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COVER PAGE
Epilepsy, leaving the nightmare behind
(100cm x 120cm - oil on canvas)
Eduardo Urbano Merino

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Contents

EDITORIAL

Forging a liberal education with the ability to weigh information in the balance and to come to one's own conclusions about outcomes, should be a fundamental goal in the education of any medical student or resident and in the continuing education of the practicing physician.

Such a goal is relatively easily achieved in the realm of science, where data is driven by hard numbers. The diverse and well chronicled realm of evidence based medicine and surgery is now low-hanging fruit, which our connected world and the internet has made more accessible than at any other time in our history. Despite its complexities and challenges, we expect medical and surgical trainees to base their clinical knowledge on "the evidence." We should expect nothing less.

It is equally important, however, for the physician-scientist to have a liberal education in the arts and humanities. It is not enough, for example, for the physician to know in elegant detail the pain pathways in the peripheral and central nervous systems and the elaborate pharmacology of how these may be affected. There must equally, be an intimate understanding of the nature of suffering and pain and of its myriad social, psychological, spiritual, cultural and historical underpinnings. The kind of physician we would want for ourselves is surely one who has a thorough grasp of the former and a compassionate understanding of the latter.

A liberal education in the arts and humanities is less easy to acquire – it cannot be broken down into its component parts, in the way residents are taught to take apart a scientific paper in our journal clubs. We must allow our minds to have unfettered access to literature, the visual arts, philosophy, history, music and drama. Nor must we discourage such access to our medical students and residents. Any conscious or subconscious attempt to subdue the urge to weigh the evidence for ourselves in the arts and humanities must be stoutly resisted, or the result will be like that of a stunted tree allowed only a few of its essential elements in the soil in which it grows. As in Tennyson's "Lady of Shallot" the shielding of one's life from uncomfortable facts and stories, could also result in a cataclysmic shattering of the mirror of illusions with which we surround ourselves.

" She look'd down to Camelot.
Out flew the web and floated wide;
The mirror crack'd from side to side;"

Our Aboriginal heritage is an inescapable part of our history and Canada's indigenous people have a rich and vibrant story to tell – of how they tamed the wilderness and thrived for millennia before the rest of us arrived; of how in doing so, they preserved their connection with and respect of the environment; of their remarkable, verbal, story-telling traditions; their ability to achieve a very high level of social and cultural cohesion for thousands of years; of their traditional herbs, medicines and diets which kept them free of metabolic diseases such as diabetes for a very long time; and of their ability to seek and find wisdom in the humble raven as well as in the "Supreme Being."

There is also an equally important Aboriginal story for us to learn - of tragic loss, suffering, displacement and discrimination; and of unlikely but very real stories of heroism, forgiveness and triumph in the face of terrible suffering, catastrophe and disaster.

.... cont'd from page 3

These stories already exist. Aboriginal art, drama, literature and music are powering ahead and lighting up the artistic firmament as never before. Are we listening? It is not enough to seek our knowledge and wisdom through second-hand sources or around family dinner table talk. We must leave our familiar castles of isolation behind and step out boldly into the fresh breezes of the open wilderness. Only thus can we find out the truth for ourselves, in the same way as we relentlessly seek the truth of evidence for the scientific practice of medicine.

The residential school system for example, has a direct, immediate and significantly consequential effect upon the practice of day to day medicine and surgery in Canada. Books of science cannot tell the story of this tragic part of our shared history. But the story is being told through paintings, historical documents and research, drama, verbal story-telling and several novels. Among outstanding examples of the latter, are "As Long as The Rivers Flow" by Larry Loyie and the historical novel, "No Time to Say Goodbye: children's stories of Kuper Island Residential School" by Sylvia Olsen.

This issue of the Journal of The Surgical Humanities is privileged to carry the work and commentary of Meti artist and medical student Hannah Denis-Katz. It is a remarkable story of triumph and achievement and we believe that it has the ability not only to inform and inspire, but also to facilitate our progress in the acquiring of that other essential half of a liberal education, in the arts and humanities.

Epilepsy, leaving the nightmare behind **(detail)**
Oil on canvas by Eduardo Urbano Merino

Francis Christian
Editor-in-Chief

EPILEPSY
Leaving the Nightmare Behind

About our cover art...

Dr. José F. Téllez Zenteno
Professor of Neurology
Department of Surgery
University of Saskatchewan

The painting on the cover was presented to the Department of Neurology by the Mexican artist Eduardo Urbano Merino on March 26 of 2013 during the celebration of "Purple Day" by the Saskatchewan Epilepsy Program.

Eduardo Urbano's painting is in the contemporary style, representing "epilepsy surgery". The artist describes the work in his own words:

"On the left side of the painting, it is dark for the patient, there is a storm, the disease is active, neurons are sick (black) and are trapped between two of the three crystals that float ... in the center, the patient is standing up, when doctors are healing him (through epilepsy surgery).

Above the patient, is a grid (device used to map seizure activity in the brain during epilepsy surgery). After the surgery, the patient is surrounded by healthy neurons in white ... on the right side there is a third glass that represents the screen used to read the epileptic activity mapped with the grid.

One of the doctors is touching the patient (the neurosurgeon), the other is reading an electroencephalogram (epileptologist)... the older doctor represents experience - he has a maple leaf on his lab coat. The other doctor wears a badge with the flag of the Canadian province of Saskatchewan.

THE GOLDEN POINT (or focal point) is at the intersection of the top of the painting and the gray line and is represented by the Lilly flower.... this point is used to calculate the vertical lines of the painting, except for the patient standing, who is directly under the head, the "grid." This "grid" comes from a characteristics plant of my work that represent health and life."

The painting was exhibited in the meeting of the International League Against Epilepsy that was held in Montreal in 2013. It was published in a special article reviewing all art depictions of epilepsy surgery since the renaissance (Ladino LD, Hunter G, Téllez-Zenteno JF. Art and epilepsy surgery. Epilepsy Behav. 2013 Oct;29(1):82-9).

The painting has been highlighted and published in several websites and journals of different countries.

