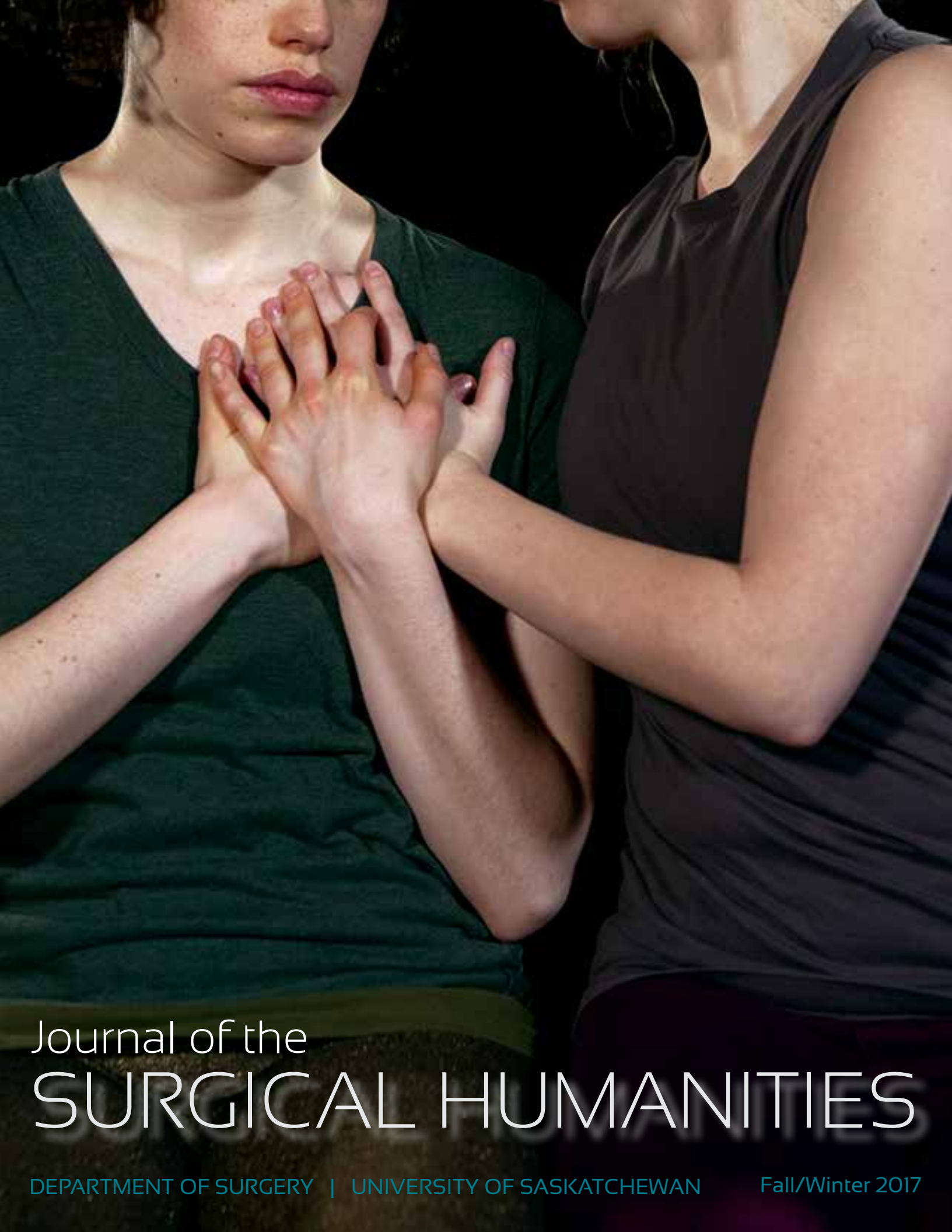

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EDITORIAL

Francis Christian, FRCSEd, FRCSC
Department of Surgery
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Human suffering, never far from the surgeon's universe, seems to tread softly upon the soul of the artist, the physician-poet or novelist… and from the blood-soaked fields of a pointless war there emerge poppies blowing back to Canada and the world, fragrant, from Flander's fields.

Or perhaps the heavily trod winepress of adversity works out a different, vintage and sparkling purpose in the life of the physician-artist. It is not so much that the physician-artist feels suffering less as that he or she is able to use it more, much more, to eternal purposes.

No doubt this is no sole purview of physicians and the greatest epic poem in our language was written by a recently blind poet, not a physician, suffering from frequent episodes of gout, as he wrote of paradise and its loss and of "justifying the ways of God to men …" We are the poorer as a people and civilization that what was once required reading is no longer widely read, but Milton seems to confront every generation with a new message of hope; and upon this, the 350th anniversary year of its publication, the celebrated Oxford professor, John Carey has brought out a superb, accessible version of the blind poet's immortal poem - "The Essential Paradise Lost."

Nor must we assume that the triumphant use of suffering by the physician-writer or artist is confined to the English speaking world. Russia's magnificent literary cannon was itself conceived and created in a harsh climate, not at all unlike our own in Canada, much of it before the era of central heating and motorized transport. Dr. Anton Chekhov's difficult and deprived childhood is well documented by his biographers. He began exhibiting the symptoms and signs of tuberculosis - then a death sentence - soon after he qualified as a physician in 1884. And most of his greatest work, including his most consequential plays and short stories were completed after this time.

The protagonist of Boris Pasternak's Nobel prize winning novel is a doctor… and a well-loved poet. Almost as inevitably, Dr. Zhivago's "Lara Poems" in the novel are written in a time of revolution, upheaval, loss and dislocation - and out of Russia's almost limitless capacity for suffering there arises here, as everywhere in Russian literature, a magnificent testament to the creative resilience of the suffering artist. Persecuted and hounded by the Communist authorities for most of his career, Pasternak was refused a return passage to Russia if he were to travel to Oslo to receive his Nobel prize (he declined the trip).

But what is the impulse that must have coursed through his veins as he composed his lyrical, politically explosive masterpiece - when he must have known it would provoke, perhaps fatally, the fury of a fearsome, repressive state?

Albert Camus' Sisyphus ("The Myth of Sisyphus") is the "absurd" hero who defiantly keeps hauling a heavy rock up the mountain almost to the summit, only for it to roll back down again; and then, Sisyphus would start over again… and again, … and so the cycle would repeat; and for Camus, this act of defiance by itself, repeated in the face of intolerable pain and disappointment, was the very essence of his brilliantly conceived, "absurd hero."

But the suffering artist cannot be considered to be this type of hero at all - or else, the sum total of his or her existence would be the adversity itself! Instead of the deaf Beethoven writing songs and symphonies of incomparable beauty, the Beethoven of Camus' Sisyphus would not have composed at all - or else, composed a babble of clashing, "absurd" sounds. Instead, the suffering artist, notwithstanding the heavy rock of adversity, succeeds in conquering the summit and is thence blown aloft by eternal winds, the rock meanwhile,

having done its work as servant to a higher purpose.

Such a purpose, perhaps, as that which enveloped John Keats in his "miraculous year" of 1819 - during which virtually all his celebrated poems were written. Not long before embarking on this year, his surgical training had taught him to recognize that "captain of the men of death" (tuberculosis) in his younger brother, Tom, whom he lovingly nursed throughout his illness. Tom died in his arms in December of 1818; and the disease that had claimed his mother and made him an orphan almost a decade ago had struck again. Close on the heels of Tom's fatal illness, his poetry had been savagely criticized by an eminent literary journal. He was 23 years old, practically penniless and living with friends - and also achingly in love with his neighbour, Fanny Brawne.

By the beginning of the summer of 1819, he had written most of his immortal odes, including "To A Nightingale," and "Ode on a Grecian Urn." Neither these, nor most of his other poems of "the miraculous year" are addressed to Fanny ... or to romantic love, or to new-found joy ... but rather to transience, grief, permanence and beauty.

Already resigned to the likelihood of himself contracting tuberculosis, he calmly recognized definite signs of the disease in himself (July 1819). One morning, noting a drop of blood on his bedsheet, he said to his friend Charles Brown, "bring me the candle, Brown. Let me see this blood." Both men looked intensely at it. Then Keats, the trained surgeon looked up at his friend and said, "I know the colour of that blood; it is arterial blood. I cannot be deceived in that colour. That drop of blood is my death warrant. I must die." In October of the same year, he wrote another one of the greatest poems in our language, "To Autumn."

Readers of this and other issues of the Journal of The Surgical Humanities will note many examples of the medical student, resident or physician creating works of art from adversity. Never far from suffering themselves, they have transformed it to eternal purposes.

Francis Christian
Editor-in-Chief

ENCOUNTERS WITH SURGEONS

Dr. John Graham Pole
Professor Emeritus of Pediatrics, Oncology and Palliative Care
College of Medicine, University of Florida

November, 1954, Weston General, Somerset: HOSPITAL #1

I stand rigid in the doorway. She's propped in bed in the surgical ward's private room. Her faded yellow nightie highlights her pallor. Her freckled hands rest lightly, so lightly, on the single sheet spread across her tummy. She forces a smile. My forbidden twelve-year-old tears jerk free.

The night of her cremation, dreams haunt me. Of you carving her open like the Christmas turkey, jamming giant fingers into her, grasping those malevolent growths. I hear your voice, resigned, shrugging to your assistant:

"Close her up. Monofilament nylon. I'll check on her tonight."

Do you breathe relief that she's inoperable, saving you hours of toil? Later, do you stand aloof, feign the facts?

Or do you sit at her bedside, clasp her hand? Murmur the truth, the full and awful truth? Wrapping it in words of solace?

You who are as intimate with her entrails as my father with her sex?

January, 1964, St Bartholomew's, London University: HOSPITAL #2

Fifth year of med school, initiation to Accident & Emergency. Snow bounces off the fast-flapping plastic doors, the frozen air lifting my skinny half-coat. A&E opens onto Smithfield Meat Market, distribution point of carcasses from Europe's length and breadth for a millennium.

A twenty-four-seven operation, so the pubs stay open all night. Outside *The Dog and Duck,* the meat porters have laid down tools. After ten-hour stints of cleaving whole-hogs, tossing half-cows onto massive steel meat hooks, they're downing pints like the fonts are running dry.

Five AM: an inebriated member of their guild staggers in. His right thumb dangles where his chopper's sliced it like a twig.

Now, what do I recall of the structural attachments of the human pollex?

I struggle for fifty minutes to re-oppose the vital organ to its pulped-up palm, knowing my fledgling efforts for a botch. The booze's anesthetic effects endure, though this scion of Agincourt would concede no pain were he stone-cold sober. The staff nurse coaxes me to rouse the on-call house surgeon, notorious for his scathing jibes at our woebegone student bungling, and for his deflowering of nurse probationer virgins. I press him to sally forth grudgingly from his love nest. He drops one cursory eye upon my handiwork—one misshapen member—and pronounces for all Smithfield to hear:

"Whatever you do, don't take up surgery!"

With this penetrating *bon mot*, and a lustful leer at staff's willowy form in starched white pinafore over Newcastle blue frock, he struts back to his bower of bliss. Astoundingly, the thumb resumes its pristine function, the gaudy, jagged wrist-to-index scar a proud memento.

July, 1970, Jenny Lind Children's, Norfolk: HOSPITAL #3

Pediatric Internship: I take in the higgledy-piggedly scatter of surgical beds. A toddler advances, arms stretched skywards, a study in mute entreaty.

How did I get to be twenty-seven and never cradle a child?

I drop to a clumsy kneel, spare a thought for my new three-

piece pinstripe. He clambers into my arms and presses his sticky bib (ice cream? spaghetti loops?) against my old-school tie. The worldly-wise nursing sister ruffles his curls.

"One of your theatre cases for tomorrow, doctor."

Theatre? As in Operating Theatre?

The words—"Whatever you do, don't take up surgery!"—echo in my ears. She regards me doubtfully over half-glasses, sensing my concern.

"Circs, my love. Don't look so worried, they'll show you how."

"I thought they did those at birth?"

"Oh, they're much choosier nowadays, dear. Only do the essentials. Phimosis, that sort of thing."

Eight AM: I'm the only possible surgeon in sight. Blanking on the requisite scrub time, I soap from finger tips to armpits for twelve minutes, then push backward into the operating room, an initiate at this dance. I sense some impatience to strike up the band as I take my place at table, contemplate the sleeping tot beneath the gas man's eye.

I feel hands fumbling behind me, twist my head. Are my trousers slipping down? I breathe relief as the circulating nurse closes my gown, fastens it at waist and neck, and opens the glove wrapper like a book. I grasp and don the contents. She withdraws. Her scrubbed-in partner anoints the tiny penis with Betadine and encases the whole in sterile green, leaving me a two-inch operating field. She hands me a minuscule scalpel, then breaks the silence.

"Probably didn't know to expect this. Fear not, I've trained a few interns in my time."

I look up from contemplation of my patient's willy, sense the smirk beneath the mask, take in the wisp of white hair escaping beneath the cap.

Nurses training doctors? Is this even legal?

"You're going to slit his foreskin open, doctor. Right here."

She guides me as I snip tentatively along the tiny pecker.

"Push back with your fingers, so just his little knob sticks out. The business end, you could say."

Am I cutting off this mite's future pleasure? I sense a disturbing intimacy between us: motherly nurse; little boy's appendage; and me. I comply as she plucks a diminutive plastic ring from her surgical arsenal.

