transform them into short narratives.

A monochrome photograph was also taken with these stories, not only to put a face to the stories, but to also add a level of intimacy that I feel only monochrome can highlight.

I hope that you enjoy these stories and that you are able to feel a connection to them, and that this connection can facilitate the experiences of these individuals becoming a part of your own experience as well.

Biography

Ron Nguyen is a second year medical student. He was born and raised in Calgary, Alberta, but has called Saskatoon his home for the past six years. His first publication, a short story entitled "Something Happening Somewhere", was printed in "Unsettled" magazine.



Patient MH

In the dead of the winter, during the dead of the night, the stripped branches on the trees sway with the wind and the frozen farmhouse fades in the distance, as the lights of a speeding car cuts through the darkness of a deserted highway.

The car skids into the hospital entrance. It had been two days since her transplant, and a new, unknown kind of pain had come over her. It felt like that of metal wire, and she screams and moans with each metallic tug and jagged tear around her tissues.

Two attendants carry her limp body from the car and transfer her onto a wheelchair, with her foster mother following closely behind. As she is directed to emergency, the lights on the ceiling and the walls of the hallway flash and blur away with each pulsation of this very sharp, very raw pain. The only thing that seems real to her is this surreal sensation stemming from her own body...

"..What's going to happen to me.." she thinks to herself, one of the few thoughts able to wade through the thick fog of pain.

The staff transfers her onto a bed. A device snaps onto her finger. Plastic wraps are popped open. Polyethylene IV lines, hanging from metal hooks, prick through her skin. A heavy, lead vest is draped over her, and unseen rays are rained down upon her. The white curtain is then closed.

She lies still on the bed, with all of the cords and lines in place. The harrowing, horrible pain remains with her, and she watches the ripples of the white sheet in front of her as it moves along with the sound of foreign footsteps.

Her eyes turn towards the ceiling. The pale yellow lights seem to draw over her. She closes her eyes, swallowing down the moans that wring tightly around her throat.

Then, a new, but old sensation spreads over her. It is that of touch, with her foster mother's thumb caressing her leg. With each gentle sweep of her foster mother's thumb, it feels like the softest wool blanket being slowly wrapped over her body, and with that warmth and softness, the lights become clear, the surroundings are still, and her body becomes her own once again.

The curtain opens, and she sees the doctors with papers on hand, nurses hurrying about, the staff picking up ringing telephones. At that moment, she feels like the spirit of the world is with her.



Nurse KH

Spring, in its early months. Morning dew drops that lined along fresh blades of grass. The dim half moon that would wane away.

It seemed like another routine day. Coffee brewed, coffee poured. The waft of chatter unraveling in the lounge.

Then, the reports arrived. She opened the folder and her hands suddenly turned cold. The same age...children too...stage four...

A long breath departed from her lips, memories flooded back, and she could once again feel her mother's frail fingers as they pressed onto her hand, with her own fingers rubbing against the rough cotton of the hospital sheets. The same, single question she repeated to herself back then, was racing through her mind again. Why? Why? Why? And as she walked towards the patient's room, that question began to tangle itself into tight knots in her stomach, stringing itself onto each fiber along the lining, becoming heavier and heavier with each breath she took, until it felt like the weight was dragging her down to a place deeper than the ground.

As she approached the curtain, another memory returned to her. It was from that time, when the familiar shadow of her mother's nurse would step by the doorway. She remembered the complete warmth that would always stream in afterwards. She then took in a deep breath, with the knots loosening and straightening themselves out.

She pulled back the curtain.

"Hi there, I'll be your nurse today," she said to the family, with her full smile that formed along the crescent corners of her lips. The dark sighs within the room dissipated, and the shoulders of the family members dipped to their sides and their eyes glistened in the new light that streamed into the room.



Medical Student JB

Inside a farmhouse, a family began to gather around the long table. Many little children stomped down the stairs, swerving past the many adults, with many make believe sounds coming from their mouths. The bang of a rifle, the hum of a motor, all of these sounds emerging from their young memories. Amongst the grown ups, there was the clinking of plates and cutlery and glasses, coupled with hearty laughter that sprung forth from nostalgic tales.

At the head of the table, the grandfather was sitting down with a stone face. He could not stand up and chime in his own version of those stories. He could only sit and stare at the translucent curtain covering his eyes. The objects in his home had become squares or rectangles or triangles, and the faces he had both created and known for so long had smoothed out into flat discs...

...Or that is what one of the fathers told his small son, and as that little boy crept closer and closer to his grandfather, he looked at any turn of the head or any change on his grandfather's face. When the little boy stood in front of his grandfather, doubt transformed into elation, as the grandfather gave a grand smile to his grandson. The most tender, full feeling swelled within the tiny body of the little boy.

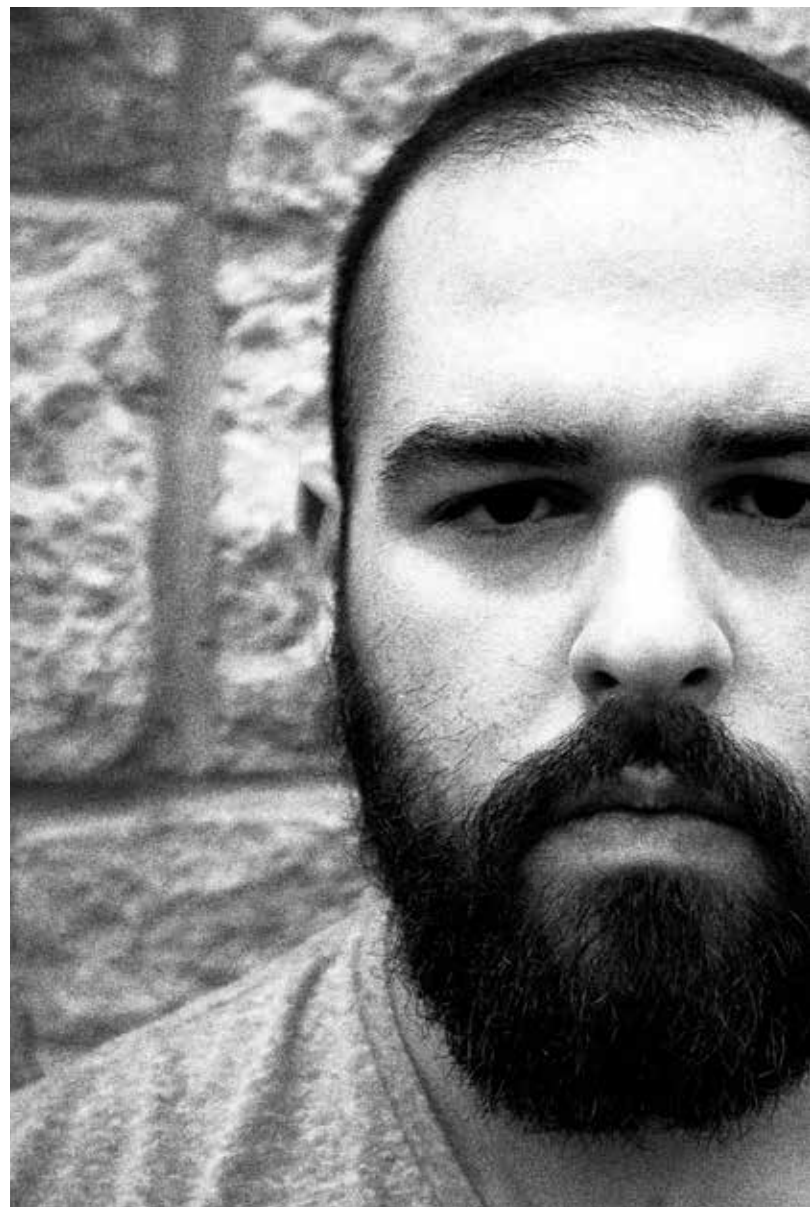
A few months later, an explosion occurred at the table. The grandfather ducked under the table as bullets flew past and nicked the skin of his ear, and shells blasted sand and red stained dirt onto his face and into his eyes, with radio calls being passed back and forth onto ringing ears. The grandfather closed his eyes, waiting for all of this to pass...

The family members did not duck down, but pulled on the grandfather's arm and pleaded with him, "Dad, there's nothing there! We're in the dining room!" But the grandfather shook his head as the sound of a whistling shell blew past his ears...

There was another time when the grandfather was out in the field with one of his sons, the father of the little boy, and shouted to him, "I told you to do the chores!" The father, with a pail in his hand, yelled back, "I am doing them, Dad!"

"No, you're not!" the grandfather shouted back.

The father had to walk away at that moment, covering his eyes with his hand.



As my friend told me this story, his own hand started to cover his eyes, with his voice husky and his sentences slower. This was the story he decided to share with me, and this was the picture I have painted with my own words. I had never truly seen him like this, this colossus of a man. To me and many others, this was a man of strength, of masculinity, and as is often associated with masculinity, there seemed to be a lack of the sort of indulgence into memory and reflection that would hinder that march of perpetual, Gatsbyean progress that many of us are so frenetically a part of. But here he was, a man that was remembering his past as a boy and the ancestors that came before him, and fully feeling what had seemed so far away. It was like a ghost had appeared before him, and that word, ghost, was what he used to describe his grandfather at that time. In my own life, I had also seen living ghosts...

But I also knew enough of this man to know that this story could not end this way, and that I could see the last part of the story as clearly if it were my own memory. I could see the first golden strands of dawn, weaving shimmering ribbons around the heads of the tall grass and onto the waltzing leaves of the trees. I could see the father carrying the imaginary pail for the grandfather, feeding the not to be seen pigs, doing whatever the grandfather asked him to do. I could feel the sharp chill of the early morning, with the razor's edge of the wind finely shaving the bones of the chins and cheeks. I could hear the hollow, carved out sound of the awakening Earth, as well as the crunching of stalks underneath footsteps, both of which were overtaken by a spirited laughter that ultimately forms the enduring bond between a grandfather, a father, and the son.



■ THE HOSPITAL LIFE OF A SOLDIER OF THE 1885 NORTHWEST REBELLION

**based on historical documents*

Lauren Konok

The year is 1885, and the Canadian Government is encouraging settlers to head west. Traditional Metis lands are threatened. A battle is inevitable.

James Goodwin is a British soldier under the command of Sir General Frederic Middleton. “EEEEOOH!!!” he screams in utter agony. He has taken a musket ball to the leg midway through the battle of Fish Creek*. James is driven by horse-drawn carriage to the Marr Residence Field Hospital. The house was one of the largest in Saskatoon, the nearest sizeable town to the battlefield. This house has now been turned into a field hospital and the owners have left. There he will undergo treatment for his badly injured leg, using all the modern nursing and medical care available at the time (1885). The field hospital is run efficiently.