Remedy (2003), oil on acrylic on canvas (162.9 cm X 163.2 cm)

LANDSCAPES OF THE BRAIN*

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

Jeff Burns is comfortable in the world of microscopes, histological slides, tissue culture hoods and busy basic scientists but he is not a scientist. Jeff is a recognized artist and a friend. He was born in Kitchener-Waterloo in 1964. He studied Fine Arts at the University Waterloo, Ontario, the Gerrit Rietveld Academie in Amsterdam, and received his Master of Fine Arts degree from the University of Alberta.

Jeff has come to my laboratory to learn about stem cells and how they could be used to repair the injured or diseased brain. He is interested in the patterns of cells and connectivity on neural circuitries, the millions of fibers that crisscross the synaptic highways of the brain. He sees the beauty of the shapes, the multicolor cell bodies and intricate fiber arborizations of neurons made visible by fluorescent dyes of intense green and blues and the magnification of powerful laser microscopes. These shapes remind him of geological formations-of rocks, oceans and distant planets and galaxies.

Untitled, 2001-03, oil on canvas (122.1cm X 96.5 cm)

For Jeff, the painter, the brain and its billions of neurons are more than shapes and colors. They have deep personal meaning; he can understand the fragility of the delicate balance on neural circuitry and function. This fragility touches home as Jeff has Parkinson's disease, and the beauty of the brain's cellular landscape stimulates his spirit and mind as an artist and as a patient. Jeff Burns is a painter of organic and cellular forms. His paintings convey a world of cellular interactions in a fantastic array of curvilinear forms and a kaleidoscope of colors. One of the main goals of the Cell Restoration Laboratory is to repair, using stem cells, the damaged dopaminergic circuitry caused by Parkinson's disease. His paintings remind me of the ultrastructural world of the electron microscope, of the countless hours I spent peering at the mysteries of the neuronal structures arranged in magnificent and complex architecture that form the miracle of the human brain. Organic landscapes that can generate thoughts, imagination, creativity and the sublime feeling of love. Jeff Burns and his paintings have inspired me to continue the relentless exploration of the human brain, its beauty and its infinite complexity.

* A version of this article was published in The New Quarterly, 97, 2006.

THE VIEW FROM UNDER THE DRAPES

A personal reflection on the experience of being a surgical patient...

Jonathan Norton, PhD, Assistant Professor
Department of Surgery and Deparment of Biomedical Engineering
University of Saskatchewan

This is a series of purely personal reflections on the experience of being a surgical patient - and in particular, in the same hospital in which I work on a daily basis. Some of these observations are most likely unique to the experience at a given hospital, others are hopefully more widely applicable.

To start with, I was fortunate to have had the opportunity to observe my surgeon "in action" and therefore have a greater degree of trust and confidence in the team than would ordinarily be available.

Like all patients, prior to surgery I came to the hospital on many occasions before the day of surgery. Repeated visits to the hospital for clinic visits actually were more disheartening and troubling than re-assuring. Each visit required standing in line to be admitted as a patient (one of the most pointless exercises surely), register at various clinics, and repeat endlessly the same information. For instance, am I expected to have got divorced in the time that a clinic visit occupies? Yet I was usually asked this at least twice per visit. In addition to being an argument for a truly comprehensive electronic health record, the constant, repeated questions seemed to emphasise that the nursing staff didn't seem to know me as a person or patient.

On the day of the surgery the wait for the procedure seemed interminable. Placed in a waiting room with other patients awaiting surgery, all sitting around in hospital gowns and house coats, those most stylish and modest of items, we were left to think about our fate. I was fortunate to know what was coming next. What came next was the walk to the OR holding bay and then a rapid procession of individuals who came to speak to me. As I was staff there were no residents involved in my direct surgical care, but for others this would be the first time they would meet those who would be on the front-line of their care. Can we do better at reassuring patients? And should it not be incumbent upon trainees to be very familiar with the patients they will be helping to care for in the coming days?

We may wonder about the utility of the surgical checklist, but as a patient it is re-assuring to hear the team members all confirm that they have everything in place for the planned procedure. The rest of the procedure is, of course, a blank for me. The staff in the recovery room are compassionate and caring, whether the patient is calm or combative. The consistency and thoughtfulness of those staff cannot be over-emphasised. I do not recall seeing any surgeons in that period. A visit would have been reassuring. My wife's visit was a highlight! I recognised her, and apparently made sense. I had made it through!

Once in a ward, the staff turned over on such a regular basis that the residents and housekeeping staff were more familiar than the nursing staff. It is so widely known that nursing staff are busy and rushed that we sometimes forget the impact that this can have on patients. As leaders in health care we should do our utmost to allow nurses to have sufficient time to truly care for their patients, and not just the paperwork!

A further truism is that hospital food is disgusting. Upon discharge, one of my first priorities was to obtain a proper meal. We have to be exceptionally careful that, our patients who are in hospital for longer periods of time do not become malnourished. Better still, we should improve the food.

And what else did my experience teach me? My colleagues across disciplines are caring professionals. The better we can give that impression to our patients the more confident they will feel in us. This can start with how we are dressed. The attire we wear is part of who we are, and what we do. The role of that shouldn't be over-exaggerated. Scrubs are ubiquitous, from staff surgeons, senior nurses to the housekeeping staff. Trainees usually were seen wearing scrubs, but on occasion they, as well as other medical staff, were seen in 'clothes'. Too often these were not professional. Although it is generally accepted that we live in a more relaxed era than previously we have, I believe, gone too far. Jeans and t-shirts are not suitable attire for health-care professionals who discuss with patients matters of life, death and more. More formal attire projects a more professional attitude which inspires a greater degree of confidence. We are, after all, experts and professionals striving for excellence.

The level of trust that a patient must place in their healthcare team should not be taken lightly. We should respect and honor that gift of trust. Appearances matter, whether how we dress, how we act, or how 'joined-up' the healthcare system appears to be - all of these make a difference for both patients and their families. As a result of my experience I hope I am more present for my patients, more professional in my attitude and more understanding of the stresses and strains that surgery imposes on families.