"Now draw the foreskin over this." Her practiced hands continue to guide me. "Now, tie this ligature to staunch the blood when you chop it off. The foreskin, I mean, not the whole organ."

Is she trying to lighten things up? Sweat's trickling down my forehead as I pull the nylon tight, flashing back to that bloody misshapen thumb. Penis and thumb much of a size. She hands me pint-sized surgical scissors; I can just squeeze finger and thumb tips through the loops.

"Now, the coup de grace! Lop it off!"

The tiny integument drops to her waiting basin. She cocoons the remaining member in bandages, just the meatus peeking out.

"Well done, doctor!"

"Can't claim much credit."

"Nonsense! See one, do one, teach one. You'll be a pro in no time."

March, 1974, Yorkhill Children's, University of Glasgow: HOSPITAL #4

Come the dawn, I'll be delivering my debut lecture to a national jury of my peers—five-hundred members of the British Paediatric Association.

Will I sleep tonight?

I take up the dog-eared pages of my speech, switch on my portable projector, scan four years of research: a 276-page doctoral dissertation compressed into twenty slides. I've got it down word-for-word, but my mind's jerking like washing in a windstorm.

I'll just run through it once more…

Two-thirty AM: I drop into an edgy slumber, replete with dreams of serried ranks in dim lit halls. Over breakfast, a paternal hand drops onto my acromial process. I twist my head. Dr W., our children's surgeon, is grinning at me, a grin like a troll's.

"Ah think I'll gi' tha' wee talk of yoors a miss, Johnnie. I was in the room nex' door, heerd it more than a few times through the early hours. Reckon I could gi' it missen!"

My blush mounts from chest to forehead.

Why the hell didn't he bang on the wall and shut me up? Did he lose beauty sleep simply to make a monkey of me over my eggs and bacon?

With a light clap on my scapula, he's gone, leaving me to sally forth, stand before the podium and wow the hallowed hordes.

January, 1979, Rainbow Babies & Children's, Case Western Reserve University: HOSPITAL #5

"High-grad osteo. Biopsy confirms it."

My first encounter with Dr M., our orthopedist. He taps his forefinger on the telltale lesion on the Xray screen. I read her name off the film: Brandy. The cancer has totally replaced the fourteen-year-old's humeral head, extends halfway down the shaft.

"But this girlie has an unusual problem. Been deaf from birth, relies entirely on sign language. Amputation's the gold standard, of course. But what's your experience with limb salvage? You've got good drugs to shrink these bastards, don't you?"

"Never done one. But yes, we could give the chemo upfront, make your job easier, maybe even save her hand. You leaning that way?"

"All for it, if you're game."

I feel a flush of excitement. "I'd love to try it. Have you talked to her family?"

"Briefly. If your drugs work, I'll resect the thing in toto, insert a titanium implant, reattach arm to shoulder. Bingo."

I'm warming to him, wondering what makes him tick.

Could we chat over coffee? Do surgeons chat? Or just make a virtue of eternal busyness?

He's heading for the door. Over his shoulder, "They're checking into clinic in the morning. See you there."

Dr M. stands silent in the window as I examine Brandy. Her arm's tumescence stretches from shoulder to elbow, mirroring the xrays. I eye the sheen of dread coating her face, hazard a smile, then turn to Mom.

"Mrs Andrews, you understand Brandy's condition? And the possible treatments?"

"Yes, doctor. Usually you'd...take away her arm. Amputate." She stumbles over the word, her eyes damp, her words hanging dense in the air. "But you could give Brandy your drugs first, then you mightn't have to?"

"Yes, that's what we're hoping. But we've never had anyone in Brandy's...situation. And it's very new treatment, we can't make promises. It may not work well enough to save her hand. How does Brandy communicate—with both hands?"

Is Brandy lip-reading all this?

Mom swallows, fixes her look upon her daughter. "Perhaps she could learn to use just her left. But it would be like a whole new language." She brings the backs of two knuckles to her eyes to wipe tears. "Do you want me to ask her?"

"Yes, I'd very much like to know what Brandy thinks."

The signing goes back and forth long minutes, neither hiding their distress. Mom turns back to me.

"It'd be hard, doctor, very hard." She glances at Dr M., as though to draw him in. He nods silent affirmation. "But we want you to try."

"Thank you, Mrs Andrews. I'm sorry to upset you both. This is a very hard time." I lean back in my chair. "We'll get the chemo started right off. You can stay with Brandy."

Two months and four chemo courses later, Brandy's shoulder and upper arm has shrunk to almost normal size. She can brush her hair—what's left of it. I've learned a few sign words and letters, though I can't translate the sounds she makes. Two weeks after the last course, Dr M. calls me again. I head downstairs at the double to where he's once more peering at the screen.

"Better than I'd hoped. The whole deal looks dead as potato chips. I'm putting her on my list for Thursday."

I gape at the films, dumbstruck. "Next Thursday. Yes, sure. Her counts are back up, and everything else is good."

Four days later, Brandy's arm is encased in a cast from shoulder to wrist, her fingers swollen to twice their normal size. But she's signing to Mom with both hands. And I'd read the path report: A hundred-percent necrotic bone.

December, 1985, Shands, University of Florida: HOSPITAL #6

Dr D. dials back the lumens on the 'scope. I can no longer hold my eye open. He can no longer see anything through my tears.

"I don't know what the heck I'm looking at, John. Infection, for sure, but it beats me what. You wear contacts?"

"Yeah, till last week. Not any more—can't go near them." My eyes are clamped shut against the glaring overhead lamp.

"Sorry, I'll dim it. Photophobia's hell."

We sit together in shadow. He lays a hand on my arm.

"Your contacts could be the culprit. I'll see you back daily till I nail it. Real sorry you're hurting, man. We've got good eye patches, better than Walmart's. And anesthetic drops, along with the antibiotics. I'll get you all you need."

Thanks, doctor. For laying on your hand. For saying, I don't know.

Acanthamoeba keratitis. The diagnosis takes him two weeks. Fourteen days studying photos in every tome he can lay his hands on. Consulting colleagues across the country. Having every member of the Ophthalmology faculty check me out. He tries eye drop after eye drop, settles for PHMB[1] and Brolene. Then the eye bank in Atlanta calls.

"They've got a cornea for you, John. It'll be here tomorrow. I'm admitting you stat, stepping up the drops to hourly."

I wake through twilight anaesthesia, reach my arms up through the haze to hug him. Grin idiotically at my goof.

"Thought you were Sheila," my voice slurs.

"I talked to her." His face is close, inspecting his handiwork. "No sign of the parasite, man."

I'm back at work two weeks later. I was certain I'd lose the eye, it would spread to the other one, I'd be blind, never work again.

Thanks, Bill.

May, 1995, Yale-New Haven: HOSPITAL #7

I lunch with Dr S. at his wife's off-campus café.

"I've got time to sit and chat, now I'm retired. When I'm not bussing and loading dishes." His voice is a light caress. "I had to do it. At fifty-eight, I was getting up at four AM to pen a few pages before heading to work. So—no more operating for me, just writing about them. And other things."

Later, at my lecture, I read them the poem about speaking truth to children. How I'd told Jamie, an eight-year-old with cancer, that he was going to die. How his parents had wanted him to know, wanted no conspiracy of silence between the three of them. How his Mom had approached me, diffident but resolute: "Could you tell Jamie, doctor?" How Jamie had howled for three long minutes at the finality of my words. How he'd then spied Mom's tears, and mine, stopped his own on an in-breath. How he'd opted to play the stand-up comic, offer his wry observation on my messy office:

"Didn't your mom teach you to pick up after yourself?"

Did my candor free him to run this gamut of emotion from tears to laughter? And was that good?

Afterwards, you approach me. "Sorry—I couldn't do that. Surgeons are really softies, you know. Tell the truth but tell it slant, that's me. My failure perhaps."

Confessions of a knife?[2]

He adds, his soft tones beguiling, free of accusation, "Perhaps you worked up to it?"

"Yes. Yes, I beat about the bush a bit, before I came to it."

Thank you, Richard. No softie, you. Just a gentle man.

REFERENCES:

1. Polyhexamethylene Biguanide (Baquacil).
2. Richard Seltzer (1979). Confessions of a Knife. Simon & Schuster.
3. Pancreaticoduodenectomy—the Whipple procedure.

Dear Surgeons,
You arouse my awe, my vexation, my diffidence. Thirty years a professor, in your presence I'm once more the callow twelve-year-old. Your tight-lipped competence daunts me. You relish thinking on your feet; I hate it. I'm a klutz with a scalpel; you stand ten hours for a Whipple[3], feet no longer your own, take silent pride in those endless hours.

Dr. John Graham-Pole is Professor Emeritus of Pediatrics, Oncology and Palliative Care at the College of Medicine, University of Florida and a founding member of Arts Health Antigonish. After completing his training in England, he has worked in both Canada and the USA.

Prof. Graham-Pole is the author of several books and articles and is a recognized essayist, poet and short-story writer. His recent works include the books, "Illness and the Art of Creative Self Expression," "Quick – a Pediatrician's Illustrated Poetry" and "Physical" (winner of the William Carlos Williams Award); and essays and short stories in such Journals as : Yale Journal of Humanities, CMAJ and Journal of Palliative Medicine.

HYBRID BODIES: Intersections With Medicine, Science and Art

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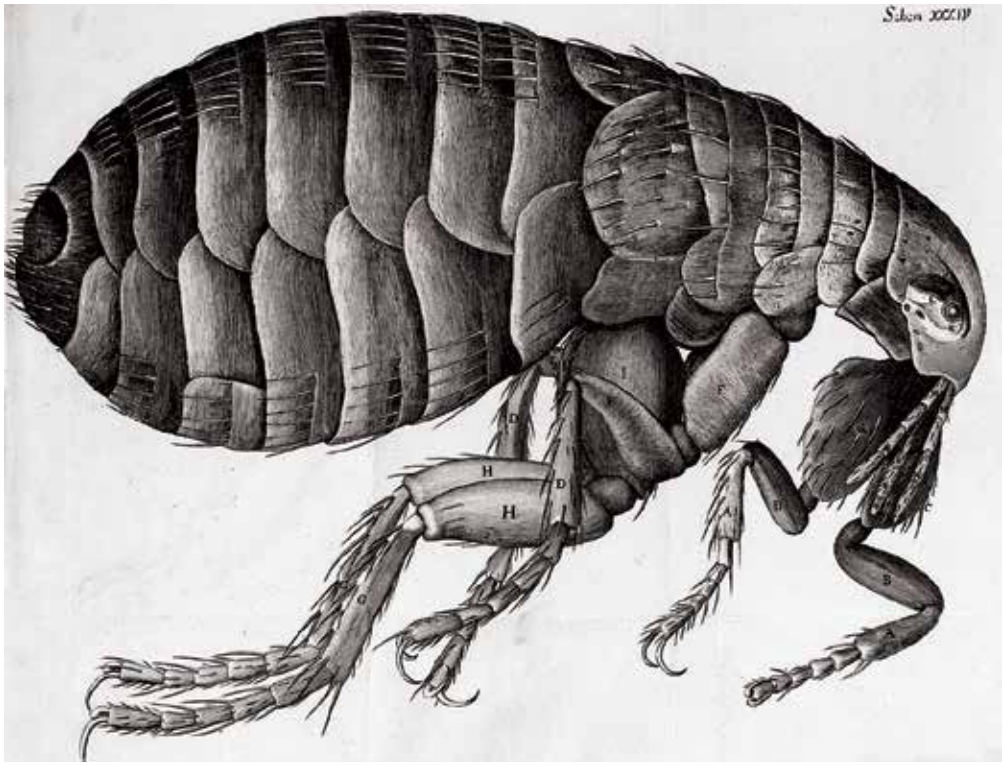
This engraving of a common household flea is one of my favourite images by one of my favourite natural scientists Robert Hooke, the 18th century scientific experimenter and inventor. Hooke made significant contributions in the fields of physics, astronomy, biology and medicine. In 1664, he published his book, Micrographia, a book of observations he made using the compound microscope he had recently invented. Hooke was developing and working with the latest, most advanced technology of his time but with that technology, he observed what many might consider to be the most mundane and prosaic things. I find it interesting that one of the first images he produced with the aid of his new technological device, is this image of the common flea. In fact, in Micrographia, he waxes rhapsodic about the beauty and strength of the flea.



I feel a special kinship with Hooke because as an artist, my work is also fuelled by observation and curiousity and I like to work with new technologies and science and am deeply invested in the world around me. My collaborators have included individuals, buildings, the movement

THE GIFT - The Intruder
Ingrid Bachmann

of the earth's tectonic plates (seismic shifts), and hermit crabs. So I have always been interested in exploring alternative ways to make art and this has led me to some remarkable collaborations with scientists, programmers, and medical practitioners.

In 1992, pre WorldWideWeb (WWW), I worked on an early internet project, A Nomad Web: Sleeping Beauty Awakes, to see if this new digital terrain might provide an interesting space for art. And in 1995, I worked with colleague Barbara Layne and seismologists at the Canadian Geological Survey and California Institute of Technology to create Fault Lines: Measurement, Distance and Place. This project involved the simultaneous production of two textiles in two distinct locations Montreal, Quebec and Santa Monica, California that recorded, measured and transformed seismic information from each of these two sites into a woven record. The seismic data was transmitted via phone modems (!) from one site to computers attached to textile looms at the other site. The daily seismic records of Santa Monica and Montreal were woven over the period of one month and resulted in two 17 metre cloths.