(*Fish Creek is a tributary of the South Saskatchewan river – the battle bearing its name was fought near Duck Lake, about 90 km North of Saskatoon, and

resulted in a significant albeit temporary victory for the Metis forces under Louis Riel and Gabriel Dumont and their indigenous allies).

During his third day at the hospital, amidst all the suffering, James notices that all the soiled bandages are being piled into one little, designated corner and the next day they have all disappeared! Why are all the soiled dressings gathered into one niche? He wonders. Nurse Miller, in charge of the ward replies, “We pile them in the corner and the next day we bury them so infection and residue of disease won’t spread.” “Why don’t you just burn them then?” James inquires. “Well, Mr. Goodwin, the extra heat generated might cause the wounds to fester and the bacteria to reproduce” she answers. Her air of authority and stern but gentle tone of voice signal that the conversation is over. He has already learned that she is from Winnipeg and is being paid the princely sum of a dollar a day for her hard work.

The Hospital Life of a Soldier... by Lauren Konok

The next day is spent relaxing the best he can, and chatting with the other soldiers in the ward. His fourth day at this makeshift Saskatoon hospital, James observes that many Metis soldiers are brought to the ward in much less than pristine condition. There is an odor about them, like the smell of riverweed, likely having done battle near the creek. One of them is placed in the cot next to James, after being examined and his injuries diagnosed. James hears the word “cholera” mentioned. The fevered Metis man immediately drops off to sleep, and James soon follows, sinking into an aqueous doze.

The next day, as he is feeling better, James decides to question him. His probing discovers the Metis’ man’s name is Luc, and he has arrived to the hospital by steamship, the “North Cote”, having been injured at the Battle of Fish Creek. Compared with his own journey by stagecoach, the ship had taken longer to get Luc to Saskatoon, as the Metis soldier had been injured near the very beginning of the battle. The North Cote had been forced to wait until the end of the battle, required to count the dead and the missing. Only then, were the injured men loaded onto the boat. And only then could the steamer head to Saskatoon for the men to receive medical care.

Despite some language barriers, they joke about the trap door in the living room below them, share their personal stories, and complain about the “sawdust” gruel they are being fed. They are, however, pleased to see they each received the same good quality of care as the other.

James begins to notice a dull throbbing ache in his leg. Nurse Miller comes over to check on his leg, and sees that it has become badly infected. Traditional medications and poultices have been unable to slow the progress of the infection and the only way to save his life is to amputate his leg. He is moved to a private part of the hospital for the surgery.

The surgeon drips some chloroform onto clean cotton, and James inhales deeply. He drops unconscious quickly. The saw gouges into his leg, but he thankfully is unable to feel it. When he awakens, he is still a

little groggy, but Luc is there to cheer him up, and help forget the pain where his left leg used to be.

Eventually, Luc and James are deemed well enough to go back to their respective homelands. Luc plans to put his energies into rebuilding Batoche into the town it once had been. James will need to travel back to Winnipeg, hopefully by the comfort of the train rather than the more arduous journey by Red River wagon. Both have had haunting experiences at the field hospital, but both have begun to heal and look to the future.

Bibliography

Burnett, Charles M.D, Conner, Phineas, M.D, et al
An American Text-Book of Surgery for Practitioners and Students, Philadelphia, W.B Saunders 1894

University of Saskatchewan Archives; Peel 1367: Canada, Department of Militia and Defense: Bergin, Darby (1826-1896) (info): Roddick, Thomas George (Sir) (1846-1923) (info) The Medical and Surgical History of the Canadian North-West Rebellion of 1885, as told by members of the hospital staff corps: Printed by John Lovell & Sons, 1886

The Marr Residence, May 12, 2012, History

<http://www.humantouchofchemistry.com/antiseptics-a-clean-bill-of-health.htm>

Semmelweiss, Ignas; Lister, Joseph

INDIVIDUALITY

By Lauren Konok

What kind of person do you think I am?
One of those

Lip glossed,
Shirt embossed,
Coffee frost girls?

I don't mesh with those stereotypes,
I can't be confined, to such a narrow mind.
I don't blend in, I stand out.
I don't giggle and squeal, I shout.
No.
I refuse to change to be a pawn.
I choose to think for myself.
I dance to my own beat,
Moving my feet.
How I want to,
Not how other people think I should.
I don't mix with those

High pitched,
Fashion forward,
Gossiping
Sparkly flakes.

I am who I am.
I won't be someone I'm not.
I love who I am,
And I'm all that I've got.

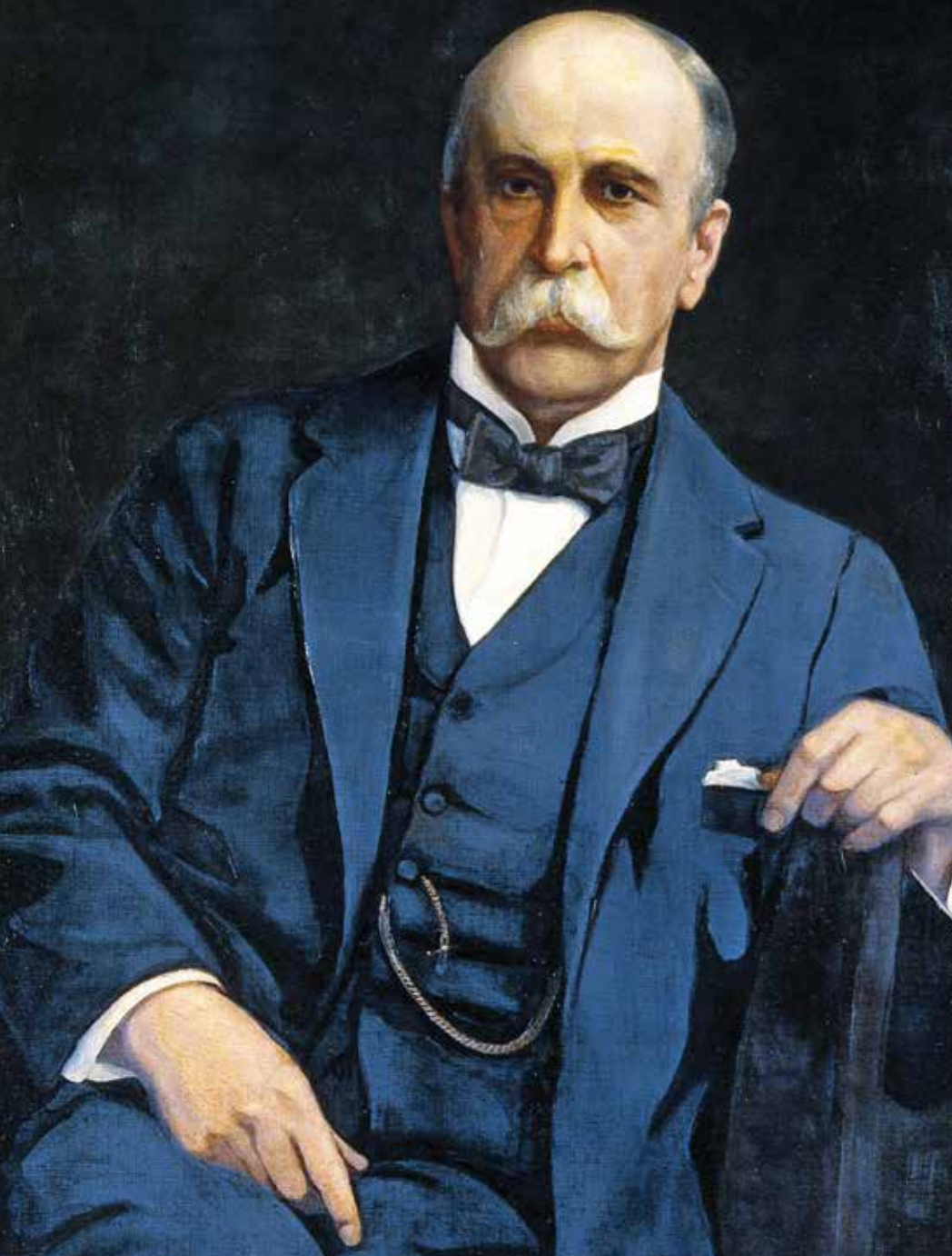


Lauren Konok

This project first came about when in grade five; our teacher assigned us a project on Canadian heritage. Two years later, I am still deeply fascinated by the North-West Resistance and all those involved, and have a passion for heritage. I volunteer at the Marr Residence, which gave me a reliable background for information, and have since become the youth ambassador for the Saskatoon Heritage Society (SHS). I wrote this article at age ten. I am a proud native Saskatoonian, a poet, an artist, and of course, a horse lover. You can visit me at the Marr Residence (326 11th Street East SK, SK) on the Sundays when special events are taking place, from 1-4 pm.

Oslerium

*Every issue of
"Surgical Humanities"
carries an excerpt
from the works of the
pre-eminent Canadian
physician
Sir William Osler
(1849-1919).*



The life of William Osler in itself provides a fundamental justification for an education and engagement in the surgical humanities. Osler's medical textbook, "Principles and Practice of Medicine" (first published 1892) widely used as a standard and acclaimed though it was during his lifetime, has largely been forgotten, or remembered only in relation to his other achievements. But in the other great body of his work - his speeches, his essays and his commentaries on the profession, on the business of daily living, on professionalism, on our profession's imperative for humane practice and on the wisdom of our forbears - he has achieved immortality.

Osler's father the Rev. Featherstone Osler was a missionary sent from Cornwall, England, to the backwoods of Ontario. William Osler was born in Bond Head, Upper Canada (now Ontario) to Featherstone and Ellen Osler on the 12th of July, 1849.

This was a remote town in an already remote country at the time, and Osler was sent for his schooling to Trinity College School, an independent school for boys in Port Hope, Ontario.

■ About

SIR WILLIAM OSLER

In the fall of 1868, Osler enrolled in the Toronto School of Medicine, but soon transferred to McGill, because it had better clinical opportunities. He graduated from the McGill University School of Medicine in 1872 and taking advantage of an older brother's generosity, Osler spent the next two years studying in Europe and visiting the great clinics and hospitals of Berlin, Vienna and London.

Upon his return to Canada, he was appointed to the faculty of McGill University and spent the next five years teaching physiology and pathology in the winter term and clinical medicine in the summer.