Dr. Jonathan Norton was born and brought up in Southern England. He completed training in Physiology (B.Sc.Hons) and Advanced Instrumentation Systems (M.Res) at University College London in the UK. In addition to a PhD in Neuroscience (Institute of Neurology, University College London) he completed training as a clinical scientist in Clinical Neurophysiology. Concurrently he also completed advanced training in Higher Education.

He is an Assistant Professor in the Department of Surgery and Department of Biomedical Engineering at the University of Saskatchewan.

MY ARTISTIC PROCESS

Hannah St. Denis-Katz
Medical Student, 4th year - Class of 2016
University of Saskatchewan

Most of my art starts with suggests from family or friends of a photograph to paint or draw, or a landscape picture from one of my trips that I decide to paint. I usually paint acrylic on canvas, of photographs of landscapes. So this art piece is very different than my usual work. I chose to try pencil on paper because of the quality of the photograph and because I wanted to give myself a bit of a challenge to work with a different media. I also find drawing people to be very challenging and prefer to draw landscape as I'm much more comfortable with this. So from the beginning the piece was putting me out of my comfort zone and pushing me to try new and challenging things.

Almost all of my art is re-creation of a photograph, therefore realism of the piece is very important to me. I strive to have my art look as much as possible like the photograph. The first step in my process is to get the dimensions and sizes correct. I find this process takes a long time because it can't all be done in one sitting. I need to work on it at numerous different times because a fresh eye can spot inconsistencies.

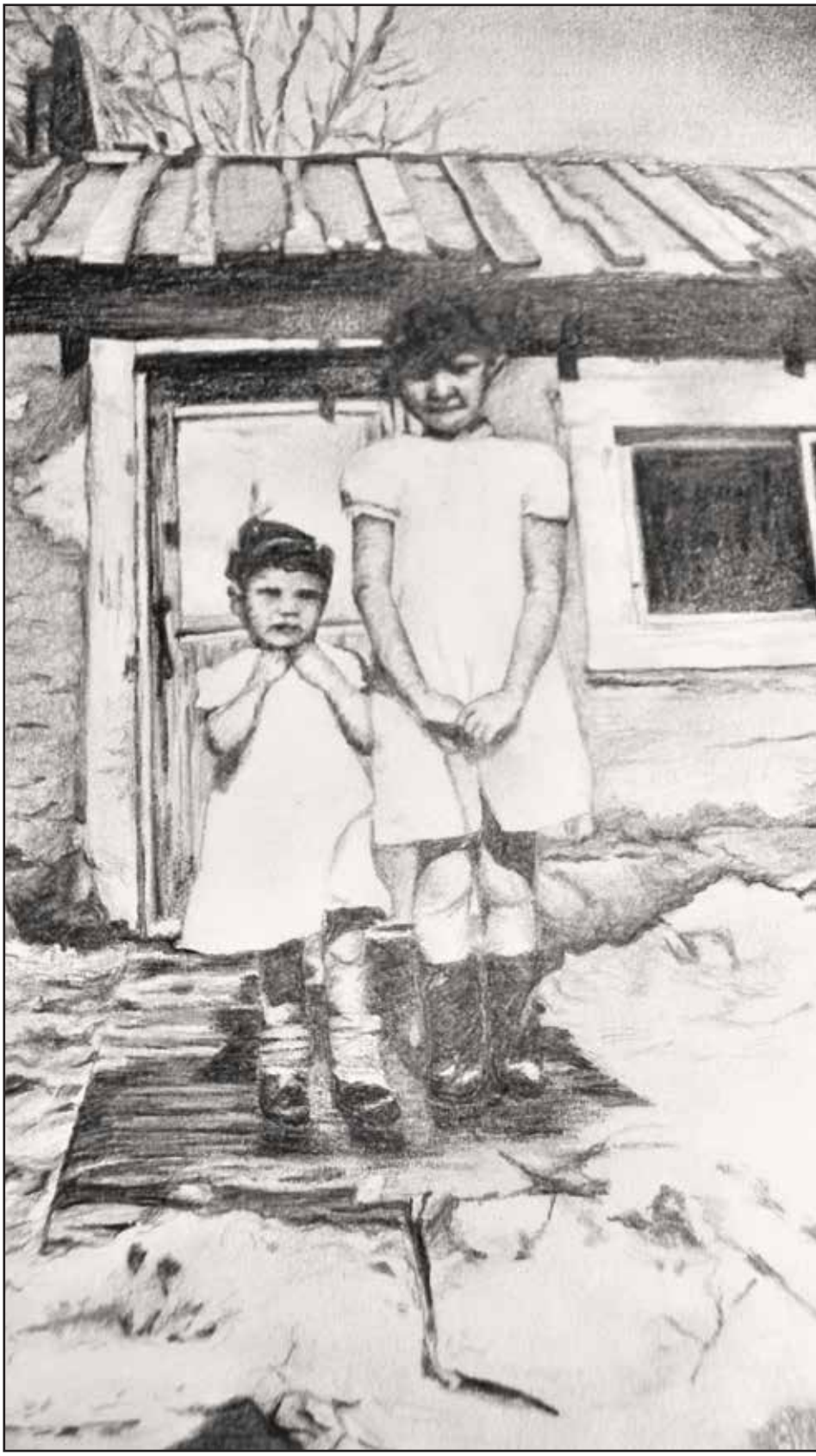
Once I have the rough outline completed I begin to put in the details. This piece is pencil on paper, so I worked on the piece from top to bottom to avoid smudging of the pencil. I try to go light first, slowly adding more and more shading and depth. Sometimes I find it hard to know when I'm really done with the piece, for this piece I knew it was finished because I began to over work on the face and lose the effect I wanted. I think it is easy to over do it with pencil and sacrifice the effect you want, another challenge with pencil on paper.

This drawing is of my mother and aunt Marlene as they stand outside their shack in Park Valley, SK. My mother is two years old and my aunt is eight. Despite the shy grins on their faces, the story behind the picture is not a happy one. My mother explains the photograph by saying: "it's a long tragic story, but the good part of it, is that, I was a little girl, which was my nick name, 'little girl' or in French 'petite girl'". For them it was special to have their photo taken. They dressed up, standing in front of their small shack with their clean white dresses, worn down winter boots, the bright sunshine in their eyes. The photo was taken in the spring of 1960.