In the spring of 2001 I undertook a research trip to a number of leading scientific laboratories in the eastern United States that specialize in advanced medical textile research and production. In one case, the animal tissue of specially bred pigs are attached to a sewing ring of metal or plastic sheathed in a custom knit fabric (usually Dacron or poly-tetr-fluor-ethylene) to create a bio-mechanical heart valve used in valve replacement. These early explorations and projects laid important groundwork for future collaborations.

In 2007 I, along with three other artists: Alexa Wright (UK), Catherine Richards (Canada), Andrew Carnie (UK), was invited to participate in a unique interdisciplinary research project in the non-medical aspects of heart transplantation.

Few organs are as charged as the human heart. Seen as both the seat of human identity and the archetypal symbol of love, it is an organ that has been ascribed qualities and associations far beyond its anatomical functions. Since the first heart transplant in 1967, the purely mechanical process of the operation has been streamlined. Today the medical model is understood well and a heart transplant is almost a routine operation. However, the psychological impact on transplant recipients is

THE GIFT
Ingrid Bachmann

THE GIFT - I am great, but...
Ingrid Bachmann

less well understood. With organ transplantation, pressing new questions have been introduced as to what it means to be a human being, and what constitutes individual and community identity. Little research has been made into the emotional or psychological states of the recipient post surgery.

However, an interdisciplinary study was produced by a research team based at Toronto General Hospital and the University of Toronto Health Network. The PITH (Process of Incorporating a Transplanted Heart) team was headed by Heather Ross, world-renowned cardiologist and medical director of the heart transplant program at Toronto's Peter Munk Cardiac Centre and by British philosopher Margrit Shildrick, Linkoping University, Sweden. Other members included Susan Abbey, Psychiatrist in Chief at the University Health Network and transplant psychiatrist, health researcher Patricia McKeever, and sociologist, Jennifer Poole. In order to bring their research to the general public, they invited the four artists to draw from their research for the purpose of creating artworks that explore the diverse non-medical aspects of transplant in recipients. These aspects included inter-corporeality, community, mythology and symbolism around the heart. The research data took the form of video interviews with recipients. This in itself was new, as previous quality of life assessments for heart transplant patients took the forms of audio interviews or questionnaires. What the team discovered in the video interviews was the enormous gap between what recipients said and what their body language said.

Due to ethical considerations and confidentiality, no research material could leave the Munk Cardiac Centre so we travelled to Toronto twice a year over a period of three years to view the data. (Ethical clearance for the artists to view the material took two years to obtain from the various institutions involved.) We used this time to intensively study the research and begin discussions with the interdisciplinary medical team. Then

we returned to our respective studios and began to develop and prototype artworks based on the rich findings of the PITH team's research.

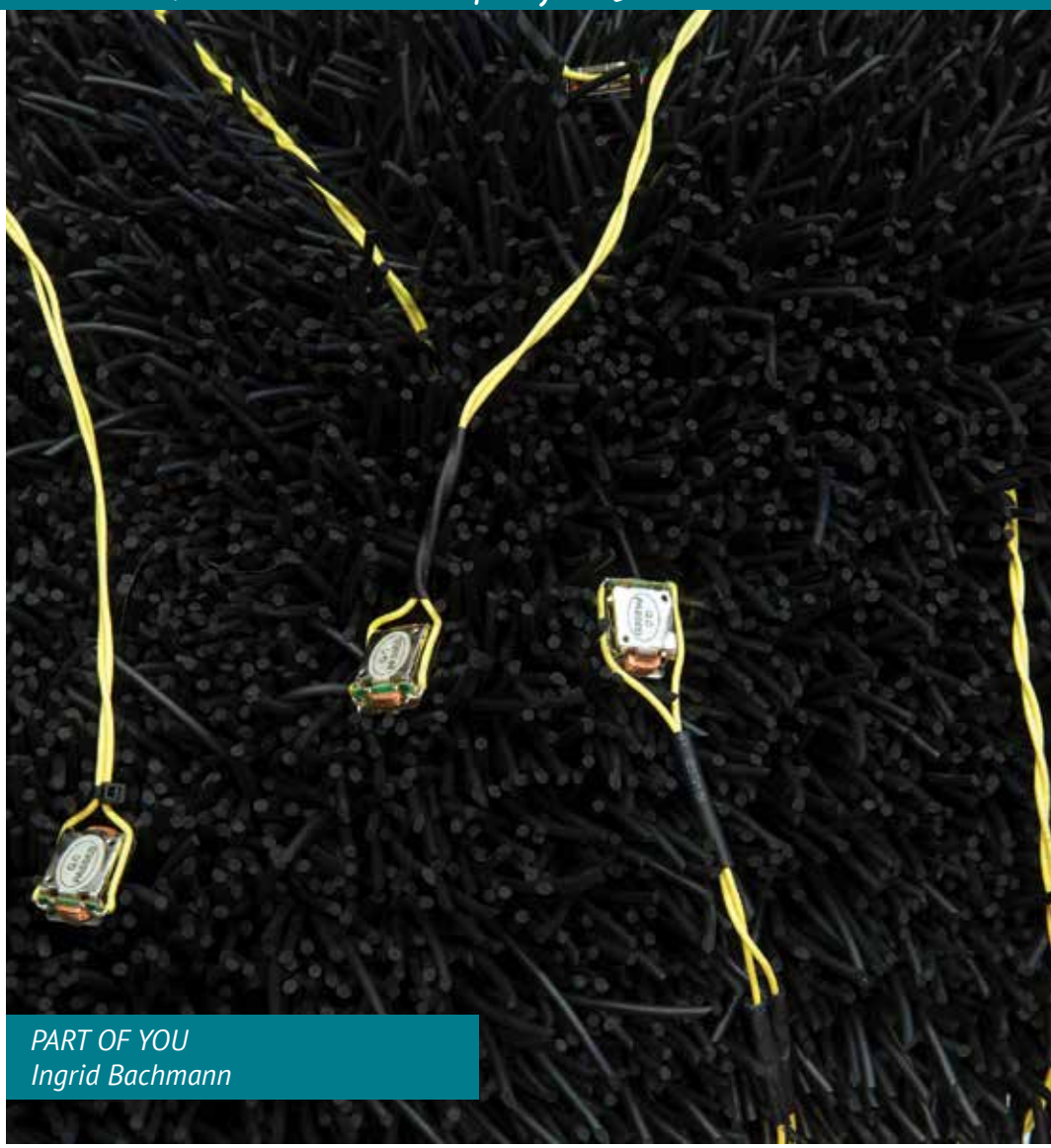
Another important element in the arc of the project was in-process exhibitions. These semi-public events allowed us to present our art work in process. The primary purposes of these events was to share knowledge and progress in research between teams, and also to present the artworks in process for feedback from invited artists, healthcare professionals, patients, and selected members of the public. For the first exchange, the artists installed work at a local Toronto gallery, YYZ . The artists showed earlier works that referenced ideas around embodiment, and identity, themes that are central in the PITH research. This first meeting proved to be pivotal as it was at this meeting that we became a team. The second in-process exhibition was held at the Hexagram Media Centre at Montreal's Concordia University at the same time as the annual International Society of Heart and Lung Transplantation conference, which was held in Montreal that year.

From these meetings and in-process exhibitions, a great deal about contemporary art and exhibition practices was discovered regarding their impact on the viewer. Or more specifically, on viewer's bodies. First, many galleries are not easily accessible physically to the disabled or infirm and few galleries grasp the importance of providing seating. Secondly, lower lighting levels made viewers less aware of themselves as spectators and more comfortable in viewing art and art forms that may be unfamiliar. Third, contemporary art galleries are intimidating to many members of the public, thus direct invitations from research team members were critical in attracting and reaching diverse audiences. Finally, the artists' presence as intermediaries to the work in the test phases was essential. We were able to talk to visitors and get feedback firsthand. The final works were generated from the findings and on the feedback received from recipients, their families as well as medical professionals.

For *Hybrid Bodies*, I created two works, *The Gift*, and *A/Part of Me*. *The Gift*, a multi-channel video installation that explores, through movement, the experiences of heart transplant recipients. In watching the interviews with transplant recipients I was struck by the compelling gestures of the patients, gestures that were often at odds with their words. I chose to work

THE GIFT (Detail)
Ingrid Bachmann

with two dancers to express through movement and gesture the complexity of the transplant experience. With transplantation, the notion of the dyad is re-occurring - the relationship between the donor and the recipient; the healthy and the unhealthy heart; the body's need for a new heart and that same body's immune system's rejection of it; the gift as both burden and gift. As the experience of transplantation is a very private one - transplant recipients carry no visible trace of their experience in spite of having undergone a very intense and traumatic experience – I` wanted to make a work that was both intensely physical yet not material. I worked with two talented dancers, Linnea Gwiazda and Maxine Segalowitz. The themes I chose were the gift; ambivalent host/ambivalent guest; weight; I'm great...but; grasp; territory; the intruder; failing. I felt the medical practitioners had taken such a risk in pursuing this research that I wanted to also take a risk in my own artwork. I am a visual and media artist, not a choreographer so working with dance was quite a leap for me.



PART OF YOU
Ingrid Bachmann

In the audio piece, *A/Part of Me*, I used the body both as the means and the site for listening to the narratives of the transplant recipients. I recorded friends reading so no one could be identified. Also the words, "heart" and "transplant" were not included in the text. Visitors hear the stories of transplant recipients intimately in their body and through their body. Bone transducer sensors are used to conduct the sound in the listener's body. Bone conduction is the conduction of sound to the inner ear through the bones of the skull. Typically sound waves travel through the outer and middle ear before arriving at the cochlea in the inner ear. But sound waves can also get to the cochlea through direct vibration of the bones in the head. Bone transducers translate sound into vibration patterns, which conduct sound to

PART OF YOU
Ingrid Bachmann

the inner ear through the bones of the skull. Only the person holding the transducer to his/her bones can hear the sound. The transducer can be moved to different bones, on the temple, chin, or cheekbone to hear the sounds. If the listener plugs his or her ears the sound will still be heard. As the experience of transplantation is an intimate one, the work is both intensely physical, yet immaterial. The Hybrid Bodies artworks were presented in the first public iteration at the PHI Centre in Montreal, Canada in 2014, at Kunst Kraft Werk in Leipzig, Germany, 2016, and Gallery West, London (UK) 2017.

As an artist this project has been one of the richest and most thought provoking of my career. It challenges traditional notions of artistic license and also suggests new roles for the artist. I learned a great deal from working with the transdisciplinary team. I was impressed by their commitment to the patients, their willingness to work outside of their comfort zone to ease the distress of their patients. Although our fields are quite diverse, there

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were many surprising elements of commonality. Visual arts belong to a different register and reach different communities than the specialized discipline of medicine and generally do not follow a quantitative methodology. But as artists we can perhaps contribute in bringing important scientific information into the social and cultural sphere in novel ways.

We are in our 10th year of working together. The PITH project ended in 2014 but we have begun to work on a new project together that explores donor families and anonymity around organ donation. I look forward to the next 10 years.

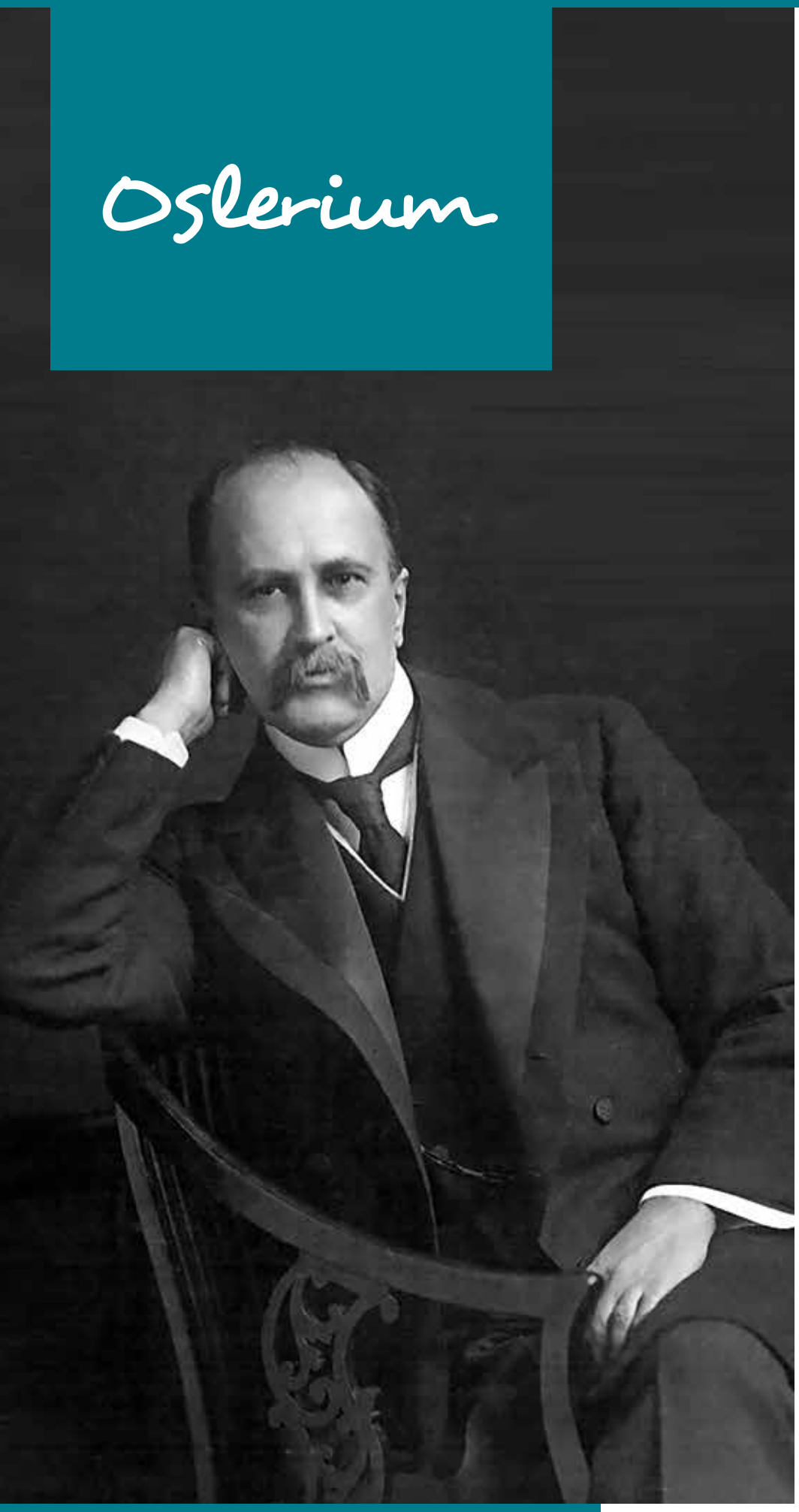
www.hybridbodiesproject.com
www.ingridbachmann.com

Ingrid Bachmann is a Montreal artist who works in multiple formats including kinetic and interactive sculptures and installations, drawing, sound and video. Technology, both redundant and new, figure in her work as do the stories that are told around them.