In 1884, Osler was appointed to the staff of the University of Pennsylvania as Professor of clinical medicine and this was the start of a 21 year period of work and achievement in the United States. His appointment to the founding professorship and staff of the new John Hopkins Medical School in Baltimore in 1888 marked the beginning of a very fruitful association with the "Big Four"- the pathologist William Welch, surgeon

William Halstead, gynecologist Howard Kelly (and Osler himself). Together, the "big four" would introduce far reaching changes in medical education that are still felt today - the clinical clerkship for medical students and the residency system of training were both products of this association. About this time, Osler also began a series of brilliant speeches and addresses whose impact would be felt far beyond the audiences for whom they were intended. The "Principles and Practice of Medicine," a monumental treatise, was published in 1892.

William Osler and Grace Revere were married in 1892. Their only child, Revere Osler was killed in action in Belgium during one of the many disastrous and ill-fated campaigns of the first world war.

In 1905, Osler was offered the prestigious Regius professorship of Medicine in Oxford, England, and the Oslers made the last move of their eventful lives, across the Atlantic, once more, to England. Another distinguished period of William's career followed - he was knighted and continued to write

and deliver memorable addresses to distinguished audiences and societies.

Sir William Osler died of pneumonia in 1919, a complication of the influenza pandemic of 1918-1920.

Harvey Cushing, the pioneer neurosurgeon and Osler's biographer called him, "one of the most greatly beloved physicians of all time."

Sources:

"Osler - A Life in Medicine" by Michael Bliss. Hardcover, by University of Toronto Press, 1999. Also available for Kindle.

Note:

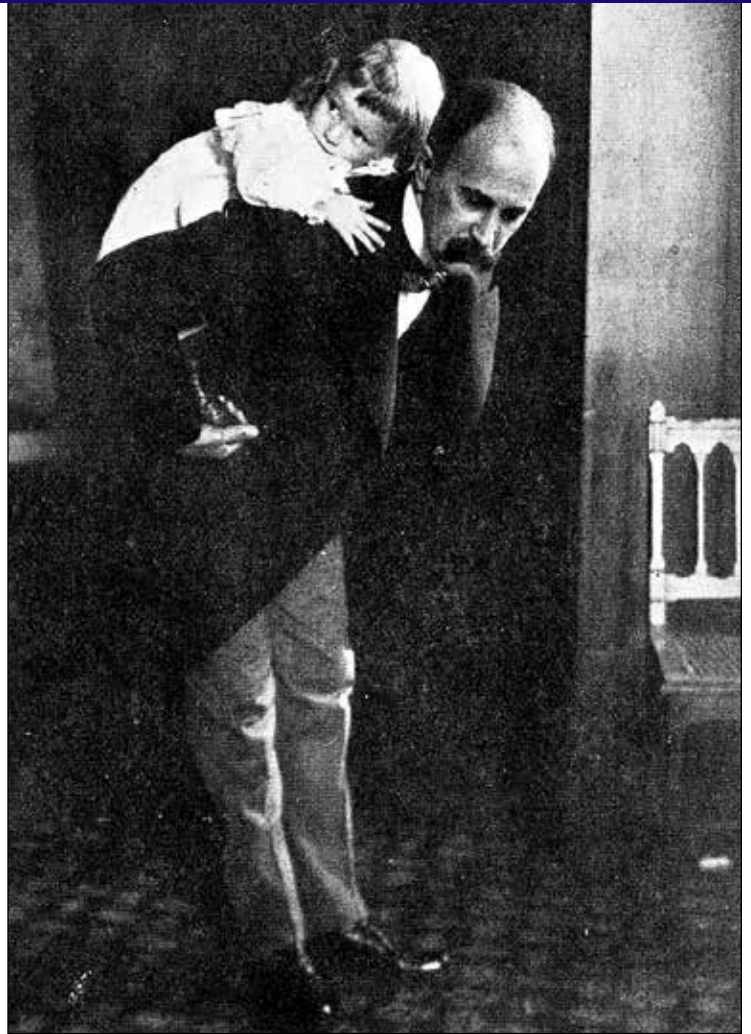
Sir William's brother, Edmund Osler (who was a railway baron) has a living connection with Saskatchewan - the town of Osler (about 20 min North of Saskatoon) is named for him; and there is an "Osler Street" close to the Royal University Hospital.

In 1905, the University of Oxford offered Osler the prestigious appointment of “Regius Professor of Medicine.” After a short period of consideration (Harvard University had also offered him a job), and largely at the urgings of his wife, Osler accepted the offer and then began a farewell tour of North America.

Although this speech – given to Canadian and American medical students and faculty at McGill University in 1905 – was titled, “The Student Life,” Osler included all medical professionals in all stages of their careers in his speech. Again and again, and in numerous essays, speeches and letters, Osler points out that no matter what stage of seniority a physician reaches in his/her career, he/she continues to be a student.

Thus, our modern, narrow definition of a student in our profession being defined as an undergraduate medical or nursing student, was alien to Osler’s thinking. He points out in this speech that consultant staff are to regard themselves as “senior students,” whose duty it is to help their juniors.

F.C.



"Get accustomed to test all sorts of book problems and statements for yourself, and take as little as possible on trust."

Sir William Osler - The Student Life

THE STUDENT LIFE

Sir William Osler

The student must be allowed full freedom in his work, undisturbed by the utilitarian spirit of the Philistine, who cries, *Cuibono?* and distrusts pure science. The present remarkable position in applied science and in industrial trades of all sorts has been made possible by men who did pioneer work in chemistry, in physics, in biology, and in physiology, without a thought in their researches of any practical application. The members of this higher group of productive students are rarely understood by the common spirits, who appreciate as little their unselfish devotion as their unworldly neglect of the "practical" side of the problems.

Everywhere now the medical student is welcomed as an honoured member of the guild. On account of the peculiar character of the subject-matter of your studies, what I have said upon the general life and mental attitude of the student applies with tenfold force to you. Man, with all his mental and bodily anomalies and diseases – the machine in order, the machine in disorder, and the business yours,

to put it to rights. Through all the phases of its career this most complicated mechanism of this wonderful world will be the subject of our study and of your care – the naked, new-born infant, the artless child, the lad and the lassie just aware of the tree of knowledge overhead, the strong man in the pride of life, the woman with the benediction of maternity on her brow, and the aged, peaceful in the contemplation of the past. Almost everything has been renewed in the science and in the art of medicine, but all through the long centuries there has been no variableness or shadow of change in the essential features of the life which is our contemplation and our care.

Amid an eternal heritage of sorrow and suffering our work is laid, and this eternal note of sadness would be insupportable if the daily tragedies were not relieved by the spectacle of the heroism and devotion displayed by the actors. Nothing will sustain you more potently than the power to recognize in your humdrum routine, as perhaps it may be thought, the

true poetry of life – the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs. The comedy, too, of life will be spread before you, and nobody laughs more often than the doctor at the pranks Puck plays upon the Titanias and the Bottoms among his patients. The humorous side is really almost as frequently turned towards him as the tragic. Lift up one hand to heaven and thank your stars if they have given you the proper sense to enable you to appreciate the inconceivably droll situations in which we catch our fellow creatures. Unhappily, this is one of the free gifts of the gods, unevenly distributed, not bestowed on all, or on all in equal portions. In undue measure it is not without risk, and in any case in the doctor it is better appreciated by the eye than expressed on the tongue. Hilarity and good humour, a breezy cheerfulness, a nature "sloping toward the southern side," as Lowell has it, help enormously both in the study and in the practice of medicine. To many of a sombre and sour disposition it is hard to

maintain good spirits amid the trials and tribulations of the day, and yet it is an unpardonable mistake to go about among patients with a long face.

Divide your attentions equally between books and men. The strength of the student of books is to sit still – two or three hours at a stretch – eating the heart out of a subject with pencil and notebook in hand, determined to master the details and intricacies, focusing all your energies on its difficulties. Get accustomed to test all sorts of book problems and statements for yourself, and take as little as possible on trust. The Hunterian "Do not think, but try" attitude of mind is the important one to cultivate. The question came up one day, when discussing the grooves left on the nails after fever, how long it took for the nail to grow out, from root to edge. A majority of the class had no further interest; a few looked it up in books; two men marked their nails at the root with nitrate of silver, and a few months later had positive knowledge on the subject. They showed the proper spirit. The little points that come up in your reading try to test for yourselves.

With one fundamental difficulty many of you will have to contend from the outset – a lack of proper preparation for really hard study. No one can have watched successive groups of young men pass through the special schools without profoundly regretting the haphazard, fragmentary character of their preliminary education. It does seem too bad that we cannot

have a student in his eighteenth year sufficiently grounded in the humanities and in the sciences preliminary to medicine – but this is an educational problem upon which only a Milton or a Locke could discourse with profit. With pertinacity you can overcome the preliminary defects and once thoroughly interested, the work in books becomes a pastime. A serious drawback in the student life is the self-consciousness, bred of too close devotion to books. A man gets shy, "dysopic," as old Timothy Bright calls it, and shuns the looks of men, and blushes like a girl.

The strength of a student of men is to travel – to study men, their habits, character, mode of life, their behaviour under varied conditions, their vices, virtues, and peculiarities. Begin with a careful observation of your fellow students and of your teachers; then, every patient you see is a lesson in much more than the malady from which he suffers. Mix as much as you possibly can with the outside world, and learn its ways. Cultivated systematically, the student societies, the students' union, the gymnasium, and the outside social circle will enable you to conquer the diffidence so apt to go with bookishness and which may prove a very serious drawback in after-life. I cannot too strongly impress upon the earnest and attentive men among you the necessity of overcoming this unfortunate failing in your student days. It is not easy for everyone to reach a happy medium, and the distinction between a proper self-confidence and "cheek," particularly

in junior students, is not always to be made. The latter is met with chiefly among the student pilgrims who, in travelling down the Delectable Mountains, have gone astray and have passed to the left hand, where lieth the country of Conceit, the country in which you remember the brisk lad Ignorance met Christian.