My mother says that picture was taken during a time that her parents had re-united, which is what makes it such a tragic and bittersweet photo. A cycle of coming and going that continued throughout their lives. I was also told that the house that the photo was taken in front of was located on road allowance land, government land reserved for highways and roads. In the 1940's-60's, the Métis, such as my mother's father, were left by the government without a homeland, forcing them to live as squatters.

So why was I intrigued to draw a picture that represents a tragic and broken time in my family's and Aboriginal Canadian's history? Well, the story doesn't end there. Unlike most Aboriginal children who could not send their children to school my mother and auntie did beat the odds and graduated from high school, a rare and exceptional achievement during this time. My mother received her Bachelor's of Education at the University of Saskatchewan with distinction, her Master's at the University of Alaska, and finally, her Ph.D in Anthropology of Education at Stanford University.

What I'm most grateful for is that because my mother fought so hard to get where she is today, I was also given the chance to succeed. I'm 21 years old and recently finished my third year of medical school at the University of Saskatchewan. I will graduate with my medical degree in 2016. I hope and know someday that I will be one of the few, but growing group of Aboriginal surgeons. Furthermore, I strive to be a role model, like my mother is, for Aboriginal youth who are in need of encouragement, support and strength.



Pettite Girl, Strong Woman

Angela Shellenberg is currently completing her 4th year of residency in general surgery. She has a long time passion for global health and previously completed international medical missions in Togo, Bangladesh and Kenya. An interest in learning about the diverse cultures and amazing wild life of Africa has brought her there four times, which has included visits to eight different African countries.

MISSION TO CONGO

Medical Mission in the Democratic Republic of Congo

Angela Schellenberg
R4 Resident in General Surgery
University of Saskatchewan

Walking in the footsteps of Dr. Philip Wood is no easy task. He moves quickly and surely from his house to the hospital. The walk to work each day along a dirt path is quite steep at times as it dips down to a stream and a water pump where people gather with their buckets to collect water. After skipping across rocks in the stream, it's one last uphill climb to Centre Médical Évangélique (CME) in Bunia, north eastern Democratic Republic of Congo (DRC). As I followed my supervisor, watching carefully to see where I could get the next best footing, I realized there was much more to learn than just the best path to work.

I had just flown in to DRC from Entebbe, Uganda where I found safety overnight at a convent as I waited for my flight across the border. As I walked out onto the airstrip in Entebbe, I noticed the rows of UN planes at the airport and suddenly the reality hit me that I was amidst a major war zone. Next to them was my plane with Mission Aviation Fellowship, also known as MAF. It was an 8 seater former cargo plane, with a single propeller at the front. We flew quite low to the ground for the entire flight and I found myself holding on tightly to my seat through the turbulence. As we neared Bunia, I looked down and saw the many gravel roads that made up the city. Finally, we landed on a gravel airstrip about 5 km outside of Bunia.

Bunia is a city of about 400,000 people close to Lake Albert, along the border of Uganda. It has been a centre of much militia unrest, and the whole area has seen many civilian deaths. Much of the fighting in the area is over natural resources such as gold mines. As a result, Bunia is now the base of one of the largest UN peacekeeping forces in Africa. There was a constant presence of UN vehicles and armed soldiers in the streets.

Dr. Philip Wood is a soft spoken, yet confident man. He is a British general surgeon, who is married to Dr. Nancy Wood, a Canadian family physician from Ontario. They began their work in the DRC in 1973, over forty years ago, and established the CME mission hospital and nearby nursing college. Over the years they have trained thousands of doctors and nurses.

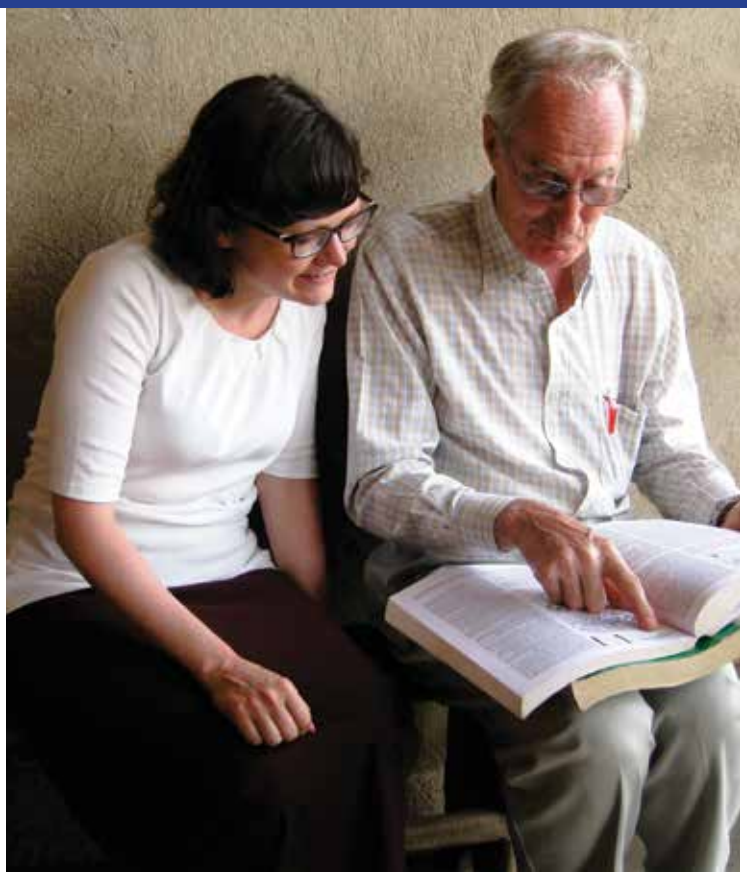
Mission to Congo.... by Angela Schellenberg

Centre Médical Évangélique is an 80 bed mission hospital that serves the people of Bunia despite great lack of resources. A lack of running water and power failures did not stop the hospital from providing the best care possible to the patients who arrived. There was only a small portable ultrasound machine available and limited quality X-ray films that were hung out on trees to dry. Many of the patients' families would be camped outside the hospital to cook food for themselves and family member inside. A common site on the wards was a package of wrapped up bricks that were hung off a patient's bed, serving as traction for fractures.