Bachmann has been involved in a multi-year art-science project, Hybrid Bodies, in collaboration with an interdisciplinary scientific team to explore the non-medical effects of heart transplant in recipients.

Bachmann has exhibited her work nationally and internationally including the 11th Biennial of Havana (Cuba), Manifestation D'art International 6, (Quebec), the Southern Alberta Art Gallery (Canada), as well as exhibitions and festivals in Belgium, the U.S., Estonia, Singapore, Peru, Cuba, Australia, Hong Kong, and the UK. In 2010 Bachmann was awarded the Paris Studio, La Cité International des arts, from the Canada Council. Bachmann is currently Associate Professor in the Studio Arts Department at Concordia University in Montreal, Canada and the Director of the Institute of Everyday Life, art-ideas research lab.

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.

Throughout his illustrious career, Osler distinguished himself from most of his peers by the universal, broad and truly international approach he had to medicine and its practice around the world.

Chauvinism, as Osler defines it, is the very opposite of the essential humility and receptiveness that made this universal approach possible – an approach that recognized our common humanity and the close fraternity of physicians, no matter their nationality.

"Chauvinism in Medicine" was addressed to the participants of the 1902 meeting of the Canadian Medical Association in Toronto.

Of course in Osler's time, when travel and its means were much more limited, it was mostly of Europe and its many different medical traditions that North American physicians possessed any degree of familiarity. This is reflected in Osler address, where he invokes the great contributors to medical science that Western Europe made in the 19th century.

But in spite of having lived in the age of colonialism, where students were taught that all knowledge and all science began with Greece, Osler acknowledges the great advances made by Islamic ("Arabian") medicine in the middle ages as well as the "Alexandrian and Byzantine" schools. Readers will remember that the histories of Chinese and Indian systems of medicine were only systematically documented in the West during the 20th century and especially during its latter half.

In an age that revelled in and celebrated various degrees of anti-Semitism, Osler's recognition of our common humanity and appreciation for the achievements of other nationalities and races, extended to his Jewish colleagues as well. Surrounded as he was by prejudice and bigotry, he wrote two very appreciative essays – "Letter from Berlin" and "Israel and Medicine" – that celebrated the achievements of the Jewish people and physicians and condemned all forms of anti-Semitism.

It is generally regarded as something of a mystery as to how Osler from rural, small-town, Bondhead, Ontario, the son of missionary parents from England, grew up with such a generous view of other people and the world in defiance of the age in which he lived. If we believe with Wordsworth that the "child is father of the man," perhaps these were attitudes he learned, together with his siblings, from his parents.

The first part of Osler's address, included in this issue, commences with the great unifying features of our profession, no matter our nationality. And then decries "nationalism" when that leads to narrow-mindedness.

The concluding part of this remarkable address will be carried in the next issue.

F.C.

CHAUVINISM IN MEDICINE

Sir William Osler

A rare and precious gift is the Art of Detachment, by which a man may so separate himself from a life-long environment as to take a panoramic view of the conditions under which he has lived and moved: it frees him from Plato's den long enough to see the realities as they are, the shadows as they appear. Could a physician attain to such an art he would find in the state of his profession a theme calling as well for the exercise of the highest faculties of description and imagination as for the deepest philosophic insight. With wisdom of the den only and of my fellow-prisoners, such a task is beyond my ambition and my powers, but to emphasize duly the subject that I wish to bring home to your hearts I must first refer to certain distinctive features of our profession:

1. FOUR GREAT FEATURES OF THE GUILD

Its noble ancestry. – Like everything else that is good and durable in this world, modern medicine is a product of the Greek intellect, and had its origin when that wonderful people created positive or rational science, and no small credit is due to the physicians who, as Professor Gomperz remarks (in his brilliant chapter "On the Age of Enlightenment," Greek Thinkers, Vol. 1), very early brought to bear the spirit of criticism on the arbitrary and superstitious views of the phenomena of life. If science was ever to acquire" steady and accurate habits instead of losing itself in a maze of phantasies, it must be by quiet methodical research." "It is the undying glory of the school of Cos that it introduced this innovation into the domain of its Art, and thus exercised the most beneficial influence on the whole intellectual life of mankind. Fiction to the right! Reality to the left! was the battle cry of this school in the war it was the first to wage against the excesses and defects of the nature philosophy" (Gomperz). The critical sense and sceptical attitude of the Hippocratic school laid the foundations of modern medicine on broad lines, and we owe to it: first, the emancipation of medicine from the shackles of priestcraft and of caste; secondly, the conception of medicine as an art based on accurate observation, and as a science, an integral part of the science of man and of nature; thirdly, the high moral ideals, expressed in that most" memorable of human documents" (Gomperz), the Hippocratic oath; and fourthly, the conception and realization of medicine as the profession of a cultivated gentleman.3 No other profession can boast of the same unbroken continuity of methods and of ideals. We may indeed be justly proud of our apostolic succession. Schools and systems have flourished and gone, schools which have swayed for generations the thought of our guild, and systems that have died before their founders; the philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of to-morrow; through long ages which were slowly learning what we are hurrying to forget – amid all the changes and chances of twenty-five centuries, the profession has never lacked men who have lived up to these Greek ideals. They were those of Galen and or Aretæus, of the men of the Alexandrian and Byzantine schools, of the best of the Arabians, of the men of the Renaissance, and they are ours to-day.

A second distinctive feature is the remarkable solidarity. Of no other profession is the word universal applicable in the same sense. The celebrated phrase used of the Catholic Church is in truth much more appropriate when applied to medicine. It is not the prevalence of disease or the existence everywhere of special groups of men to treat it that betokens this solidarity, but it is the identity throughout the civilized world of our ambitions, our methods

and our work. To wrest from nature the secrets which have perplexed philosophers in all ages, to track to their sources the causes of disease, to correlate the vast stores of knowledge, that they may be quickly available for the prevention and cure of disease – these are our ambitions. To carefully observe the phenomena of life in all its phases, normal and perverted, to make perfect that most difficult of all arts, the art of observation, to call to aid the science of experimentation, to cultivate the reasoning faculty, so as to be able to know the true from the false – these are our methods. To prevent disease, to relieve suffering and to heal the sick – this is our work. The profession in truth is a sort of guild or brotherhood, any member of which can take up his calling in any part of the world and find brethren whose language and methods and whose aims and ways are identical with his own.

Thirdly, its progressive character. – Based on science, medicine has followed and partaken of its fortunes, so that in the great awakening which has made the nineteenth memorable among centuries, the profession received a quickening impulse more powerful than at any period in its history. With the sole exception of the mechanical sciences, no other department of human knowledge has undergone so profound a change – a change so profound that we who have grown up in it have but slight appreciation of its momentous character. And not only in what has been actually accomplished in unravelling the causes of disease, in perfecting methods of prevention, and in wholesale relief of suffering, but also in the unloading of old formulæ and in the substitution of the scientific spirit of free inquiry for cast-iron dogmas we see a promise of still greater achievement and of a more glorious future.

> All's not offence that indiscretion finds and dotage terms so.
>
> Shakespeare, *King Lear,* Act II

And lastly, the profession of medicine is distinguished from all others by its singular beneficence. It alone does the work of charity in a Jovian and God-like way, dispensing with free hand truly Promethean gifts. There are those who listen to me who have seen three of the most benign endowments granted to the race since the great Titan stole fire from the heavens. Search the scriptures of human achievement and you cannot find any to equal in beneficence the introduction of Anæsthesia, Sanitation, with all that it includes, and Asepsis – a short half-century's contribution towards the practical solution of the problems of human suffering, regarded as eternal and insoluble. We form almost a monopoly or trust in this business. Nobody else comes into active competition with us, certainly not the other learned professions which continue along the old lines. Every few years sees some new conquest, so that we have ceased to wonder. The work of half a dozen men, headed by Laveran, has made waste places of the earth habitable and the wilderness to blossom as the rose. The work of Walter Reed and his associates will probably make yellow fever as scarce in the Spanish Main as is typhus fever with us. There seems to be no limit to the possibilities of scientific medicine, and while philanthropists are turning to it as to the hope of humanity, philosophers see, as in some far-off vision, a science from which may come in the prophetic words of the Son of Sirach, "Peace over all the earth."

Never has the outlook for the profession been brighter. Everywhere the physician is better trained and better equipped than he was twenty-five years ago. Disease is understood more thoroughly, studied more carefully and treated more skilfully. The average sum of human suffering has been reduced in a way to make the angels rejoice. Diseases familiar to our fathers and grandfathers have disappeared, the death rate from others is falling to the vanishing point, and public health measures have lessened the sorrows and brightened the lives of millions. The vagaries and whims, lay and medical, may neither have diminished in number nor lessened in their capacity to distress the fainthearted who do not appreciate that to the end of time people must imagine vain things, but they are dwarfed by comparison with the colossal advance of the past fifty years.

> Still in thy right hand carry gentle peace, To silence envious tongues.
>
> Shakespeare, *King Lear,* Act III

So vast, however, and composite has the profession become, that the physiological separation, in which dependent parts are fitly joined together, tends to become pathological, and while some parts suffer necrosis and degeneration, others, passing the normal limits, become disfiguring and dangerous outgrowths on the body medical. The dangers and evils which threaten harmony among the units, are internal, not external. And yet, in it more than in any other profession, owing to the circumstances of which I have spoken, is complete organic unity possible. Of the many hindrances in the way time

would fail me to speak, but there is one aspect of the question to which I would direct your attention in the hope that I may speak a word in season.

Perhaps no sin so easily besets us as a sense of self-satisfied superiority to others. It cannot always be called pride, that master sin, but more often it is an attitude of mind which either leads to bigotry and prejudice or to such a vaunting conceit in the truth of one's own beliefs and positions, that there is no room for tolerance of ways and thoughts which are not as ours are. To avoid some smirch of this vice is beyond human power; we are all dipped in it, some lightly, others deeply grained. Partaking of the nature of uncharitableness, it has not the intensity of envy, hatred and malice, but it shades off in fine degrees from them. It may be a perfectly harmless, even an amusing trait in both nations and individuals, and so well was it depicted by Charelt, Horace Veruet, and others, under the character of an enthusiastic recruit named Chauvin, that the name Chauvinism has become a by-word, expressing a bigoted, intolerant spirit. The significance of the word has been widened, and it may be used as a synonym for a certain type of nationalism, for a narrow provincialism, or for a petty parochialism. It does not express the blatant loudness of Jingoism, which is of the tongue, while Chauvinism is a condition of the mind, an aspect of character much more subtle and dangerous. The one is more apt to be found in the educated classes, while the other is pandemic in the fool multitude – "that numerous piece of monstrosity which, taken asunder, seem men and reasonable creatures of God, but confused together, make but one great beast, and a monstrosity more prodigious than Hydra" (Religio Medici). Wherever found, and in whatever form, Chauvinism is a great enemy of progress and of peace and concord among the units. I have not the time, nor if I had, have I the ability to portray this failing in all its varieties; I can but touch upon some of its aspects, national, provincial and parochial.