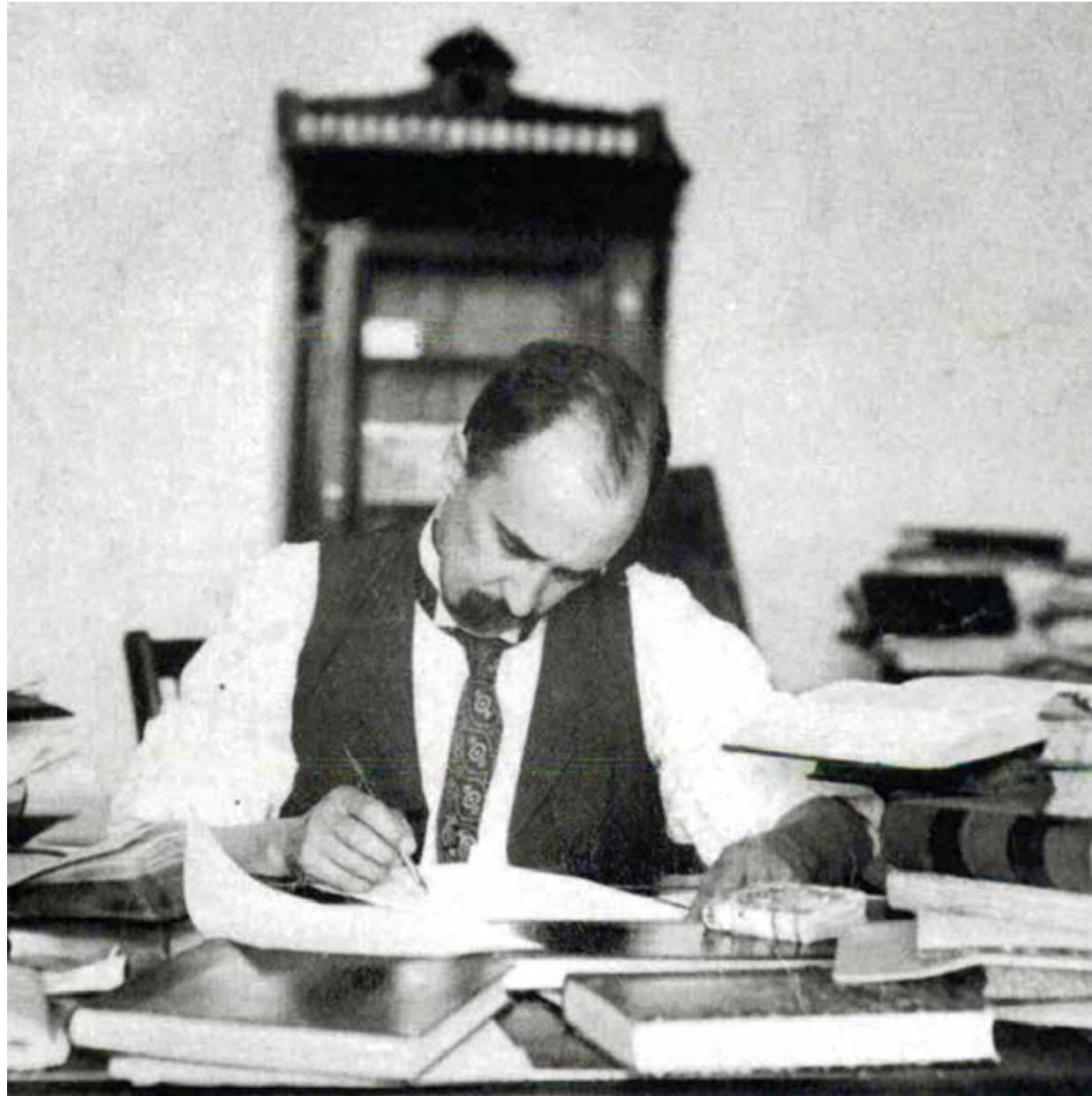
I wish we could encourage on this continent among our best students the habit of wandering. I do not know that we are quite prepared for it, as there is still great diversity in the curricula, even among the leading schools, but it is undoubtedly a great advantage to study under different teachers, as the mental horizon is widened and the sympathies enlarged. The practice would do much to lessen that narrow "I am of Paul and I am of Apollos" spirit which is hostile to the best interests of the profession. There is much that I would like to say on the question of work, but I can spare only a few moments for a word or two. Who will venture to settle upon so simple a matter as the best time for work? One will tell us there is no best time; all are equally good; and truly, all times are the same to a man whose soul is absorbed in some great problem. The other day I asked Edward Martin, the well-known story-writer, what time he found best for work. "Not in the evening, and never between meals!" was his answer, which may appeal to some of my hearers. One works best at night; another, in the morning; a majority of the students of the past favour the latter. Erasmus, the

great exemplar, says, "Never work at night; it dulls the brain and hurts the health." One day, going with George Ross through Bedlam, Dr. Savage, at that time the physician in charge, remarked upon two great groups of patients – those who were depressed in the morning and those who were cheerful, and he suggested that the spirits rose and fell with the bodily temperature – those with very low morning temperatures were depressed, and vice versa. This, I believe, expresses a truth which may explain the extraordinary difference in the habits of students in this matter of the time at which the best work can be done. Outside of the asylum there are also the two great types, the student-lark who loves to see the sun rise, who comes to breakfast with a cheerful morning face, never so "fit" as at 6 a.m. We all know the type. What a contrast to the student-owl

with his saturnine morning face, thoroughly unhappy, cheated by the wretched breakfast bell of the two best hours of the day for sleep, no appetite, and permeated with an unspeakable hostility to his vis-a-vis, whose morning garrulity and good humour are equally offensive.

Only gradually, as the day wears on and his temperature rises, does he become endurable to himself and to others. But see him really awake at 10 p.m. while our blithe lark is

discursive talk, and by 2 a.m. he will undertake to unsphere the spirit of Plato. In neither a virtue, in neither a fault we must recognize these two types of students, differently



in hopeless coma over his books, from which it is hard to rouse him sufficiently to get his boots off for bed, our lean owl-friend, Saturn no longer in the ascendant, with bright eyes and cheery face, is ready for four hours of anything you wish – deep study, or heart affluence in

constituted, owing possibly – though I have but little evidence for the belief – to thermal peculiarities.

Part 3 of this address will be continued in the next issue of this journal...

Poetry Corner

HENRY WOOLF

by Francis Christian



This month's poet is the famous actor, playwright, poet, director and great friend of Saskatoon, Henry Woolf.

Henry was born in the East End of London, England and at a time of rising fascism in Europe, his Jewish family was directly in the "line of fire" of the English fascists led by Oswald Mosley. Those were difficult, uncertain and often frightening times for Henry, but unlike in Germany, the fascist movement in Britain was defeated by a popular counter-movement and the nation was soon at war with Nazi Germany. Very much like the children in the popular classic, "Bedknobs and Broomsticks," Henry's childhood was spent moving around the English countryside, part of the ingenious plan nicknamed "Operation Pied Piper," to take children away from the big cities and disperse them to the country, away from the regular, deadly Luftwaffe bombing raids.

Shortly after the war and back in London, the start of a "beautiful friendship" awaited Henry, with the Nobel prize winning playwright Harold Pinter – theirs was to be a lasting, fruitful friendship and when a few years ago an obituary for Harold Pinter was required, The Guardian newspaper turned to Henry.

In 1957, it was Henry Woolf who introduced Pinter to the world, by persuading him to write, "The Room" and directing its first production, in Bristol – a new form of theatre "the theatre of comic menace", was born and shortly afterward, critics were hailing the arrival of this new and exciting form of English theatre. Henry has been on stages all over the world, from Broadway to the West End and from the BBC to Hollywood.

From 1983, until his retirement, Henry was professor of Drama

Studies at the University of Saskatchewan and was a founding member of the now very successful, "Shakespeare on the Saskatchewan." He is a much loved teacher, actor, director and friend.

In Henry's memoir he writes, "about twenty years ago, someone asked me when I started to write poetry. It turned out to be within three weeks of becoming an actor. I suppose I was trying to preserve some inner landscape even as I put myself out to public hire as an actor."

Last year, Henry Woolf delivered a memorable, rousing address to surgeons, residents and medical students here in Saskatoon, at the Department of Surgery's Surgical Humanities Grand Rounds.

FOR SUSAN

The blurred waters of everyday
Shimmer over your heart
As it lies there, blue and gold,
Too deep for me to touch,
But precious, precious,
I shall die without it!

So nothing for it
But to dowse down, head first,
Oh, the damp's choking my throat
Scrabbling my eyes,
But I have it, I hold it,
It's warm, it's breathing,
The egg of the world!

I float up over the rooftops.
With a sigh, a whisper,
The egg cracks open,
And out flies, laughing,
The Magic Goose!

DEATH, The Mugger's Night Job

By day
That sneak-thief Death snatches
our lives away
But at night
He unfolds his merciful wings
For an end to suffering
For the blindfold journey
Down the unwinding spiral of what
is still to come
And again probably
And again.....
Probably.

JIM BALES, Bomber Squadron, 1943

Half dead,
Patched up,
Stamped, "fit to fight,"
Shipped out.

At sea, Death called again;
No fuss.
Jim went with him
Like most of us.

ZHIVAGO: The Doctor in Literature

The doctor not only writes poetry, novels, essays and short stories - he or she also lives in them. This column celebrates works of literature that celebrate (or denigrate) a physician and his or her work and times. Its authors will only uncommonly be physicians - it would surely be a fallacious presumption to assume that only a doctor can comment on his or her own life and manners.

The title is from Russian novelist Boris Pasternak's immortal, lyrical novel, "Dr. Zhivago." The film, bearing the same name was directed by David Lean and starred Omar Sharif and Julie Christie.

The Editor

Earlier this year, we were graciously granted permission to serialize the life story and memoir of one of the preeminent surgeons of our time, Professor R.M. Kirk.

Raymond Maurice Kirk ("Jerry" Kirk to his friends) is perhaps best known to most surgeons and surgical trainees throughout the world on account of "Kirk's General Surgical Operations" - the textbook of operative General Surgery that has been the standard in Britain and in many other parts of the English speaking world. Now into its 6th Edition (2013), it is available in both print form and (as some of our residents know) for the iPad as well.

His other books are almost equally well known and Prof. Kirk's elegant, practical and pithy writing style and editorship are widely recognized and admired.

Professor Kirk's career as Consultant academic Surgeon was spent almost continuously at the Royal Free Hospital and Medical School in London. Many innovators and pioneers in medicine and surgery worked in the ferment of intellectual activity that was the Royal Free (including the pioneer hepatologist Sheila Sherlock) and Prof. Kirk made widely recognized contributions to surgery of the stomach and esophagus. During the seven years that he was Editor of the Annals of the Royal College of Surgeons of England, the journal rose even further in standing and ranking among the surgical journals of the world.

The story of how Jerry met Peggy is contained in the "life story" and will appear in due course, in the pages of this journal. Jerry and Peggy live in Hampstead, London, not far from where that other English surgeon John Keats lived and wrote his immortal, "Ode to A Nightingale."

The Editor is deeply grateful to Jerry for the privilege of allowing this Journal to carry serialized excerpts of his life story. The Spring 2015 issue of this Journal carried Chapter 1 of his life story, and Fall/Winter 2015 carried Chapter 2. And now for a continuation of Jerry's story, Chapter 3, in his own words...