A typical day at CME started with ward rounds, followed by a day of operating and ended with a late afternoon outpatient clinic to see possible new surgical cases. Many patients presented with advanced disease, which brought about feelings of helplessness as their disease was too late to cure. Patients must pay for their own treatment, which prevents them from arriving sooner.

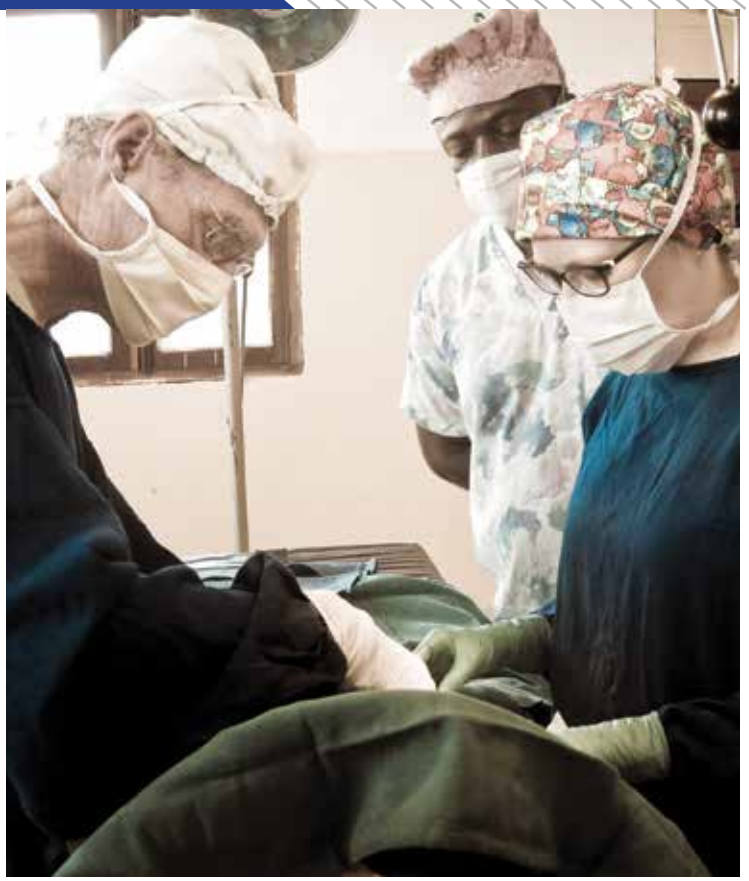
Scrubbing in for cases involves using a stream of water from a canister of water and a bar of soap. The gowns and scrubs are sometimes torn and stained, even after a thorough washing and sterilization. The operating room had only a single overhead lamp and just the most basic instruments. No electrocautery. Suturing material included self-threading needles and suture wrapped around a block of wood.
Dr. Wood is the true general surgeon, covering orthopedic, urologic, plastics and obstetric cases as well. Frequent cases in the operating room included C-sections, prostatectomy, skin grafting, and femur fractures in common motorbike accidents. Motorbikes are the main mode of transportation and no one wears a helmet. Skin grafting was very common, as cooking fires are a frequent source of terrible burns. One of the most interesting cases was the excision of a 3.32 kg abdominal desmoid tumor that was found to be adherent to a previous C-section scar. It is really remarkable what Dr. Wood can achieve with so little to work with.

Dr. Wood now works at the CME hospital in Bunia, but the original hospital that he established was about



Learning from my supervisor, Dr. Phillp Wood

At entrance to surgical ward, with Dr. Loko



In the operating theatre, with Dr. Wood

The scrub sink at CME

Package of bricks used as traction in treatment of fractures

The Congolese family who welcomed me into their home

45 km south in Nyankunde. It was completely destroyed in the fighting in 2002, but has since been rebuilt and now has more functional and modern operating rooms than before. Dr. Melchisédec Kirere Mathe, whose family I stayed with, took me to see the original compound. There were 4 military check stops along the drive to Nyankunde and as we drove it was explained to me that continued oncoming traffic is a good sign that the road is safe ahead. We even hired a mechanic to go along with us so that we wouldn't get stranded on our trip. The ruins of the destroyed buildings and homes which were part of the original hospital compound are still there, and Dr. Kirere Mathe showed me the ruins of his former home.

While in Nyankunde, we also attended International Women's Day on March 8. This is not just any holiday in DRC, but one of the biggest celebrations of the year. Women have special clothing sewn for this day, using material with the date "8 mars" printed on it along with scenes of women. I even had a traditional outfit sewn for the occasion. We were reminded of the challenges women face in DRC in terms of violence suffered, including rape, and access to education.

While in Bunia, I lived in the home of an incredibly welcoming and hospitable Congolese family. My daily morning walk to the hospital reminded me of my new title as "mzungu", Swahili reference to an individual with white skin. We lived with no electricity most of the time and no running water, so I became used to showering from a bucket. There was no refrigerator and cooking was done on coals. Unexpected guests were not unusual at the home of Dr. Kirere Mathe, where meals often consisted of rice and fish. My evening routine included winding up my flashlight for evening reading.

During my time in DRC, I developed an appreciation of cross-cultural differences in the delivery of care and the resourcefulness of my Congolese colleagues. I gained a greater understanding and appreciation for the economic factors that influence care with Congolese families. I want to continue to seek greater understanding of the issues in international health that our world is facing and learn about effective ways that I can become involved in advancing global health equity. It was truly a unique and life changing opportunity to work alongside Dr. Philip Wood in providing patient-centered care in a resource restricted and developing work environment.