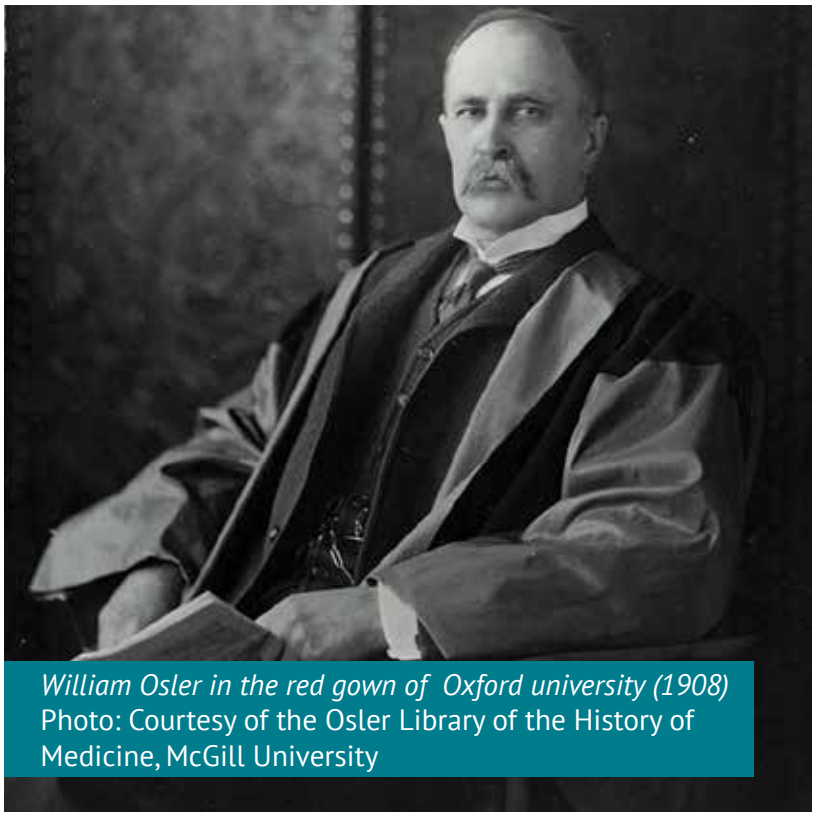
2. NATIONALISM IN MEDICINE

Nationalism has been the great curse of humanity. In no other shape has the Demon of Ignorance assumed more hideous proportions; to no other obsession do we yield ourselves more readily. For whom do the hosannas ring higher than for the successful butcher of tens of thousands of poor fellows who have been made to pass through the fire to this Moloch of nationalism? A vice of the blood, of the plasm rather, it runs riot in the race, and rages today as of yore in spite of the precepts of religion and the practice of democracy. Nor is there any hope of change; the pulpit is dumb, the press fans the flames, literature panders to it and the people love to have it so. Not that all aspects of nationalism are bad. Breathes there a man with soul so dead that it does not glow at the thought of what the men of his blood have done and suffered to make his country what it is? There is room, plenty of room, for proper pride of land and birth. What I inveigh against is a cursed spirit of intolerance, conceived in distrust and bred in ignorance, that makes the mental attitude perennially antagonistic, even bitterly antagonistic to everything foreign, that subordinates everywhere the race to the nation, forgetting the higher claims of human brotherhood. While medicine is everywhere tinctured with national characteristics, the wider aspects of the profession, to which I have alluded – our common lineage and the community of interests – should always save us from the more vicious aspects of this sin, if it cannot prevent it altogether. And yet I cannot say, as I wish I could, that we are wholly free from this

> I feel not in myself those common antipathies that I can discover in others: those national repugnances do not touch me, nor do I behold with prejudice the French, Italian, Spaniard, or Dutch: but where I find their actions in balance with my countrymen's, I honour, love, and embrace them in the same degree. I was born in the eighth climate, but seem for to be framed and constellated unto all: I am no plant that will not prosper out of a garden; all places, all airs, make unto me one country; I am in England, everywhere, and under any meridian.
>
> Sir Thomas Browne, Religio Medici

form of Chauvinism. Can we say, as English, French, German or American physicians, that our culture is always cosmopolitan, not national, that our attitude of mind is always as frankly open and friendly to the French as to the English, to the American as to the German, and that we are free at all times and in all places from prejudice, at all times free from a self-satisfied feeling of superiority the one over the other? There has been of late years a closer union of the profession of the different countries through the International Congress and through the international meetings of the special societies; but this is not enough, and the hostile attitude has by no means disappeared. Ignorance is at the root. When a man talks slightingly of the position and work of his profession in any country, or when a teacher tells you that he fails to find inspiration in the work of his foreign colleagues, in the words of the Arabian proverb – he is a fool, shun him! Full knowledge, which alone disperses the mists of ignorance, can only be obtained by travel or by a thorough acquaintance with the literature of the different countries. Personal, first-hand intercourse with men of different lands, when the mind is young and plastic, is the best vaccination against the disease. The man who has sat at the feet of Virchow, or has listened to Traube, or Helmholtz, or Cohnheim, can never look with unfriendly eyes at German medicine or German methods. Who ever met with an English or American pupil of Louis or of Charcot, who did not love French medicine, if not for its own sake, at least for the reverence he bore his great master? Let our young men, particularly those who aspire to teaching positions, go abroad. They can find at home laboratories and hospitals as well equipped as any in the world, but they may find abroad more than they knew they sought – widened sympathies, heightened ideals and something perhaps of a Weltcultur which will remain through life as the best protection against the vice of nationalism.

Next to a personal knowledge of men, a knowledge of the literature of the profession of different countries will do much to counteract intolerance and Chauvinism. The great works in the department of medicine in which a man is interested, are not so many that he cannot know their contents, though they be in three or four languages. Think of the impetus French medicine gave to the profession in the first half of the last century, of the debt we all owe to German science in the latter half, and of the lesson of the practical application by the English of sanitation and asepsis! It is one of our chief glories and one of the unique features of the profession that, no matter where the work is done in the world, if of any value, it is quickly utilized. Nothing has contributed more to the denationalization of the profession of this continent than, on the one hand, the ready reception of the good men from the old countries who have cast in their lot with us, and, on the other, the influence of our young men who have returned from Europe with sympathies as wide as the profession itself. There is abroad among us a proper spirit of eclecticism, a willingness to take the good wherever found, that augurs well for the future. It helps a man immensely to be a bit of a hero-worshipper, and the stories of the lives of the masters of medicine do much to stimulate our ambition and rouse our sympathies. If the life and work of such men as Bichat and Laënnec will not stir the blood of a young man and make him feel proud of France and of Frenchmen, he must be a dull and muddy mettled rascal. In reading the life of Hunter, of Jenner, who thinks of the nationality which is merged and lost in our interest in the man and in his work? In the halcyon days of the Renaissance there was no nationalism in medicine, but a fine catholic spirit made great leaders like Vesalius, Eustachius, Stensen and others at home in every country in Europe. While this is impossible to-day, a great teacher of any country may have a world-wide audience in our journal literature, which has done so much to make medicine cosmopolitan.



William Osler in the red gown of Oxford university (1908)
Photo: Courtesy of the Osler Library of the History of Medicine, McGill University

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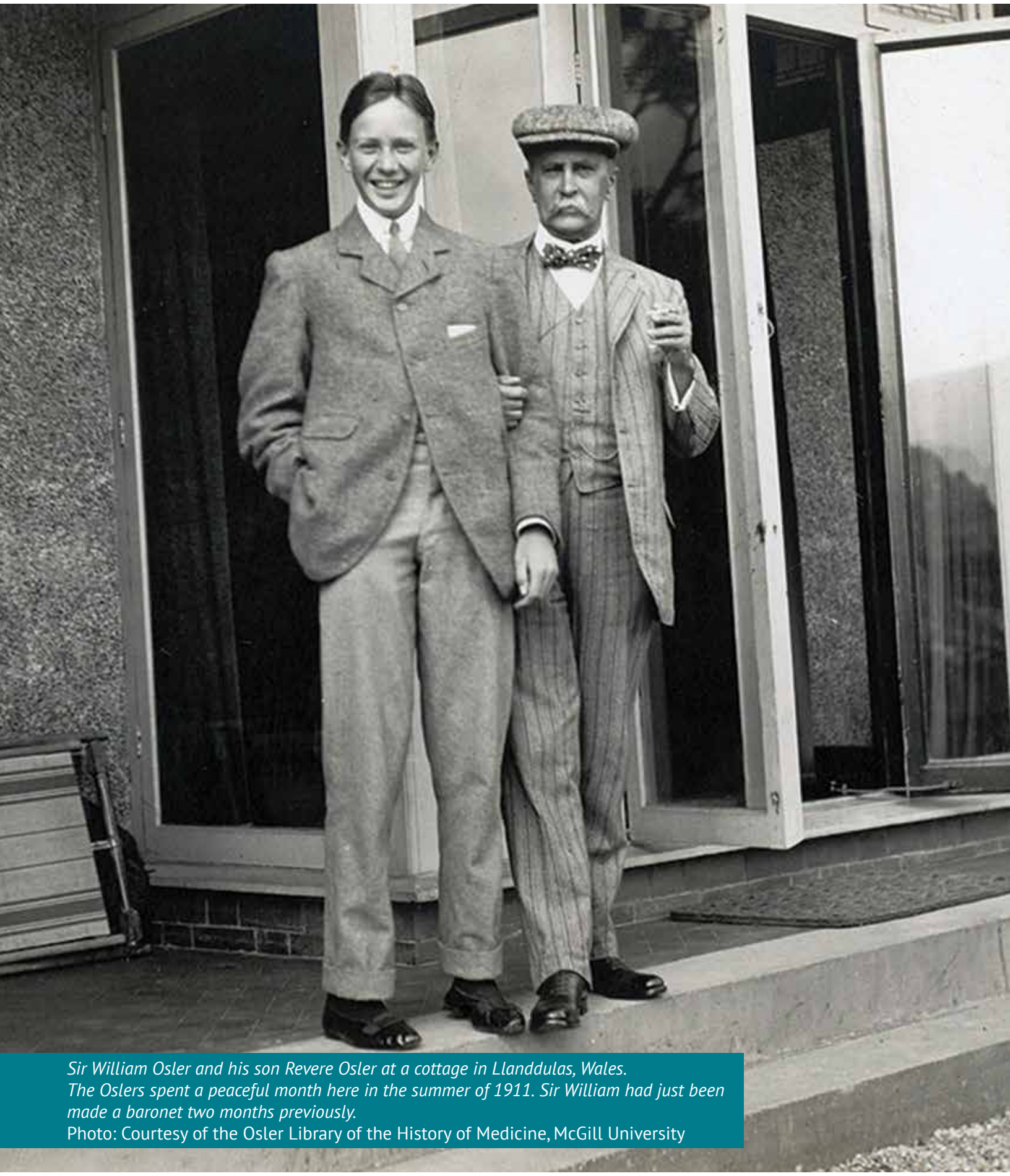


Sir William Osler and his son Revere Osler at a cottage in Llanddulas, Wales. The Oslers spent a peaceful month here in the summer of 1911. Sir William had just been made a baronet two months previously.
Photo: Courtesy of the Osler Library of the History of Medicine, McGill University

All Smiles
Photo: Ronald Nguyen Haisen

THE VERY GOOD AND THE VERY GENTLE AND THE VERY BRAVE

Ronald Nguyen Haisen
3rd Year Medical Student
College of Medicine, University of Saskatchewan

This summer, I went to La Loche as a photographer for Bicycling North, a project started by my fellow medical student colleague Brendan Groat. Bicycling North is a project that is dedicated to supporting increased bicycling towards improved health for those living in Northern Saskatchewan communities. Brendan, along with his cousin Tate, visited and engaged these communities over the summer, teaching about bike safety and skills, as well as the maintenance of bicycles, with it all based on the continued renewal of health for the individual. They also ensured that the necessary tools and supplies remained with these communities so those individuals living within them can continue to maintain their bicycles and sustain their practices of improved health.

Like most people that have heard of La Loche, I had known about La Loche as a place branded by a tragedy. In January 2016, a teenager shot and killed four people at the community school. The event garnered national attention and it provided another opportunity to unveil the poor and underserved conditions on many rural, Aboriginal communities that had been lingering there for a long time.

In La Loche, I saw the dilapidated houses with the boarded up plywood in place for where the windows used to be, with the houses being surrounded by tall grass that would have sharp weeds poking through chain link fences. I saw the hardened faces of some of the men there, almost leather like, sometimes with small tattoos on their faces, sometimes with deep and dark battle scars emblazoned on their arms. I saw patients that were suffering from alcohol withdrawal and disproportionate rates of sexually transmitted infections and those patients that suffered from mental illness and did not have access to any services. I saw the memorial in front of the community school, with the fresh flowers and jars containing candles with the burned out wicks, all carefully and beautifully arranged around a cross and a portrait of the Virgin Mary.

For all those things that I saw, I also came to realize that there was something much more to this community than its troubles and its tragedies. I experienced the hospitality of this community on the first night we drove in, with them providing us a comfortable place to set down our bags and rest our heads without any hesitation, then inviting us, these strangers, to break bread with them.

I met the townspeople, like Roy, an older gentleman who did not pass by us as we walked by him, but who got out of his truck, pointing to the tattoo of his name on his wrist, trying his best to speak to us in his native tongue of Dene and to get know us as people. As well, for a moment, I belonged to a place where community still existed and gathered together, like at the barbecue they invited us out to, where the young and the old and everyone in between walked and ate together for a Relay for Life. Then, there were the children, kids who knew every swear in the book but who had hearts of gold. Real kids that found themselves adventures to stumble upon, bodies of water to run and splash into, dragonflies to catch with their palms.

It was in this place that I was able to sleep well for the first time in a long time.