F. C.

LIFE STORY

Excerpts from the memoirs of R. M. Kirk

Chapter 3



Second World War

Germany invaded Poland on 1st September 1939. Britain and France had undertaken to defend Poland if there was further expansion by Germany following previous incursions into the Rhinelands, Austria and Czechoslovakia. A final note had been sent demanding an undertaking that Germany would withdraw by 1100 hours on 3rd September.

Britain was brought to a standstill as we stood at our radios, waiting for the response. Neville Chamberlain the Prime Minister spoke, 'I have to tell you that no such undertaking has been received and consequently this country is at war.' The whole nation froze, paralyzed. We had no conception of what would follow – and how we should respond. Poland was struck with terrible force and collapsed a first examination of modern 'Blitzkrieg' (lightning war). There was then an ominous silence until May 1940 when Germany struck at France in similar manner. The Wehrmacht almost contemptuously dealt with the elaborate defence line France had constructed along the border with Germany, named the Maginot Line. The Panzer (armour) units merely bypassed it by going north through the Low countries. The speed of advancement achieved a speedy collapse of France. British forces were swept to an ignominious withdrawal from Dunkirk with survivors being brought home in every available ship

or boat under continuous air attack, beginning on 27th May 1940. In June the Italians, convinced that Germany would be victorious, joined them.

Britain, on its knees, now had a new Prime Minister, Mr Winston Churchill (1974-1965). He gave a stirring speech promising not to submit, pledging to resist invasion, if necessary fighting on the beach, the landing grounds, the fields, the streets, and swearing never to surrender. It is remarkable how responsive we are to great personalities and great speeches. We know little about the real facts behind the activities but accept the reassurances of powerful personalities. It is only in retrospect that we learn what was really at stake.

As soon as I was eligible I volunteered for war service. Kirk the British hero? No. Kirk a member of the herd, noting the flow. We had heard accounts from the First World War of women handing white feathers as signals of cowardice to young, fit men still in civilian dress. I cannot resist inappropriately interposing a story of the novelist GK Chesterton, rather overweight, during the First World War, being handed a feather by a lady, with the challenge, 'You should be out at the Front,' to which he responded, 'Madam, if you will go round the side you will see that I am already out at the front.'

Because of the impression made on me by uncle Basil, I applied to join the Royal Navy. I am sure there was also an element of the preening peacock seeking a mate by aspiring to the brass buttons and the jaunty canted cap worn by the famous British admiral Earl Beatty at the First War naval battle of Jutland in 1916. I applied and was soon called for physical examination and intelligence tests in Cambridge. A retired admiral interviewed me, immediately challenging me to become a Fleet Air Arm pilot, 'There is a desperate shortage. You are the only one in this batch who has passed the stringent physical examination.' I wished to be a traditional naval officer, so I resisted. He began posing intelligence tests requiring algebraic calculations but I floundered, having been so incompetently taught by my ineffective mathematics teacher. The admiral excoriated me, declaring that my slow wits would make me a danger in charge of a tug, let alone an aeroplane. This rejection proved to be portentous. Years later I visited the home of a fellow student who was a former Fleet Air Arm pilot. On the wall was a panoramic photograph of his batch of approximately 50 Fleet Air Arm pilot trainees during their training in Canada. He accounted for each one with, 'He bought it (i.e. death) in Norway, he bought it in Toronto, he bought it when attacking Bismark...' and so on. He concluded with the shocked realization that he was the sole survivor. The dullard mathematics teacher had inadvertently spared me from a very high risk career!



I was enlisted in 1942. In the meantime the Germans had suddenly attacked the USSR on 22nd June 1941. America had suffered from the surprising and devastating aerial attack on the

Pacific fleet in Pearl Harbor on 7th December 1941.

I was inducted as an Ordinary Seaman, to HMS Ganges, a shore-based training school at Shotley, near Ipswich.

My group of trainees included approximately one third of university undergraduates, one third nonentities like myself. The final third was composed of Glaswegians, reputed to be jail prisoners, released early provided they joined the Armed Forces. The Scots adapted to the minimal conditions best of all.

The university students found that washing in icy cold water was unbearable. They did as little as possible, looking forward to hot baths at home on leave. I well remember catching a glimpse of the neck of one as he leaned forward over the washbasin to dip his fingers in the freezing water and dab his cheeks. 'Your neck is filthy,' I informed him. He chuckled slyly, 'You should see my feet.' We all soon adapted. At the end of the course there was a passing out ceremony.

Most of us were sent via Chatham Barracks to join HMS Ajax. She was already famous, one of three cruisers, (the others being Achilles and Exeter), which on 13th December 1939 attacked the German 'pocket' battleship Admiral Graf Spee.



HMS Ajax

With my clerical background I became a messenger for the Master at Arms – the most senior (non-commissioned) warrant officer on board, often given the nickname 'Jaunty,' a corruption of the French 'gendarme,' since he is responsible for discipline. My battle station was as a humble member of a four-inch anti-aircraft gun crew. We went northwards for a period of training in Scapa Flow (Norse, meaning 'Bay of the long isthmus'). We sailed to Liverpool where we

were secured astern of one of the camouflaged Cunard liners, either Queen Mary (launched 1934) or Queen Elizabeth (1939), which dwarfed us. We crossed the Bay of Biscay, notoriously stormy. I was paralysed with seasickness. An experienced seaman, also surnamed Kirk, saw me and generously gave me his 'tot' of rum. Until 1970, the Royal Navy supplied each sailor aged over 20 years, a daily ration of 70 ml of rum. I was under-age. This magic elixir instantly settled me. I avidly watched experienced seamen handling ropes, coiling them, splicing them, binding their cut end and tying various knots. I cherished the privilege of being invited by Able Seaman Kirk in the skilled task of repairing the paravane wires. On each side of a vessel travelling through a minefield, floating torpedo-like tanks were towed by means of especially rough surfaced wires. If they encountered the tethering wire of a mine, they were swept away from the ship by the towing wire, abrading and fraying it in the hope of rupturing it, so that the mine would float freely, well away from the ship.

We sailed into the Mediterranean Sea to join what we later learned was Operation Torch. This was the first combined US/UK action to disarm the Vichy French in North Africa and then attack the German Afrika Corps led by the respected and charismatic Field Marshall Erwin Rommel, from the west. The British 8th Army, led by General Montgomery had attacked from the east in the battle of El Alamein on 23rd October 1942. Ajax sailed east to Bône (now called Annaba), in eastern Algeria. I since learned that this was the site of the bishopric of Hippo from which St Augustine, in the early 5th century, justified Christians going to war, provided they did so on behalf of oppressed people. So this was the justification for us praying on the quarterdeck for God to help us strike down the evil Germans, while the Germans prayed on their quarterdecks, 'Gott schlagen diese bösen Engländer' – translation superfluous.

We were repeatedly attacked by 'Stukas,' an acronym for dive-bombers. We loaded and fired our four 4-inch anti-aircraft guns as fast as possible. I was no longer aware of the ear-splitting noise that had so shocked me during training. A very large bomb released from one of the Stukas struck through the side of the funnel



Stuka dive-bomber

exploding in the engine room, instantly killing those in the engine room with escaping superheated steam and rupturing the hull. The bomb killed only one man on the deck, occupying the same position as myself on the next four inch gun. This was a mere three or four yards from me – and yet I was unaware of it until after we were ordered to cease fire. The bomb had put us out of action and we could no longer fire our guns. Certainly I was also unaware of the presence of steam. We wore flame resistant Balaclava-like masks when at action stations but a large number of the ship's crew suffered facial flash burns. They were treated with gentian violet – a brilliant blue antiseptic burn application. Many years later I learned from the official records that it was New Year's Day, 1943.

The Afrika Corps was forced to evacuate Northern Africa on 13th May 1943.

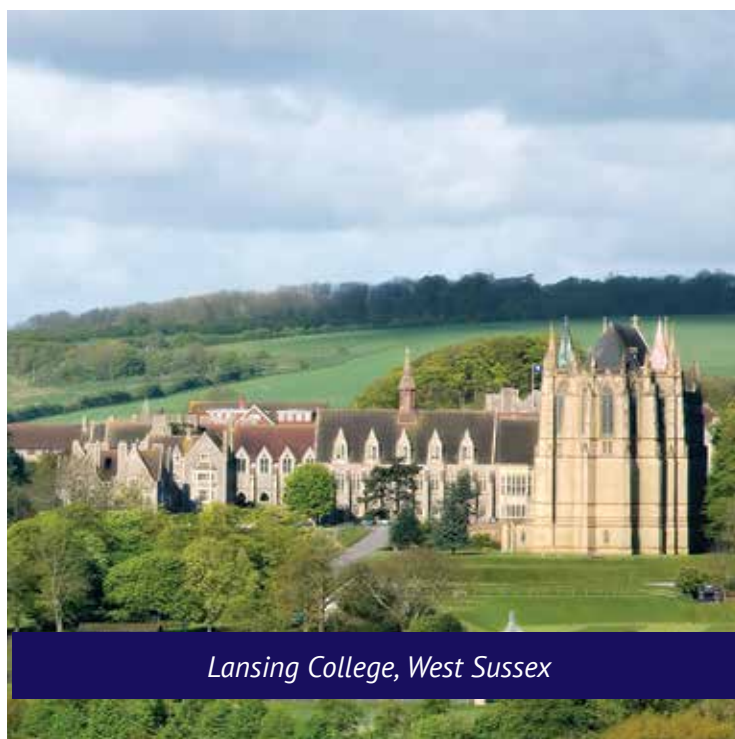
I did not connect Ajax's fate with other momentous contemporary happenings until I started to write my memories of the time. During wartime the engaged combatants are told only the good news which will help to boost morale. In fact a momentous battle had been raging inside the Soviet Union since August 1942. The Germans, with Austrian, Romanian and Italian (the 'Axis'), allies were engaged in a ferocious siege for possession of Stalingrad, formerly and subsequently Volgograd. By November 23rd 1942 the Soviet forces had encircled and trapped 250,000 Axis soldiers who were forced to cease fighting on February 2nd 1943. This was a mere month after Ajax had been put out of

action but we had no knowledge of this monumental turning point of the European war. Nearly half a million Soviet soldiers were killed; at its peak, the life expectancy of a Russian soldier was less than a day. In the Second World War the Russians suffered 27 million military and civilian deaths – more than twice the mortality of the combined German, French, US and the British Commonwealth forces. Of the Axis forces, three quarters of a million were killed, wounded or captured. A mere 6000 of the captives to the Russians survived to return home.