The long trek... local child gathering water

MEDICINE-MUSIC NEXUS

Appreciating the arts in medical education and clinical practice

Scott Adams
Medical Student, College of Medicine
University of Saskatchewan

Exposition

There is a long-standing relationship between the disciplines of music and medicine, and a great tradition of physicians and surgeons who have had close connections to Western art and music. In Greek mythology, Apollo was god of both music and medicine.[1] The French physician René Laennec (1781-1826), the inventor of the stethoscope, was also a flutist, clearly inspired by his instrument when designing the first stethoscope as a long hollow tube made of wood.[2] Theodor Billroth (1829-1894), well known for performing the first esophagectomy, laryngectomy, and most notably the first successful gastrectomy, was an avid pianist and violinist and patron of the arts.[3] And Thomas Südhof (b. 1955), winner of the 2013 Nobel Prize in Physiology or Medicine for his work in cell transport, credited his bassoon teacher Herbert Tauscher as his source of inspiration in science.[4] I too consider music and medicine as two central areas of my life. This past year as a medical student I invested considerable time in preparing for the Licentiate in Piano Performance examination, the pinnacle of Toronto's Royal Conservatory examinations system. A brief glimpse into the musical traditions of the Western world, the 75 minute program covered styles from the baroque to the 20th century—the counterpoint of Bach, the lyricism of Chopin, the exoticism of Debussy.

At times, however, I was confronted with a dilemma: am I compromising my medical education by pursuing studies in music and medicine concurrently? At first glance, what could music do to make someone a better clinician or scientist? From fostering creativity, developing values of tradition, and appreciating subtlety, it is increasingly clear that the arts and humanities do have a role in developing a student, a clinician…a society.

Development

Coming to an understanding of the composer's intentions and balancing values of tradition and originality are at the heart of Western art music performance. Through training in music, I've developed a deep appreciation of the importance of tradition—a basis for communicating a

convincing interpretation to an audience. And in composition, the harmonies of the common practice period, or the medieval modal system, provide a foundation upon which all new music is composed—a basis for which all advancement and innovation builds upon. With new diagnostics and therapies developing at a rapid rate and threatening healthcare budgets, we must place new advancements in the context of tradition and thoroughly assess their value-added benefit. While Arnold Schoenberg (1874-1951) discounted the importance of the diatonic scale in favour of dodecaphony, he did not disregard traditional contrapuntal forms;[5] similarly, physicians must not lose sight of the importance of time honoured traditions such as the patient interview or the physical examination. In ethical arenas, values of tradition form the basis to which we can face the ethical dilemmas of our time—physician-assisted suicide or management of incidental findings in research, for example.

However, neither medicine nor music is static, and honouring traditions and values in medicine and music provides merely a starting point for creativity, for advancement. Music is a fundamental form of creative expression, boldly expressing emotion, transcending time and place with intricate harmonies and rhythms, or tones and timbres. It would follow, then, that grounding in music helps develop a sense of creativity—of openness and novelty—a potential for the development of new ideas subsequently to be tested with the rigour of science. Indeed, Billroth writes, "It is one of the superficialities of our time to see in science and in art two opposites; imagination is the mother of both."[6] However, music is as much about discovery as it is creation and invention. Schoenberg referred to his pioneering use of dodecaphony as a "discovery" rather than an invention.[7] Thus, the study of music cannot simply be seen as a purely creative discipline; in large part I believe performance and composition is about discovery—gaining a better understanding of patterns of sound, just as we must continue to gain further insight into the form and function of the human body.

Music transcends the moment and helps us escape into a different time and place, allowing us to take a step back from daily activities, reflect in a different modality, bring new vision to the activities of professional or daily life. Albert Einstein's son Hans reported that whenever his father "felt that he had come to the end of the road or into a difficult situation in his work, he would take refuge in music, and that would usually resolve all his difficulties."[8] After studying electrocardiograms it can be a welcoming excursion to interpret the lines of Bach. Burn-out is a reality in the profession of medicine, and while I rarely consider musical training and practice to be an activity of leisure, simply a change of activity offers a refreshing oasis—an oasis of sound. However, the keyboard is more than a tool to produce sound; it is an extension of our being in order to tell a story, to recreate a moment. In that sense, it has long been argued that the arts make us human, allowing us to more fully understand ourselves and the human condition. Music helps foster skills of sensitivity and nuance, making us more connected to ourselves and our patients. In its broadest scope, medicine is about facilitating the health of a person, helping that person reach his or her full potential. Sir William Osler writes, "The practice of medicine is an art, based on science."[9] In fact, studying humanities has been shown to enhance medical students' ability to communicate with patients, observe diagnostic findings, demonstrate professionalism and empathy, and increase their comfort level in the clinical setting.[10]

And through teaching piano, I've gained another perspective on the power of music to transform and the significance of longitudinal relationships. I remember teaching a nine year old student at a community school: we were 10 minutes into our lesson learning Petzold's Minuet in G major, and I could tell that her interest was starting to wane. She explained how she was trying to aurally learn Bill Withers' "Lean on Me". Though this piece was of a different tradition than my training, considering her interest, I knew there would be great value in learning a piece aurally. She played the first few notes for me and I was pleased with her progress and impressed

that she could decipher the sounds and translate those intervals to the appropriate keys on the piano. And in a few minutes she had mastered the melody of this piece. In further weeks I saw her progression as she eventually mastered the minuet, motivated to come to school each day just so she could play on the school's piano. From my lessons with Rebecca and other students, I developed newfound appreciation for longitudinal relationships with encouragement, trust, and support as central pillars, whether with piano students or patients.

Recapitulation and Coda

Creative in experimental design and analysis, perceptive of patients' wellbeing, appreciative of the human condition…all attributes of the caring and keen clinician and scientist, perhaps realized through training in music. While much of medical school is focused on basic sciences, pathophysiology, or management, medical training is ultimately the sum of experiences—prior to, throughout, and following medical school—which create a whole person. I believe it is essential that our avocations—the activities that truly "make us human"—are never lost. Fitzgerald argues that by "simply expanding the definition of medicine, as is proper, to encompass all human experience,"[11] we are able to reconcile the constant battle of time between music and medicine, between the arts and medicine. And in this sense, for both ourselves and our patients, music has the power to transform.