What I remember the most from that trip though was a little boy, who was more interested in my cameras than he was interested in bicycles. His name was Adrian, and like the other boys, he was lively and spirited. Unlike the other boys, he had this spark to him, and as I was filming and taking photographs on the first day of the Bicycling North workshop, Adrian ditched his bicycle and tugged at my sleeve, asking if he could see through my camera. He was the only boy who thought to ask and so I let him see what I saw through that rectangular frame. After that, he asked if he could hold the camera and see for himself. Through that viewfinder, I wonder if that was the first time he saw that his own world could be framed in a way that he wanted. He wanted to capture that frame though, and with my hand placing his hands on the areas of the camera that would be most stable and guiding his little finger onto the shutter button, he pressed down until he heard the click.

The image that he saw and composed through the viewfinder, rife with different shapes and colours and textures, flourished before his eyes on the LCD screen and he turned to me and smiled that sweet, sly smile of his.

As if a whole new world blossomed in front of him, he wanted to explore more, and after a few minutes of learning about bikes from Brendan, he ditched his bicycle again and tugged at my sleeve again. I let him take a few more pictures but that satisfied him for only a short amount of time before he would return and place his face in front of my lens. I had pictures to take and scenes to shoot, and as I had several cameras on hand, I thought it would be best to lend him my digital camera that I wasn't using very much. Brendan shot a glance of caution towards me, and warned Adrian to be very, very careful. That sweet, sly smile came upon Adrian's face again.

As I shot pictures of bicycle safety, bicycle maintenance, and bicycling skills that Brendan and Tate showed to all the children that came out for the workshop, Adrian would follow me around. He shot what I shot, ducking down when I ducked down, angling his camera when I angled my camera. Soon enough though, he was on his own, and when I had time to notice him, I saw that he ran into different spots, sneaking into tight corners, transitioning from standing to squatting positions. Sometimes, I would remind him on where to keep his hands on the camera, and he would shout back, "I know what I'm doing!" I'd laugh and let him be.

Sometimes, he would side up to me and ask, "Can I have this camera? You have so many cameras!"

At first, I said no, but he would come back again and again, always armed with that sweet, sly smile of his and keep asking. I thought I could satisfy him with finally answering him with, "You can have the camera when you graduate from high school." Even though high school was still quite a few years away for him and I was betting that he would not remember the promise by the time high school came around, that answer seemed to work for him and made him very excited that he stopped asking the question.

When the workshop was done, Brendan, Tate, and the children went to the skate park, while I decided to be on my own, reviewing the photos that had been taken.

As I looked through the photos, I had thought they were all my photos but the time they were taken was when I was using my other cameras. I had realized they were Adrian's, and I was impressed by them. He shot photos of his friends, their bikes, the workshop itself. The objects and the people in the photos were framed correctly, the faces did not have many hard shadows. Then I remembered actually seeing Adrian place his friends in the shadows, and by the looks of it, he somehow knew that the lighting across their faces would be even. He even took several candid photos of the older children that came by the workshop, who I had noticed to be different from the younger children, in that they were quieter and kept to themselves.

Throughout the rest of the night, I kept thinking about Adrian's photos.

That night, I could not sleep well. I had woken up several times in the night before finally waking up for good very early in the morning. I sat up on the bed, the shadows of the moonlight scattered across my face, and I started to think about my last few days here. I thought about how

The Sun Also Rises
Photo: Ronald Nguyen Haisen

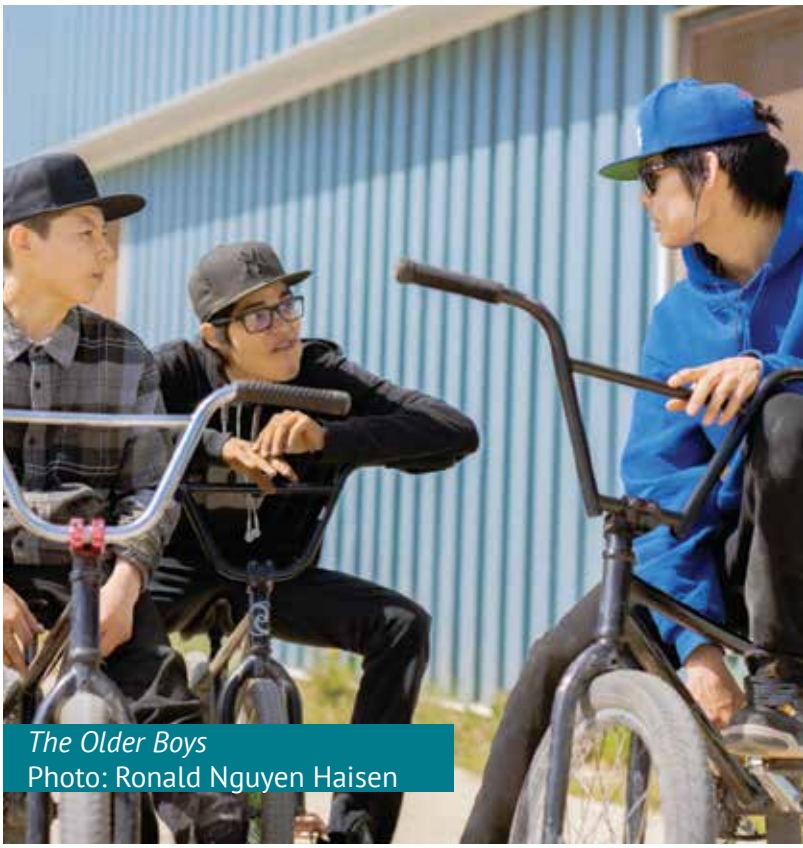
I had been transported to a completely different world, meeting these people that reminded me of the community I grew up in, a way of life that I had not seen for so long and that was so removed from my own daily life. A few weeks earlier, I had been at the Pearson airport in Toronto, where there were thousands of people beside each other, waiting for hours on end for their plane, but not thinking they should get to know the person beside them during that time. These people wanted to know me as they knew about each other, as they looked out for one another. While this place will continue to have its troubles and tragedies, I felt this strange hope that this community would recover, their way of life returned, and that the long standing stability they once knew would return again.

I then started to think of Adrian and I smiled as I thought of that sweet, sly smile of his. I thought of that spark of his, where nothing was ever that bad for him that he couldn't find something smile at, how every moment of life seemed like the tail of a kite and that he was trying to keep up with it as fast as his little legs could move and as far as his little hands could reach.

Then I realized that he had reminded me of myself and I thought of how far I had strayed from that person I once was. Once I was that kid, that kid that wasn't afraid to race to the finish line or jump into the taller kids to make the tough shot. I was that kid that would go up on stage as he felt like it, to say what he wanted to say or to sing what he wanted to sing. I was that kid that laughed and joked around and made sure everyone felt as happy and comfortable as he was feeling happy and comfortable for myself. The kid that sprinted towards everything in life as he did with the same enthusiasm on the basketball court. Then, it seemed like overnight I was no longer that kid, and that I had grown into this fearful, anxious person, always watching ahead or looking behind, always wondering if the next step I was taking was the right step to take, always wondering if the person I had become was the person I should be.

Adrian didn't care about those things. My younger self didn't care about those things. This happy feeling flowed throughout my body as I thought of how I had come to this place and that I had met this boy in this time of my life, to help remind me that life could be lived in another way, that I could be strong again in a way that I had known before.

I wanted the best for Adrian and I started to think again about those photos he took during the day. I thought of how he had an eye for art, for seeing the world differently in a way that was so natural for him and which had taken me so long to learn. I had promised him the camera as a less serious thing, but now I thought that it would be good for him. I barely used that camera and he would put it to better use than I would. Then, there was the incentive



The Older Boys
Photo: Ronald Nguyen Haisen

of graduating from high school to receive it, in a place where to graduate from high school is not as much of a guarantee like other places.

But as I thought more and more about high school in La Loche, my heart sunk deeper and deeper.

I started to think about those older boys that came to the workshop, who came by to learn about repairs but did not participate in anything else. They sat down on their bike seats, staying off to the sidelines the whole time. I thought of how they were already so different from the younger boys, even though they were only a few years older, but had started already becoming as hardened and tough as the adult men that I had seen around. They did not laugh, they did not smile, they did not run like the younger boys. They kept to themselves, with blank and hard faces, distant and indifferent. It seemed like they kept to a code, a prescription for what it meant to be a man and to be strong in this world. That code was that you're only a man if you are brave, and to be brave, you have to be tough, and like bucks locking antlers, you must face life head on and not back down from any challenge that any person puts towards you, even if it kills you.

…I didn't want Adrian to be like that. I wanted him to retain all those qualities that made him so special and that gave hope and joy to all those around him…

I tried to lay down on the bed again and close my eyes, but a burning, scratching sensation sat me up again.

After a while of staring at the shadows of objects in the room, I started to think about Adrian's photos again and about that promise I made to him. Maybe that camera could change things, I thought. Maybe that camera and art could be his shield if he stayed here or even his ticket out of here, and that he would not turn out like how so many of the other men did here. But…if I gave it to him in high school, it would be too late. In only a few years, he would be like those older boys, and from there, it'd be likely he'd turn out like those hardened men I saw.

It'll be too late…

I will have to give him this camera in the near future, I thought. I want him to use that camera for himself. I want him to take as many pictures of his friends and family as he can while he grows up, documenting and treasuring all the funny and messy and awkward moments that comes about with those younger years. I want him to explore and examine his surroundings, to look at the shadow that comes with each ray of light, to see how the hues of a colour can change with the angle of the sun. As he grows older, I want him to use that camera so that he can go out into the world, to see mountains and waterfalls, crests and valleys, people and places, and then for him to show others his individual spirit and how it views the world. Once he has seen the world, I want him to come back home, back to La Loche, to see and portray the faces of those in the community that have always loved and cared for him so much.

I thought of how more than anything, I want for Adrian to know that to be very brave in this world is to be very good and to be very gentle, like he is now. I want for him to know that waves of water over time can wear down the mightiest of cliffs. I want for him to know that the sun's warmth can take off a traveler's coat in a way that a strong wind cannot. I want for him to know that love conquers all.

. . . . . .
Special acknowledgement:
I want to especially thank Dr. Brian Geller for his kindness and hospitality while we stayed in La Loche. He is an example of a fine physician and decent human being.

Ronald Nguyen Haisen is a third year medical student at the College of Medicine, University of Saskatchewan. 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.

Poetry Corner

This issue's poet is **Andrea Guebert**. Reader's of this Journal will be familiar with Andrea Guebert's paintings and art work and her vision of the mission of an artist in an earlier issue of the Journal of The Surgical Humanities.

Andrea is currently undertaking her third year of studies in the College of Medicine at the University of Saskatchewan (U of S). Andie grew up in Calgary, Alberta, and then moved to Saskatoon in 2009 to pursue post-secondary education and play soccer for the U of S. In 2013, she graduated with a Bachelor of Arts Honours degree in Psychology. Her thesis research focused on mental health, substance abuse, risk assessment, and recidivism among young offenders in Saskatchewan. Additionally, Andie worked for Autism Services of Saskatoon for over three years, supporting adults living with significant disability. She has a strong interest in mental health and in promoting accessible and quality health services to marginalized populations. She has led for two years as the president of Advocates Bringing Light to and Education on Disability (ABLED) and is concurrently completing a certificate in Global Health through the Making the Links Program with the U of S College of Medicine.

Almost meditative, writing allows her to process and reflect upon life's many intricacies, challenges, and victories.

Becoming a Doctor

- by Andrea Guebert

In medical school they say, that you become
numb quick, after slicing cadavers,
it all starts to slip.
Blending into background,
pain a mere symptom
The struggles of others
become checkmarks on a list.
Our empathy falls,
the research backs it.
I'm fearful inside
of this norm becoming my own
so
I open my heart fully
the next day at clinic:

First patient,
Tattered clothing
face blue and bruised,
scars on her hands
from cycles of abuse.
Anti-retrovirals for the HIV inflicted,
An Xray ordered
for a broken bone suspected
A request for a refill,
a simple prescription,
I don't think she wanted a doctor
So much as someone to listen
Next,
an unsuspected heart attack
to a father of three,
Then an over-burdened widow
asking from her depression,
to please be freed
And finally,
final patient
at the end of a tough day
an expecting mother,
oh good!
My spirits lift,
but then my soul sinks
as I observe her condition.

Beneath drug-clouded eyes
I see her quiet desperation,
Her assertion is strong
as she firmly states:
“I will change for my children”
“I will CHANGE for my children”

Her children, yet unborn
inside her toxic womb,
(I can’t help but think.)
I desperately pray
that she will overcome fate,
that this new will inside her
has not come too late.
But how much of this
is really in her control?
Unjust environments
have taken their toll.
She apologizes for the pepper spray
that fell out of her purse
“I’ve been beaten before
I can’t let life get worse”
Demonized by a system
of inequity, of hardship,
this is not something
medication can fix
By the time I am leaving
my head is just spinning
I yank on my car door,
pull myself up inside,
these overwhelming feelings
I can no longer hide

My sobs sing songs of the suffering,
a soft but smooth introduction
played by a string quartet
in a minor key,
pianos joining with the verse
building hauntingly,
beautiful, harmony
Crescendo to the chorus
CLASH!
Symbols sound suddenly
My breath quickens, heart races,
and soon I am gasping for air
I’m waitingfor resolution,
for the slow fade of the violins
into a peaceful ending
Instead,
my tears blur
the lines on the road,
I swerve,
to avoid devastation

I learned once in Sunday school
we should keep our hearts guarded,
maybe it is truly necessary
for the practice of medicine.
Emotion clouds judgment,
or so they warn us in school
but then I must ask,
without my humanity,
who am I really to you?
A robot writing prescriptions,
a cold, metal machine,
programmed for maximum efficiency,
remote controlled by the system?
My heart may be tired,
but it is still warm.