Between air attacks we were allowed ashore. During one stroll, a Focke-Wulf 190 fighter suddenly appeared, seemingly coming straight at me and firing its guns. I dived into the ditch alongside me, just as at that instant the aeroplane exploded, presumably hit by the anti-aircraft fire. Showers of metal fragments clanked and thundered around me but I was unscathed. I emerged, having acquired a heavy tan, with aroma to accompany it. This was no ditch but an open sewer. I returned to the ship. The duty officer identified me on the quay, doubtless from the smell that preceded me. He curtly forbade me to climb the gangplank. I was next ordered to strip naked while I was hosed down. At least I was spared being scrubbed down with deck brooms! You may have heard the phrase 'Eyeless in Gaza,' (Simon Agonistes), taken from the frontispiece of John Milton's 1671 *Paradise Regained* and used as the title of Aldous Huxley's 1936 famous novel. This was Kirk's version of humiliation - 'Naked in Hippo.' Ajax was towed to Gibraltar, made secure, able to sail to New York for complete repair. I travelled back to England in a huge aircraft carrier. We were in the bows and as the ship pitched we were lifted as in a high speed elevator, then dropped to jar the ship – but we soon became accustomed to it.

I was sent for assessment, selection and training before being awarded a commission. We were tested and selected at Lancing College built in 1857 in West Sussex, just east of Worthing. It is dominated by a huge neo-Gothic church. I still remember the draughty bedrooms and chilly bathrooms. Many years later I came to know the famous British organ transplant surgeon, Sir Roy Calne, who had been educated there.

I realised then why he was such a tireless worker. Lancing taught us to keep on the move. It was much too draughty to stand idly by. We continued training, assessment and selection in Hove at what is now a large sports complex. From time to time an acquaintance would appear at breakfast dressed in able seaman's dress, having been rejected for further training. One of our tests consisted of taking command of a vessel at Shoreham on Sea. On one occasion a single German fighter appeared and strafed us with gunfire. The poor fellow in charge instantly dived overboard. You will



Lancing College, West Sussex

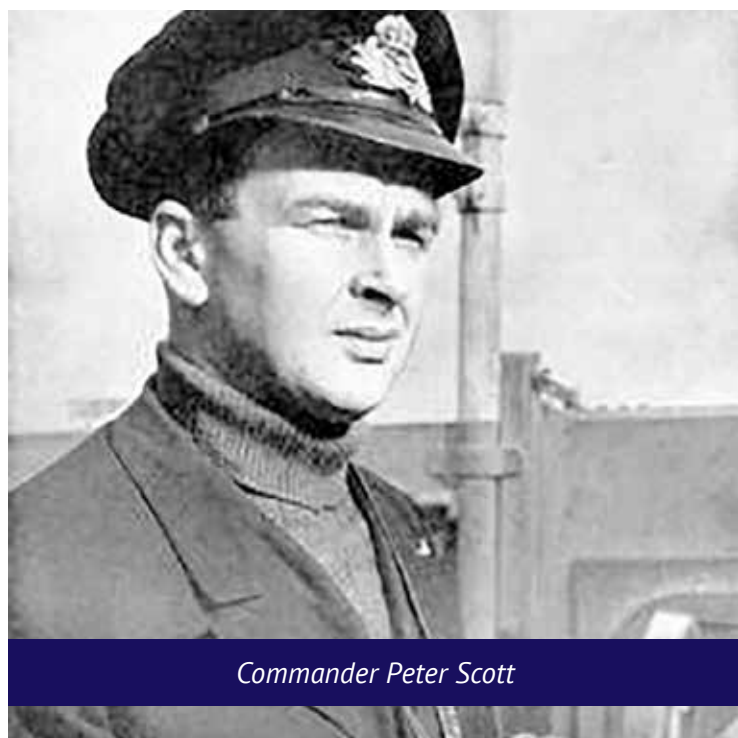
not be surprised to read that he was waiting to go back to the ranks the next morning.

I was heartened to disprove the Cambridge admiral's assessment of me. In some tests we were given orders to carry out rapidly shouted orders to change course, plan routes and achieve the required results. Meanwhile, loud bangs were generated and tables were overturned. Some men became confused. I was vainly prideful and muttered against the admiral's condemnation.

Eventually those who had succeeded were sent to collect the uniforms we had provisionally ordered from local tailors. Those over the age of 20 years became

Sub-Lieutenants but since I was under the age of 20 I became a Midshipman – referred to as ‘Snotties.’ At the commissioning ceremony one of the senior admirals addressed us. I have never forgotten his message. In essence he stated that until now we had been members of the lower deck – the ‘ratings.’ When given an order we obeyed without question. We were told when to work, when to smoke, when to rest, when to go ashore. Now we had discriminatory powers. When we had no specific duties, we decided our activities. If the ratings were hard at work, we should feel no guilt at lying on our bunks reading and smoking in the wardroom. But if we were required to act, we did so regardless of the time, tiredness or social commitments, for as long as was required. I have thereafter recognized it as the attitude to be strictly followed by a professional.

The most glamorous naval service was Motor Torpedo Boats. A famous commander and man of the hour was Peter Scott, son of the Antarctic explorer Robert Falcon Scott (1868-1912). Snotty Kirk, had hopes of joining the service since I had achieved top ranking for making quick accurate decisions and actions when tested in the presence of chaos, explosions and rapidly changing circumstances. The ghost of my Cambridge admiral’s report came to haunt me. I was told I had a 10 knot, not a 30 knot brain and was sent to be trained in Combined Operations as a landing craft navigator.



Commander Peter Scott

We were unaware that this was in preparation for the Normandy landings. We were given a period of training near Plymouth, on assault courses, training in wonderfully effective unarmed combat routines and forced marches intended to toughen us.

Our group was sent for training in North Devon to learn how to use what were called ‘frogman’s’ rubber suits and breathing apparatus to allow us to swim underwater if necessary. We were told that the rubber suits had been invented by a French naval officer, Jacques Cousteau, to whom I shall refer later.

We were taught how to handle explosives by Commander Lionel ‘Buster’ Crabb (R). He took us to a coastal area where dumps of unused, out-of-date or unreliable explosives lay on the beach. They were to be destroyed. We were shown how to place a charge among them, attached by a fuse to a detonator. When all was ready, we would strike the detonator between two stones to ignite the fuse, then retreat to a safe distance as the lighted fuse burned towards the charge, which exploded, blowing up the pile of explosives with a cataclysmic bang. To my horror, Crabb said, ‘Kirk, I’ll give you the honour. You can dispose of the first dump.’ I was about to cut approximately one yard of fuse linking the detonator and charge. Crabb snatched the fuse and cut it off, leaving a mere 3 or 4 inches. I inserted one end into the charge, the other into the detonator which I then clapped between two stones to ignite it before haring for the shelter. An order like a whip-crack stopped me. ‘Kirk!’ I froze. Crabb leisurely walked towards me and grabbed my upper arm in a vice-like grip. Had I been at leisure I might have recalled the description by Richard Blackmore in his gripping story of Lorna Doone (1869). He described the hero, John Ridd when attacked by the villain Carver Doone, seizing his arm and ‘tearing the muscle out of it as the string come out of the orange.’ In a sibilant voice Crabb slowly informed me, ‘Kirk, you never run from an explosion. You might trip and twist your ankle.’ He frog-marched me to the shelter – and at the very instant that we lay down, there came a thunderous explosion. He must have known to the split second, how long it would take for the fuse to burn through. We considered him a ‘loose cannon,’ and were relieved

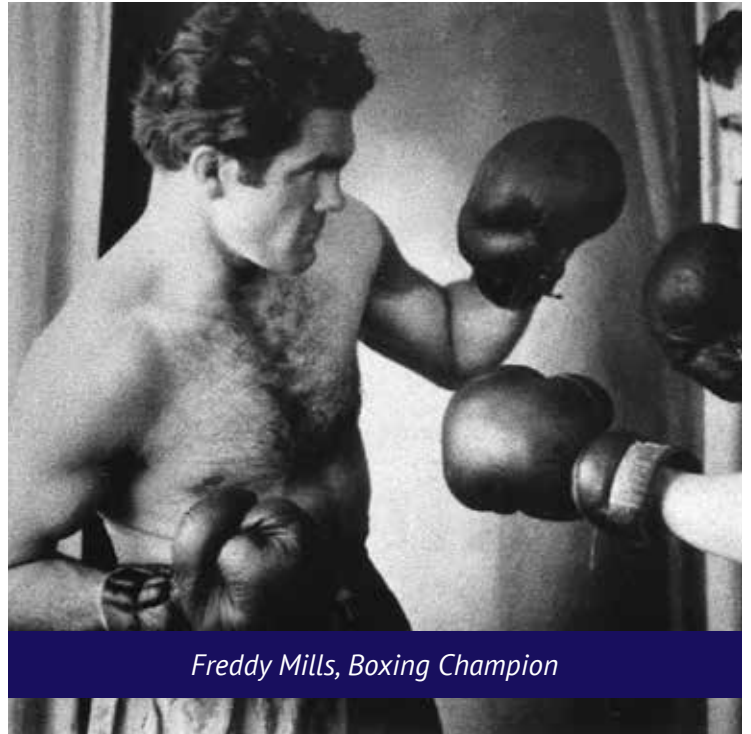
to complete the course.

In 1956 Crabb was said to have been sent to swim beneath the Russian cruiser *Ordzhonikidze*, which had brought Nikita Khrushchev (1894-1971, Joint Secretary of the Communist Party of the Soviet Union), on a visit to Britain. Crabb never reappeared. It was widely believed that he had been swimming beneath the ship to look for hidden equipment and was murdered. A headless corpse was later recovered. No official statement has been issued.

We were then transferred via Glasgow, Greenock and a ferry to Tignabruach in the Kyles (Gaelic = a narrow strait) of Bute. We were given intense training using landing craft equipped with American manufactured radar location equipment. We seized the opportunity to learn the rudiments of rigging, sailing, sail repair and steering skills. Our visits to wartime Glasgow provided experience of tough, gutsy people. Later in life I visited both Glasgow and Edinburgh many times. By comparison I thought the capital city folk too stuck up and self-satisfied – but first, superficial prejudices tend to stick. Glasgow at that time was crowded with hard-drinking serving men of many nations. Walking through Sauchiehall Street at night provided many silent footsteps through the pools of vomit. Officers could stay at the former German consulate ruled by an enthusiast for the Highland reels. She would leap upon us as we attempted to sneak into Town, recruiting us to join the dances, clumsily clutching other reluctant captives, accompanied by music from well-used 78 rpm records, interrupted by frozen moments while the gramophone needle was lifted out of a crack or relocated after jumping tracks.