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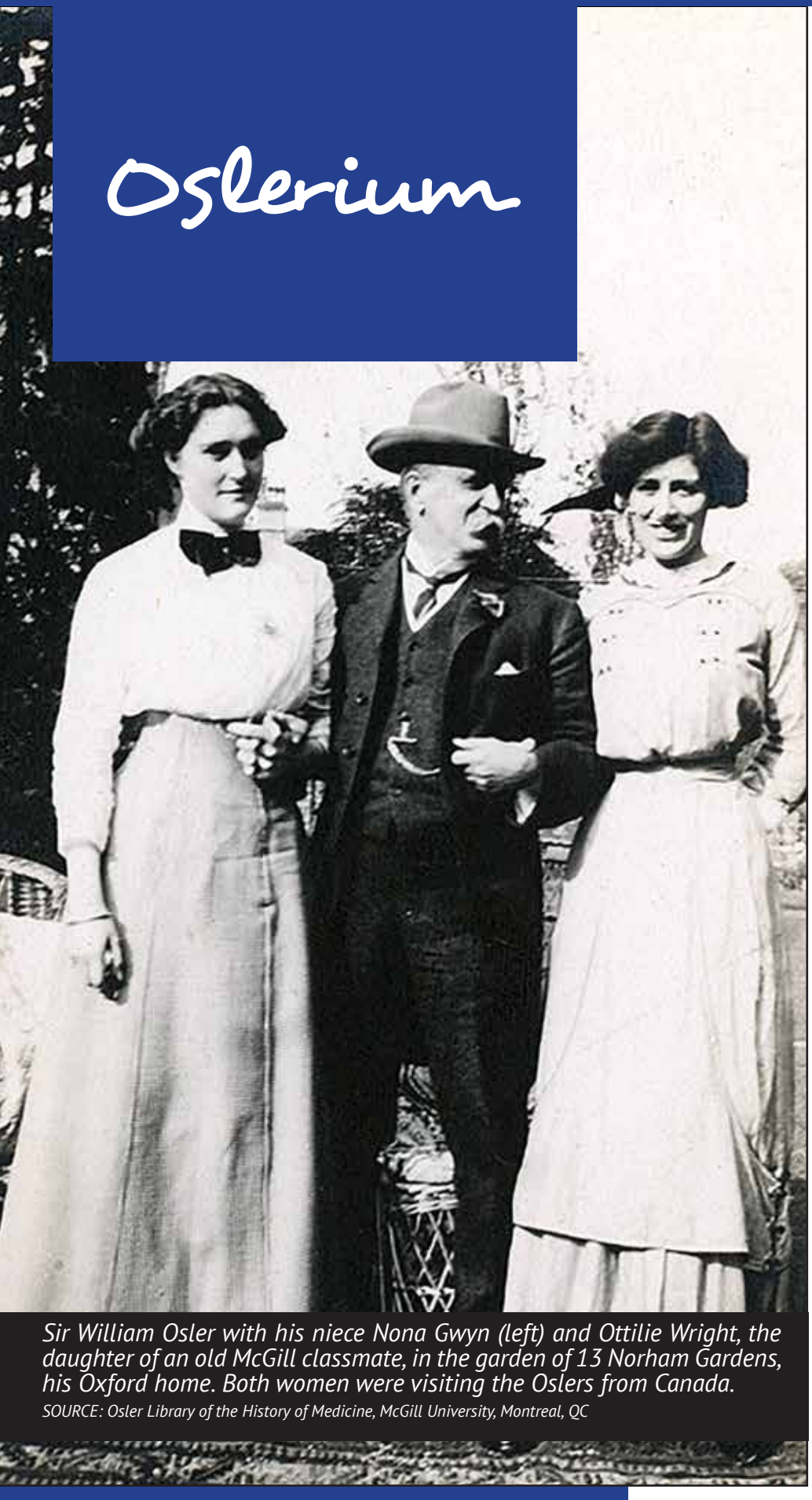
Scott Adams is a medical student at the University of Saskatchewan. He received his Associate (ARCT) and Licentiate (LRCM) diplomas in Piano Performance from the Royal Conservatory of Music, Toronto, and has received numerous scholarships and awards recognizing academic excellence, research, and leadership including the University of Saskatchewan President's First and Best Scholarship, Canada's Top 20 Under 20 Award, and the University of Saskatchewan Leadership in Medicine Award.

Oslerium



Sir William Osler with his niece Nona Gwyn (left) and Ottilie Wright, the daughter of an old McGill classmate, in the garden of 13 Norham Gardens, his Oxford home. Both women were visiting the Oslers from Canada.
SOURCE: Osler Library of the History of Medicine, McGill University, Montreal, QC

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

About SIR WILLIAM OSLER

College School, an independent school for boys in Port Hope, Ontario.

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."

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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.

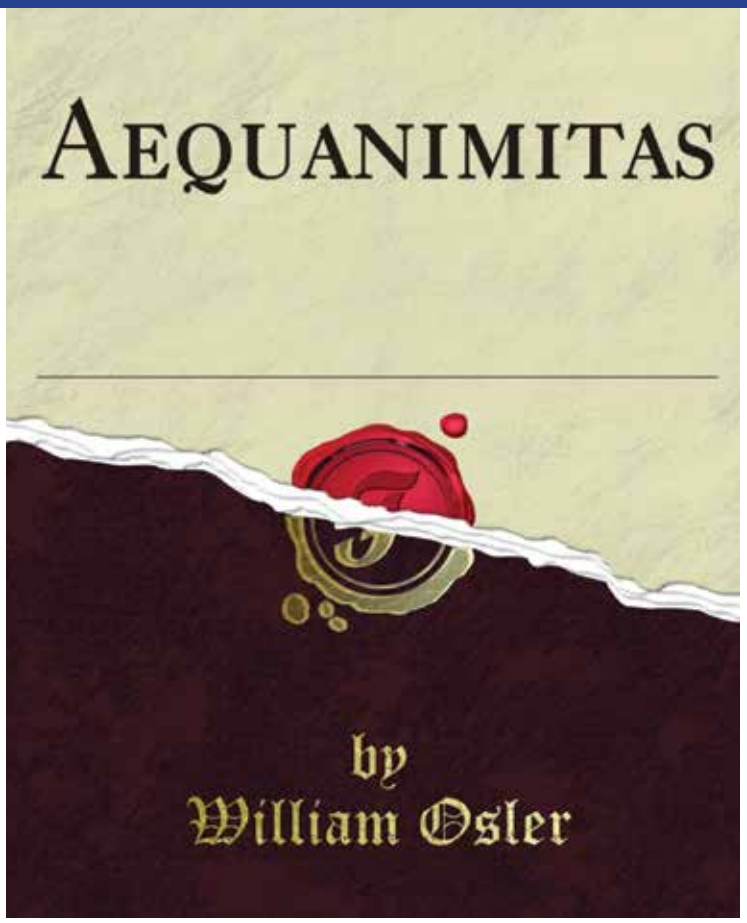
This issue's "Oslerium" consists of excerpts of Sir William's speech to the graduating class of medical students of the University of Pennsylvania (Penn University) School of Medicine, then the most highly regarded medical school in North America.