From my patients
I learn patience,
the true meaning of resilience. Yes, compassion is a vulnerability, but definitely not a weakness Meaning arises
from the ashes of suffering.
If I cannot converse in the languages that do not contain words,
then I fear
I won’t ever be able to fully listen

I vow
not to allow
this journey to push me to indifference
Love led me to medicine
And love will lead me through it.

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

In 2015, 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 - and the Spring 2015 issue of this Journal carried Chapter 1 of his life story .

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. And now for a continuation of Jerry's story, Chapter 6, in his own words ...

LIFE STORY

Excerpts from the memoirs of R. M. Kirk

Chapter 6

I was deeply impressed by the magisterial clinical teaching by Grant-Massey. In common with many surgeons of that era he sat at his desk, a new patient was brought in and remained standing, holding the envelope with the doctor's unopened letter of referral. Without a word of acknowledgement, Grant-Massey began by stating that as a boy of about ten years old the patient had fallen and sustained a supracondylar fracture of his left humerus (the upper arm bone broken just above the elbow). This is notoriously difficult to reposition because the elbow flexion necessary to maintain the position may risk compression of the brachial artery. Nevertheless, the reduction had been accomplished fairly well. Now, forty years later he was complaining of some pain down the medial (inner) side of his wrist. Grant-Massey now expounded, 'When I examine him he will display some wasting of his hypothenar (the side of the hand adjacent to the little finger) muscles, with weakness. The late symptoms result from tension on his ulnar nerve. Over the years it has been subjected to tension because the carrying angle of his left elbow (normal in women), is slightly greater than on the right, stretching the nerve. I have not seen the referral letter but as he walked in I noticed the discrepancy and deduced the result. I shall transpose his left ulnar nerve from the posterior to the anterior surface of the elbow, reducing the stretching force and thus curing his symptoms.'

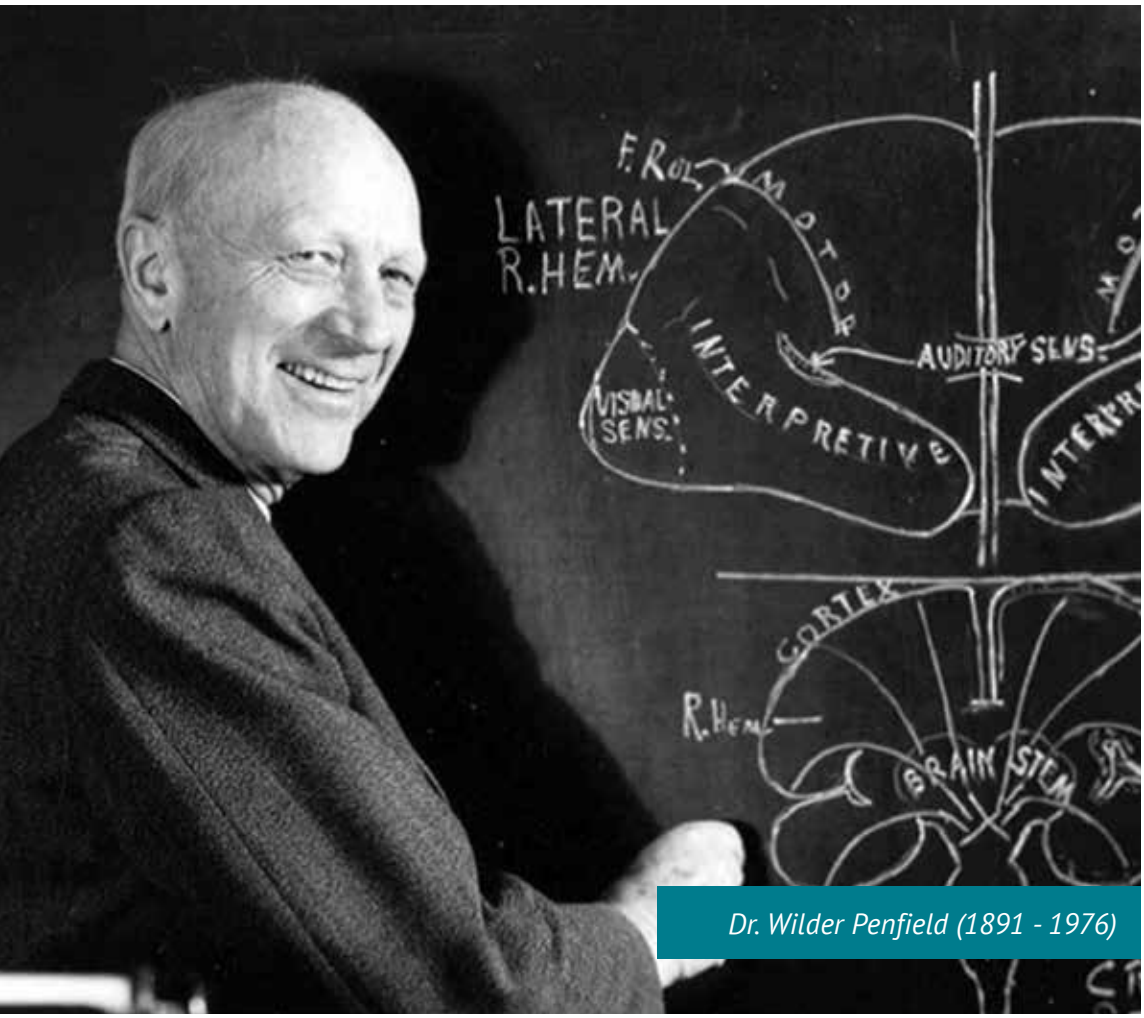
The patient stood agog but now stammered out that the history was exactly as had been stated. He did not even earn a nod. Diagnoses by observation of an astute Edinburgh physician Dr Joseph Bell, were said to have inspired Conan Doyle in writing 'Sherlock Holmes'. When asked to give and example of his skill, Dr Bell recounted an amusing failure. He was to have spotted in a ward of the Royal Edinburgh Infirmary they were approaching, a man who he thought was a musician. He announced that he had the well developed muscles around the mouth of a wind instrument player – but could not decide which type. As they reached the man he stated to him, 'You are a musician, aren't you,' 'Yes, Dr Bell.' 'Brass or woodwind?' 'Oh, drums, sir.'

I now took up my Resident House surgeon post at the Royal Postgraduate Medical School. I moved in the day before in order to learn about the patients who would be in my care.

My predecessor, like most of the trainees, was from the Commonwealth, a Canadian. How fortunate I was to meet him! I have rarely been so impressed. As we reached each patient and opened the notes, each encounter was recorded with a succinct, legible report of what was found, how it was interpreted, what was done, what was expected and what would be the logical management in each of the likely outcomes. It was thus unnecessary to wade through the mass of details. I assumed that this was the standard expected in this prestigious teaching hospital and determined to adopt them.

This Canadian paragon told me that he was a protégé of a neurosurgeon who hoped he would succeed him in the post back in Canada. I was astonished when he appeared

to be rather indifferent. He vehemently stated that he did not care in which speciality he practiced, so long as he was the best in the world. He painted a picture of the President of America on the morning of his most important speech who discovered when he shaved that he had a zit. I had not then heard the word but the meaning was clear from the gesture that accompanied it. One of the medical experts identified the best zit squeezer in the world was in Canada. The President ordered, 'Send Air Force One" (The presidential aeroplane).



Dr. Wilder Penfield (1891 - 1976)

After he left I was told that this young man was indeed the protégé of Wilder Penfield (1891-1976), who generally operated under local anaesthesia. By applying a fine electrode on the surface of the cerebral cortex and noting the effects and the conscious patient's sensations, he mapped the function of the different areas of the brain. I never heard the outcome.

I soon discovered that the general standard of clinical records at the Hammersmith was, as everywhere else, abysmal. Meanwhile I had gained an enviable reputation as a highly effective trainee.

The professor in charge of the Surgical Department, who had accepted me for training on the abusive but humorous recommendation of Tom Nicol was Ian Aird. How fortunate I was to gain a training post with this immensely erudite, mercurial man, another Scot but from Edinburgh, not from Nicol's Glasgow. I was deeply distressed some years later to hear that he had committed suicide, seemingly an infrequent cause of death among surgeons. He had served as a surgeon to the Allied 8th Army in Egypt. It was said – perhaps he told me, that he was operating on a wounded German soldier in a tented operating theatre when the German Afrika Korps Field Marshal Erwin Rommel stepped into the tent, saluted and asked after the patient. I believe that Aird made some brief reassuring comment and ordered him to leave immediately, which he did after saluting. Aird always deprecated his own surgical skill. He was an examiner in the Final FRCS examination – a mark of accomplished training. As I struggled to learn the skills and the factual knowledge required to prepare myself for the examination, I left the library with an armful of books and met Aird. 'What are you doing with those, Kirk? The FRCS is an easy exam – marked verra verra (sic) hard. Return them and come to my office.' Aird then generously loaned me the galley proofs of the second edition of his own book while I studied.

The written part of the examination consisted of four hour-long essays. I practised them, writing madly what I could recall, then checked Aird's book. It inevitably contained twice the information in half the words. I took the examination and was failed by Julian Taylor. He had been a prisoner of the Japanese during the War, suffering severely. His ability to make accurate diagnoses on purely clinical grounds was demonstrated to me. On examining a man with a swelling I had failed to test if the trachea (windpipe) was central or had been displaced.

Richard Franklin, the first British surgeon to succeed in restoring continuity in neonatal oesophageal atresia (G: a= not + tresis = perforation) exuded calm mastery. He advised

me not to worry about watching surgeons performing dramatic major procedures but to watch them performing simple hernia repairs. I am astonished how quickly one gains an opinion of a surgeon after a few moment's observation of the simple, routine activities.

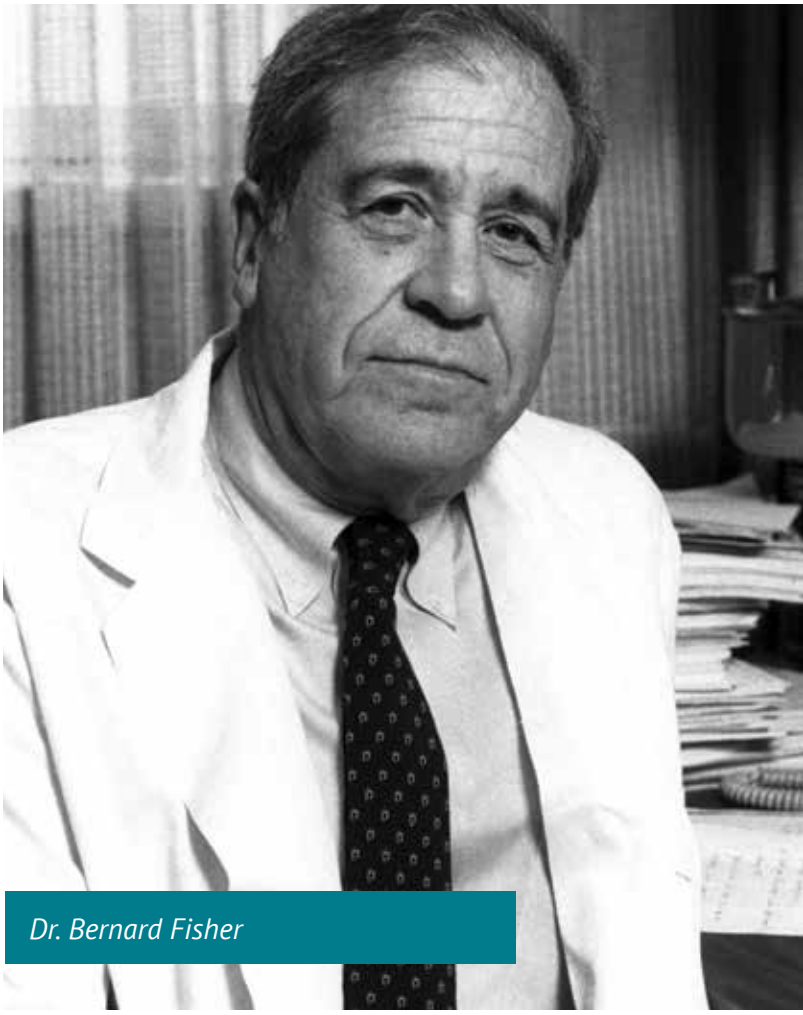
A delightful New Zealand-born plastic surgeon, John Barron, was frugal with movements but each one was gently effective. His repair of cleft lip and palate was superb. At the end of each operation he ordered me to refuse visits from the parents until they came to collect the child. I protested. He justified it by telling me that at the end of these early visits the children cried as the parents left the room, creating tension on the repair. I was later to report to him that there were indeed tears – but when the parents arrived. They were not from the child but from the parents. They had brought in a deformed baby which had been transformed by John Barron (L), into a beautiful normal child. He inspired me to carry out research for a higher degree on a topic in which he was expert, lymphoedema (L. lympha=water + G.oidema= swelling). This is a condition of fluid swelling from lack of drainage by a system secondary to blood vessels. It may occur from congenital deficiency or from interruption by disease or surgery. It occurs mainly in the legs.