We moved to Southend, among multinational units, all quite innocent of our future activities. In order to keep the sailors occupied and entertained, a boxing competition was organized and Freddy Mills, a future world light-heavy champion, who later committed suicide in suspicious circumstances, provided a preliminary exhibition. My flotilla provided representatives at most weights except heavyweight. Eventually, one man was pushed forward – a short, fat, flabby, Glaswegian with a beer belly. He seemed

to be sanguine about the prospect. To my horror, his opponent was a tall, handsome, muscular Canadian. The WRENS (Womens Royal Naval Service) whistled as he stepped into the ring and flexed his biceps and shoulder muscles ('six packs' were not then part of popular jargon). He danced round our static, flat-footed representative, flashing lightning punches at him as he covered up. I do not know what then happened. Our



Freddy Mills, Boxing Champion

man had his back to me, with the Canadian beyond, facing me. The loose fat on 'Jock's' back suddenly wobbled and the Canadian was instantly out, flat on his back. We leaped upon our hero. How had he done it? 'Och, when I was short of money for beer I used tay (sic) work in a boxing booth.'

In the event, I did not participate in the Normandy landings on D-Day, 6th of June 1944 but went later with an American Tank Landing ship to Omaha Beach, where massive tanks and guns were unloaded via pre-constructed harbours called Mullberries, said to have been suggested by the British Prime Minister, Winston Churchill. I look back on that episode with the utmost shame. I was in a privileged position among Americans and should have chatted with them, asked about America and about their varied origins and life styles. Such had been my stiff, narrow, rigid upbringing

that I hardly spoke. I merely responded taciturnly to their questions about me.

They must have thought that I was an arrogant toffee-nosed Englishman. I am reminded of a speech broadcast after the war including one American's valid view of us, at a dinner held at the English Speaking Union which had been started in 1918 to promote communication and exchange of ideas in English speakers around the world. The guest speaker was an American general in charge of the Allied sectors of recently conquered Germany – that is, apart from the

frightened, socially inept lout. My behaviour did not do much for a transatlantic entente cordiale.

As the European war drew towards a close, we were sent to the Netherlands to lead an attack on the Frisian Islands, off the coast of Holland and Germany. The young man who looked after us in an hotel that we had taken over, had been taken by the Germans to work in a factory making munitions – I am not sure where this was. So determined was he not to work for them that he shoved his arm in the machinery and sustained several fractures of his forearm. The fractures



Victory Europe (VE) Day - May 7th, 1945

Union of Soviet Socialist Republics (USSR) sector. In a lazy drawl he said, 'Ah feel a bitty embarrassed standin' here. Ya have to know that Ah was brought up in the deep South of the US of A. Ah was seventeen afore I realized that Goddam British was two words.'

I was in fact an immature, narrow-minded, ignorant,

eventually healed but one break that presumably was insufficiently immobilized, developed a false, ectopic joint and he delighted in demonstrating the extra mobility. He was a fore-runner of the da Vinci robotic surgical equipment which incorporates an addition range of movement to the human hand and wrist.

Before we could prepare an attack, the Germans surrendered – Victory Europe (VE) day, 7th May 1945. Our Dutch hosts unearthed gallons of gin, hidden from the Germans, with which to celebrate. They liberally supplied us. On that evening I committed the most insane, stupid attempt to end my life. We were almost legless with alcohol, holding a reception on the roof of the hotel in which we were quartered in a small fishing village called Goes in Zeeland, now a town of 27,000 inhabitants. The burgomaster's daughter took my drunken fancy and in an insane attempt to gain her attention I climbed over the stone balustrade of this five storied hotel and hung by my hands. I soon found I could not pull myself up. I called out but no one heard me. I was suddenly sober, but unable to hold on any longer. I fell. By a miracle that I had not observed or deserved - there was a small projection, one storey below me and I fell onto it. I was cold sober. The contemplation of my mad action weighed too heavily and I imbibed more gin, like a shipwrecked thirsty sailor offered water. Years later, I re-visited Goes with my family. It is now a lively, modern town. The hotel had been demolished and replaced by a bank. I had not, anyway, contemplated re-living my experience. Some lessons do not need to be repeated. Young men, loaded with testosterone reinforced with alcohol, are stupid, destructive and self-destructive animals. Indeed they need not be drunk to behave in this manner. Those who on an impulse dash into battle and destroy an enemy and survive earn battle medals. The justification is evident. What of the young motorcyclists who play 'chicken,' by driving blindly into danger – a form of Russian roulette?

It was here that I acquired my permanent nickname. I had garnered a succession of them and was rarely addressed by my given name except on formal occasions. When we met as trainee midshipmen a colleague asked my name. 'Raymond? You don't look like a Raymond. I shall call you Jerry.' He gave me no reason for this capricious choice but he persisted with it. On the morning following VE day my friend told me that he had entered my room and found me almost comatose with alcohol, naked, on the floor beneath my bed. He told me that he had kicked me and exclaimed, 'I always said you were a Jerry (chamber pot, 'guzunder,'

goes under the bed). In the First World War, the German steel helmet was likened to the shape of a chamber-pot and 'Jerry' was applied both to German soldiers and to chamber-pots. His humorous outburst firmly stuck. Andy Wahhol (1928-87) the New York pop artist stated that everyone would be famous for 15 minutes; well I shall have to be content with a sobriquet linked to an excretory convenience. At least it lasts longer than fifteen minutes.



Hiroshima, Japan - August 6th, 1945

On the 6th of August 1945 a nuclear bomb was dropped on Hiroshima, causing approximately 78,000 instant deaths, doubled within the next 2 weeks. A second bomb was dropped on Nagasaki on 9th August. Japan surrendered unconditionally on 14th August 1945 (VJ – Victory Japan) day. You may question the dropping of the Hiroshima bomb. No one has given me a convincing answer about the reason for dropping of the second bomb on Nagasaki before the Japanese Government could respond to the cataclysm of the Hiroshima bomb.

I was now sent to Naples, able to view across the Gulf the romantic island of Capri. To the south was Mount Vesuvius, and beyond was the Peninsula of Sorrento at a time when by coincidence, the lovely song Torna

Sorriento was popular. Sadly I had little time to look extensively in Naples, beyond noting its scruffy state with hordes of dirty, hungry-looking children, or visit Pompeii. I boarded a racy-looking Italian destroyer heading south in the night past the permanently active volcano Stromboli (so named from ancient G strongulos = round), lighting up the sky, to reach Messina at the northeast tip of Sicily.

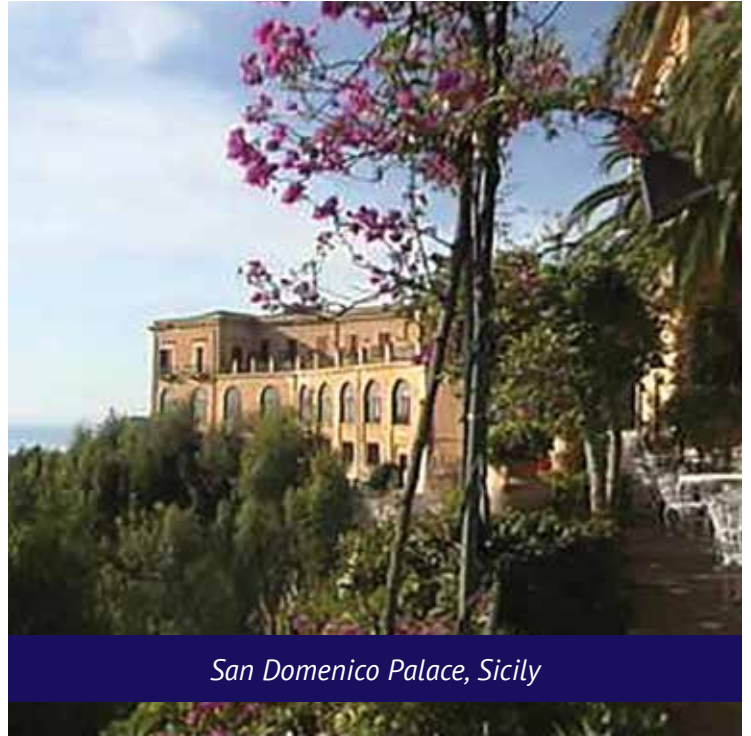
I was placed in charge of a one hundred and thirty six feet long, wooden, American-built minesweeper. It was designed to sweep magnetic mines but I did not sweep any mines. She did not merit a name but was BYMS 2026. The preliminary acronym stood for 'British Yard Mine Sweeper.' I took responsibility for the ship from the former fishing skipper who was returning to civilian life. He first took me to a jewel of a town lying on the coast between Messina and Mount Etna, called Taormina, a beautiful historic town, although I did not appreciate it until I re-visited it 60 years later. It was said to have been populated by colonisers from Naxos, a large island of the Cyclades lying south of Greece.



Taormina, Sicily

There is a splendid Greek theatre and magnificent views including the active Mount Etna, in Greek mythology the fearsome Typhon (probably from G:

the great wind – hence typhoon), the last son of the Primal Goddess of Earth, Gaia (Ge = earth). To me, he resembles the dangerous but slumbering giant Fafner in Richard Wagner's Ring cycle. Allied officers were accommodated at the San Domenico Palace,



San Domenico Palace, Sicily

part of which had formed a previous convent. To my astonishment, my host, about to become a civilian and rejoin his wife, left me at the hotel because he wished to spend the last night with his favourite prostitute. He returned next day, choking with laughter. Apparently the landlady entered the bedroom in the morning carrying a large basin containing bread and hot milk – to strengthen them after their exertions. As she stepped forward her heel hit a used condom and she slipped, emptying the bread and milk over the pair. Do not speculate about my intentions. Had I been tempted I would not have dared. I was too thoroughly inured to the fear that illicit sex risked either a nasty disease or a forced marriage, or both.

A friend who was well established in the port, was able to commandeer a car occasionally to drive us to Taormina. I did not appreciate it until I re-visited it 60 years later. My friend assured me that King Farouk of Egypt (1920-65), spent his honeymoon in the hotel.

ZHIVAGO... The Doctor in Literature

This wastrel and pornographer is remembered only for his statement, 'The whole world is in revolt. Soon there will be only five kings left – the King of England and the Kings of spades, clubs, hearts and diamonds.' He spoke prophetically, at least for himself. He was deposed in 1952.

I was taken to a cafe and served with what, many years later I learned to call 'cappuccino,' by a strikingly beautiful lady. The frothed topping was milked from a goat kept in the back garden. She was identified to me casually, as the former mistress of the German Field Marshall Albert Kesselring, who was forced to abandon her when the Germans withdrew from Sicily in August 1943.