A visiting Fellow from Pittsburgh, Bernard Fisher powerfully inspired me. He was a great bear of pent-up energy, a superb teacher and he became internationally respected in treating breast carcinoma. Professor Aird left Dr Fisher in charge of half his beds when he went abroad to a meeting. Within a few days a young, pregnant woman was admitted, having noticed a rapidly increasing lump in one breast. Dr Fisher carefully and thoroughly examined her, then allowed each of us to repeat the examination, after asking her. He then asked each of us in turn to offer a diagnosis, justify it and give an opinion on treatment. None of the answers were the same. They varied from 'simple, benign, leave alone,' to 'highly malignant, abort the pregnancy, perform radical (by the roots) surgery on the breast.' Dr Fisher (L), excoriated us with condemnation of speaking "off the tops of our heads" without sound knowledge. He ordered us to read up the subject in the library and meet next morning to offer our reasoned opinions. Each of us was made to give an independent, justifiable summary. Lesson learned!

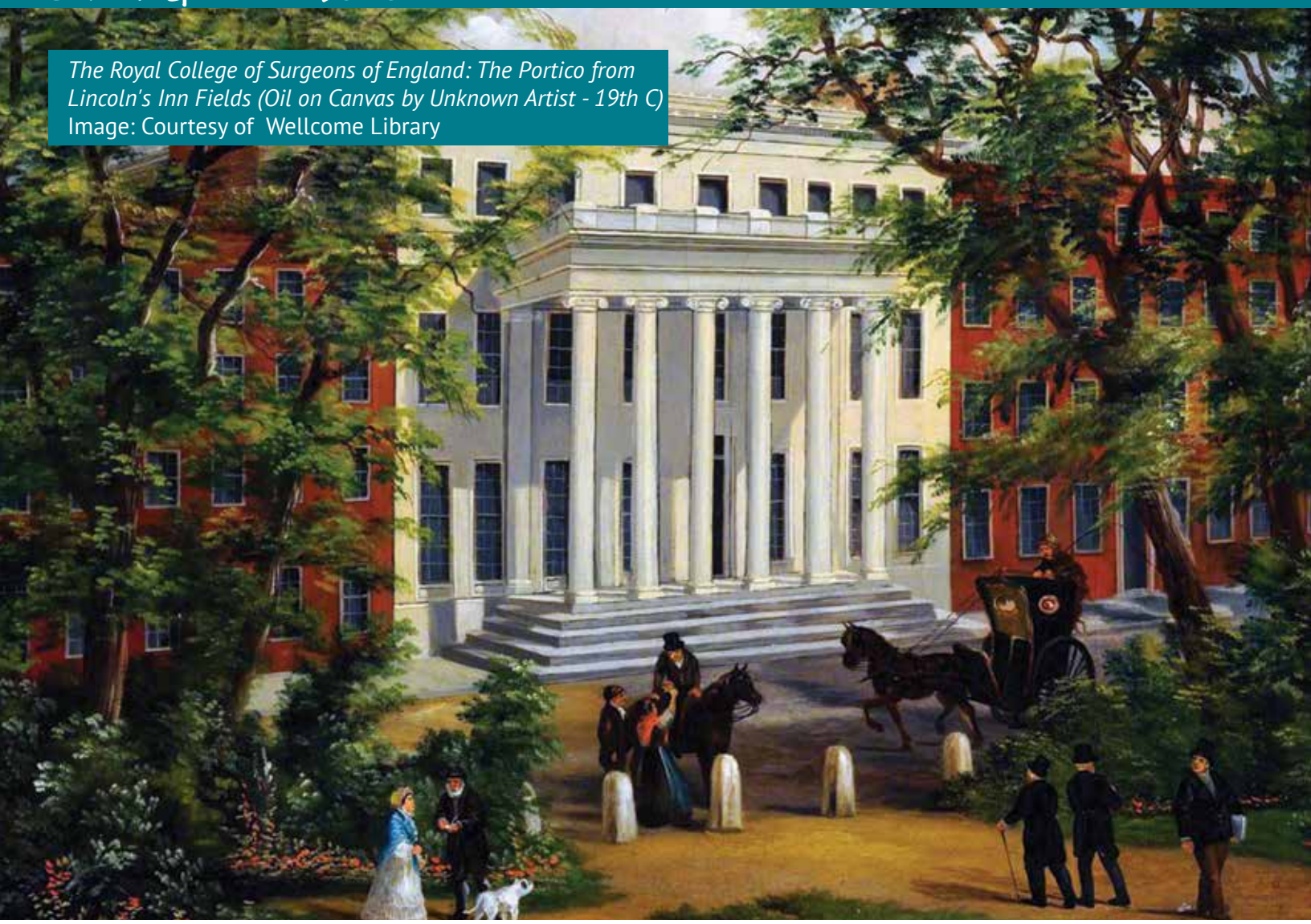
Some of the seniors suffered from arrogance, intolerant of discussion but willing only to issue ex cathedral edicts. An exception was Bill Cleland, an Australian pioneer cardiac surgeon. I was called urgently to a boy subjected to a car crash, diagnosed as having had one lung detached within the chest. As I hurried to him, I met Cleland and told him the diagnosis. He came with me. It was instantly obvious that the boy was far from being in the extremis we might have expected. Cleland quietly and calmly sat with him, having nodded reassuringly at me, then gave a masterly display of how to examine a child, reassure him and leave, touching me on the shoulder in passing. Remarkably, a senior trainee who worked with him, did not acquire the same skill.

On one ward round we surveyed a desperately ill patient with multiple problems. I was spending sleepless nights trying to check his progress and correct his deficiencies. The registrar (senior resident in the Americas) decried my efforts as amateur and suggested we call in an eminent physician. We returned and the registrar announced that now we should hear the true situation. He picked up the notes, huffed and closed them. The chief surgeon in turn opened them and read, 'Thank you for asking my opinion. This man is being treated superbly. I have nothing to add.' We often make opinions of others on very little evidence. My chief became a firm supporter thereafter.

I trained in company with a wonderful, cosmopolitan group, mainly from the Old Commonwealth. Their refreshing cheerfulness, directness and optimism were antidotes to some of the patronizing, complacent toffee-



Dr. Bernard Fisher



The Royal College of Surgeons of England: The Portico from Lincoln's Inn Fields (Oil on Canvas by Unknown Artist - 19th C)
Image: Courtesy of Wellcome Library

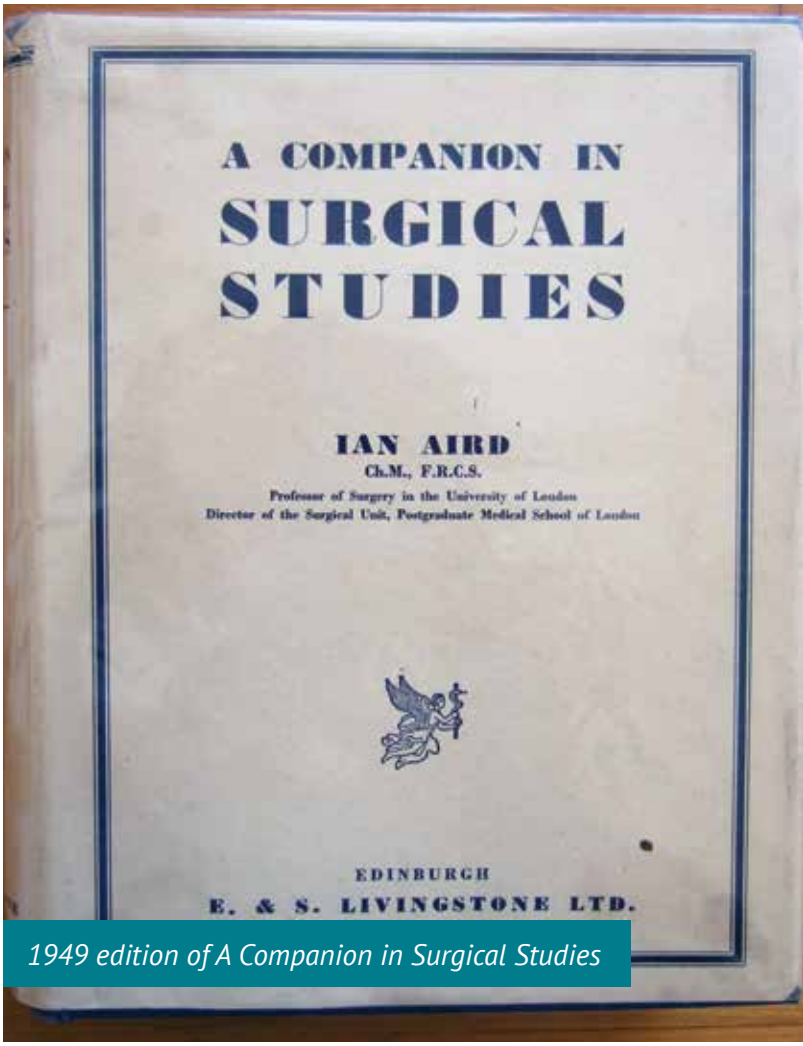
nosed superiority demonstrated by narrow minded locals, who overlooked that the Commonwealth countries had unanimously, without hesitation, came to our aid during both World Wars. Three from Melbourne Australia were outstanding. Sadly, the only one with whom I have retained contact, Ken Cox, who later moved to Sydney, has developed cerebral degeneration. I was in competition with one, Bob Marshall for a middle grade registrar post but we were both appointed. Like most of his group he had worked his passage as a ship's doctor. He told me of an early encounter with a 'Pom,' (slang for Englishman, of uncertain origin). He had travelled to England by ship as a working doctor. In a port on the way, he visited a men's lavatory. Standing in the next stall was one of the passengers, who addressed him, in a cut glass accent with, 'I say, are you not the ship's doctor?' Bob had replied, 'Yes, mate,' which prompted, 'Aren't you Australian?' 'Yeh.' 'I believe you greet each other with, "Hello, cobber"?' Bob retorted, 'No, we call,"Goodday mate" (mate being pronounced almost like mite).' The Englishman left, thoughtfully buttoning his flies and repeatedly muttering, 'Goodie mite?'

Another was a very bright South African girl, intending to become an ENT surgeon, since it was still very difficult for women to become general surgeons. She had previously worked with a well-known Professor, a bachelor whose pet was an aggressive monkey. He treated the monkey as a pet – or as one would treat a spoiled child. It bit strangers, at which the Professor would declare that the victim was unsympathetic and the monkey was sensitive. It sat at the table with him. One day the monkey bit him. He pronounced that it did so because it was unwell and possibly in pain. He became convinced that it had toothache and took it to his personal dentist, who, from a safe distance agreed with the diagnosis and indicated the culprit tooth. The professor demanded that the dentist should remove it in the main operating room on the coming Saturday morning. He swept aside the dentist's protests about not being a veterinarian. (You may find this incomprehensible but at that time, Professors were gods – and there were no Health and Safety rules). On Saturday morning the boot-faced anaesthetist and theatre sister stood as the Professor brought in the snapping animal. The anaesthetist took one look at the set of strong,

pointed teeth and elected to start the anaesthetic with a sharp blow behind the ear with a heavy oxygen cylinder spanner. This evoked a cry of outrage at such barbarity and the continuing appeal to the monkey to allow the nasty anaesthetist to insert a needle into a vein on its arm. The confrontation continued in a state of armed neutrality. The anaesthetist cracked first. He glared at the Professor and through clenched teeth issued a firm demand, 'Will relatives of the patient kindly leave the theatre.' Professor exits. Later emerges the sleepy monkey, minus one tooth. No explanation was sought or proffered.

At the end of my House appointment the prestigious post of Resident Surgical Officer became vacant. I did not expect to be considered, since I did not have the Fellow of the Royal College of Surgeons (FRCS). To my astonishment I was appointed. I subsequently heard that Aird had asked his secretary, his anaesthetist and the departing incumbent for their opinions. They had all recommended me. Aird hesitated because of my lack of the FRCS but they unanimously said, 'Kirk is the only one who gets on with the job.' This critical leap proved to be my step to becoming a surgeon. Should I be proud? Not totally. Throughout my life I have been obsessed with finishing what I started. I violently resent someone trying to take over and resist handing over. Where did it arise? I do not know. Perhaps the possession of personal closure gives me a private satisfaction – like the possession of a personal object or toy? For most purposes it is valuable but not invariably so, as claimed by Shirley Bassey in, 'Diamonds are Forever' for the 1971 film of that name. I have usually tried to maintain it but sometimes wrongly so. There have been times when pride has made me reluctant to stand aside and accept help or advice.

Royal College of Surgeons of England building today



1949 edition of A Companion in Surgical Studies

Shortly after taking up the appointment I was called to see a neonate with obvious intestinal obstruction. I explored it, confirmed it but could not immediately identify the large bowel, then noted a swollen gritty-seeming terminal ileum – the end of the small bowel. I covered the open wound, went to my room and consulted Aird's 2nd edition galley proofs. There was short, succinct account of meconium ileus, which I had never seen, resulting from tenacious adherence of initial faeces. There were specific instructions on the management.

I had, though, learned my lesson and with the help of Aird's text, I subsequently acquired the FRCS. In addition to the contained surgical knowledge I developed an admiration for his wonderfully clear prose, coupled with a distaste for passive, circumlocutory writing
Now I could call myself 'Mr.' (Surgeons in Britain were traditionally trained by apprenticeship. Surgeons who were adjudged competent by their peers carried the title Master (Mr).)

To be continued...

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.

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