I was in this type of ship, looked calm. A junior sub-lieutenant who had been loaned to share the watches, refused and went below. We had no radio-contact with the towing ship. To our relief, after several hours we suddenly entered calmer water. We discovered that we were in Syracuse and were soon secured to the wharf. The skipper of the tank-landing ship came on board and shook my hand, saying, 'I'm surprised to see you. The last time I saw you, you were rolling 60 degrees each side, then you disappeared and the tow rope hung vertically from our stern. You do know that these ships are notorious for rolling right over and sinking?' No, I did not know. We were taken aboard and given a good meal before turning in. The next morning the seas were calm and we reached Malta without any



RV Calypso, Montreal (1980)

We were now ordered to Malta. For a number of reasons including faults that had developed in the engine and hull it was thought safer to tow us. We were attached to a large tank landing craft. Almost immediately after leaving Messina a violent storm descended on us. We rolled violently and could not see our towing ship. The tow rope just disappeared over the prow. I had not experienced anything approaching this turbulence but the coxswain who was much more experienced than

further excitement. On the way the coxswain came up, 'Sir, I would have been really frightened except that you seemed to be so relaxed.' I confided to him my thoughts during the night. We had sustained each other. I had heard that the British Government was donating university grants for ex-servicemen and I wrote applications to London medical schools, on the advice of the Surgeon Lieutenant in Valetta. I was promised interviews at Charing Cross Hospital

and King's College London, when I next returned to London. My date for demobilization approached.

Approximately 10 years ago, by chance, I discovered the fate of the ship. While searching through the popular Google search engine in the early years of the new millennium, I quite serendipitously generated the acronym BYMS. I pressed 'Enter' and confirmed that it had the meaning I remembered. I began running through the list of numbers, unsure if I had recalled it correctly. In the stream of numbers 2026 looked familiar. I searched for, and found the only photograph I had. It was 2026! A dramatic story emerged. A year after I left, BYMS 2026 was decommissioned and converted as a ferry between Valetta and the nearby small island of Gozo. Gozo was thought to be the mythical island of Ogygia, the home of Calypso (G kalypto = veil), the nymph who detained Odysseus for seven years as he was returning from Troy, described by Homer in the Odyssey. The ex-minesweeper was named Calypso. She was then bought by a member of the Guinness family, who loaned her at a nominal rental of 1 franc a year, to the subsequently famous Captain Jacques Cousteau. He was the undersea pioneer explorer and photographer, whose television films of under-seas life entranced my children – and me, during the 1960s.

At some time I had acquired a single wavy stripe denoting a sub-lieutenant but I was informed that I was a lieutenant and hurriedly arranged to have a second stripe sewn on my cuffs. Just then I was given command of a British steam-driven trawler to take it back to England. We slowly approached Bizerte in Tunisia, now back in French control, and continued to Algeria, looked over for much of the voyage by Mount Etna. We ate unwisely in Algeria. The potent prunella liqueur with which we were served may be made from sloe berries. If so, they were wrongly named. They should have been labelled "fast" berries, since the meal passed through my intestinal tract without touching the sides. When we arrived in Gibraltar I was admitted to the Military Hospital. I must have mentioned my aspiration to study medicine and surgery because the orthopaedic surgeon approached me and offered to take me to the operation room when I was free of infection. I watched as he performed several operations. One man

was listed to have an amputation of a middle finger. He arrived with the hand swathed in bandages. They were removed, the skin was swabbed with disinfectant and the surgeon was just about to create a classical dactylectomy (G daktylos = finger + ek = from + tomos = a cutting), starting with an incision resembling a tennis racquet, when he suddenly exclaimed and stopped. It was the wrong hand. He applied disinfectant to the corresponding finger of the other hand, removed it and closed the defect. He powerfully adjured me to remember this lesson. I remember it well.

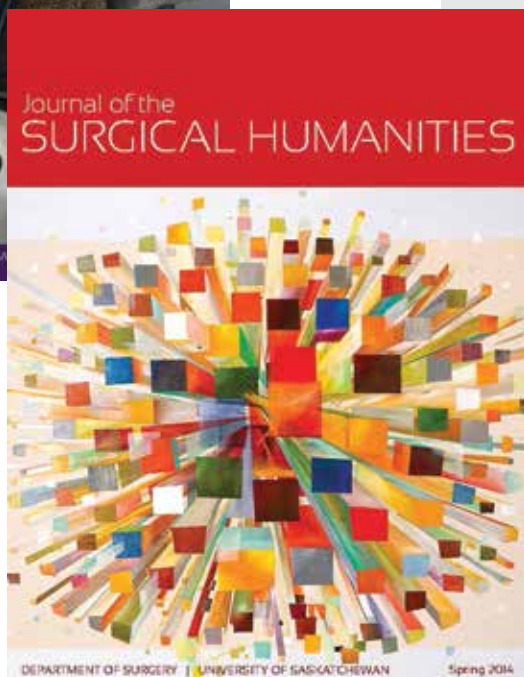
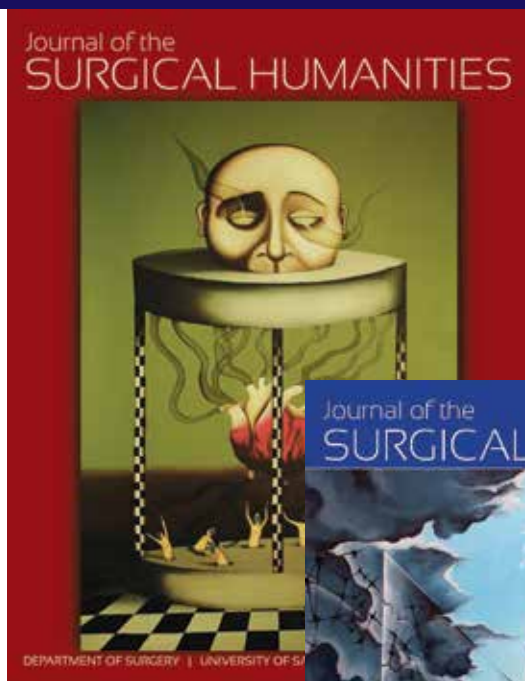
The impending release from naval service had concentrated my thoughts on my future career. During the war I avidly watched experienced seamen handling ropes, coiling them, splicing them, binding their cut end and tying various knots.

Years later I remember spending too lavishly on coffee from a shop in Southampton Row to admire the skill of the countermen. They placed the appropriate counterweights on the balance, a brown paper then greaseproof sheet on the recipient dish. They poured a growing cone of ground coffee until it just overreached the balance point. They then converted this into a cube, secured with a red cord, knotted it and applied a blob of sealing wax. It was artistically satisfying – and the coffee was delicious. It is often impossible to identify the activities that satisfy us – and those which we resist. I yearned for the possibility of enlisting at a medical school, with the eventual aim of becoming a surgeon.

On the advice of a naval surgeon I wrote to several medical schools from Valetta and gained promises to interview me on my return to Britain. I must have mentioned my medical and surgical aspirations to one of the nurses – which must have been why the orthopaedic surgeon invited me to watch him operate. The experience redoubled my passion to embark on a medical career.

To be continued...

Submission Guidelines...



Submissions to the Journal will be accepted in two categories:

- **Written Work:** poetry, essays and historical vignettes.
- **Visual and Musical Work:** submissions in digital reproductions, of paintings, photographs, music and sculpture.

All submissions must be accompanied by a cover letter in Microsoft (MS) Word format, with a short (300 words) biography of the author, name, address and telephone number.

All submissions should be sent in by email to surgical.humanities@usask.ca

If you wish to submit by traditional mail, please address your submission to:

*The Editor,
Surgical Humanities
Department of Surgery
University of Saskatchewan
Saskatoon, SK S7N 0W8*



SUBMISSION GUIDELINES

WRITTEN WORK

- May include poetry, short stories, essays or historical vignettes.
- Submissions must not exceed 5,000 words.
- All email submissions of written work must be in MS Word format, double spaced, 12-point font, with title and page numbers clearly marked.
- The work submitted should not have been published previously.

PAINTING

- Photographic digital reproductions of the painting submitted must be in high definition JPEG or TIFF formats (300 dpi or above).
- 3 photographs must be submitted: the painting as a whole; an illustrative inset/detail of the painting; and
- a photograph of the artist at work.
- Each photograph must carry a title - captions are optional. Titles and captions can be submitted in a separate, MS Word document.
- An essay of approximately 1000 words must accompany the submission, in MS Word format, with a description of the painting and its story/meaning, as seen by the artist.

PHOTOGRAPHY

- Up to 4 photographs may be submitted at a time, each of high definition, in JPEG or TIFF formats (300 dpi or higher).
- The photographs may be linked by a similar theme, but this is not essential.
- Each photograph must be titled appropriately - captions are optional; titles and captions may be submitted separately, in MS Word format.
- An essay of approximately 1000 words to accompany the photographs must be submitted separately, in MS Word format. The essay can address the photographs, or be a story of the photographer's life and motivations.

SCULPTURE AND CRAFTWORK

- Photographic digital reproductions of the sculpture or craftwork submitted must be in high definition JPEG or TIFF images (300 dpi or above).
- A total of 4 photographs must be submitted:
- The sculpture/craftwork captured in at least 3 angles, each photograph addressing a different angle
- A photograph of the artist at work.
- Each photograph must carry a title - captions are optional. Titles and captions can be submitted in a separate, MS Word document.
- An essay of approximately 1000 words must accompany the submission, in MS Word format, with a description of the sculpture/craftwork and its story/meaning, as seen by the artist.

PERFORMANCE

- Music may be of any genre, provided the performer recognizes his/her performance as a serious art form.
- Submissions must be accompanied by an essay of approximately 1000 words on the performance itself or on the importance of music in the performer's life. A YouTube link to the performer must be clearly included in the essay.

COMPOSITION

- The composition may be in any genre of music, with the composer's musical score sheet, in musical notation, forming the centrepiece of the submission.
- The musical score sheet need not be in classical music notation - but the reader must be able to reproduce the music by following the score sheet.
- Singer-songwriters can submit their compositions, with the music in musical notation and the words of the song accompanying the notation/chords.
- Submissions must be accompanied by an essay of approximately 1000 words on the composition itself or on the importance of music in the performer's life. A YouTube link to the composition being performed must be clearly included in the essay.

JOURNAL OF THE SURGICAL HUMANITIES

Department of Surgery - Surgical Humanities Program © 2016



UNIVERSITY OF
SASKATCHEWAN

ISSN 2368-0407