Osler moved to Philadelphia in 1884, after spending a very productive 10 years in Montreal and the McGill School of Medicine – a time he would often fondly recall later in his illustrious career.

It was time for Osler to move again, in 1889, this time to Baltimore, to start the new medical school of the John Hopkins University. This valedictory address delivered in 1889 in Philadelphia was therefore, in every sense, also a farewell speech to the faculty and students of Penn University.

He titled his speech "Aequanimitas" after the famous last words of the Roman emperor Antonius Pius (86-161 AD). The title derives from the Latin and means, "of even and cheerful mind and composure." Osler uses "Aequanimitas" to illustrate the quality of the mind that encompasses the ability to remain calm, composed, of even disposition and temperament, no matter what the circumstances without. The same quality, when applied to the body, he calls, "imperturbability."

F.C.



"Thou must be like a promontory of the sea, against which, though the waves beat continually, yet it both itself stands, and about it are those swelling waves stilled and quieted."

Marcus Aurelius (121-180 AD)
Roman Emperor and philosopher

AEQUANIMITAS

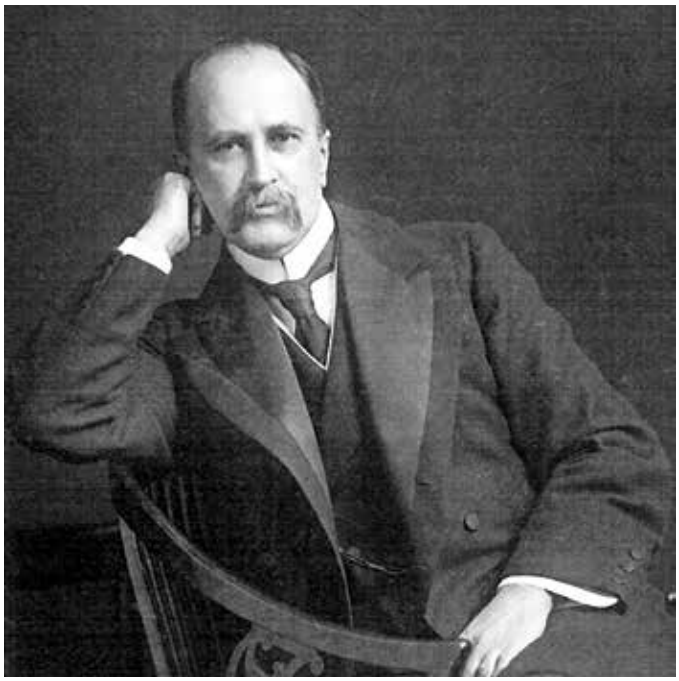
Sir William Osler

To many the frost of custom has made even these imposing annual ceremonies cold and lifeless. To you, at least of those present, they should have the solemnity of an ordinance - called as you are this day to a high dignity and to so weighty an office and charge.

I could have the heart to spare you, poor, careworn survivors of a hard struggle, so "lean and pale and leaden-eyed with study;" and my tender mercy constrains me to consider but two of the score of elements which may make or mar your lives – which may contribute to your success, or help you in the days of failure.

In the first place, in the physician or surgeon no quality takes rank with imperturbability, and I propose for a few minutes to direct your attention to this essential bodily virtue. Perhaps I may be able to give those of you, in whom it has not developed during the critical scenes of the past month, a hint or two of its importance, possibly a suggestion for its attainment. Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril, immobility, impassiveness. It is the quality which is most appreciated by the laity though often misunderstood by them; and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients. In full development, as we see it in some of our older colleagues, it has the nature of a divine gift, a blessing to the possessor, a comfort to all who come in contact with him. You should know it well, for there have been before you for years several striking illustrations, whose example has, I trust, made a deep impression. The first essential is to have your nerves well in hand. Even under the most serious circumstances, the physician or surgeon who allows "his outward action to demonstrate the native act and figure of his heart in complement extern," who shows in his face the slightest alteration, expressive of anxiety or fear, has not his medullary centres under the highest control, and is liable to disaster at any moment. I have spoken of this to you on many occasions, and have urged you to educate your nerve centres so that not the slightest dilator or contractor influence shall pass to the vessels of your face under any professional trial. In a true and perfect form, imperturbability is indissolubly associated with wide experience and an intimate knowledge of the varied aspects of disease. With such advantages he is so equipped that no eventuality

can disturb the mental equilibrium of the physician; the possibilities are always manifest, and the course of action clear. From its very nature this precious quality is liable to be misinterpreted, and the general accusation of hardness, so often brought against the profession, has here its foundation. Now a certain measure of insensibility is not only an advantage, but a positive necessity in the exercise of a calm judgment, and in carrying out delicate operations. Keen sensibility is doubtless a virtue of high order, when it does not interfere with steadiness of hand or coolness of nerve; but for the practitioner in his working-day world, a callousness which thinks only of the good to be effected, and goes ahead regardless of smaller considerations, is the preferable quality.



Cultivate, then, gentlemen, such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening "the human heart by which we live."

In the second place, there is a mental equivalent to this bodily endowment, which is as important in our pilgrimage as imperturbability. Let me recall to your minds an incident related of that best of men and wisest of rulers, Antoninus Pius, who, as he lay dying, in his home at Lorium in Etruria, summed up the philosophy of life in the watchword, Aequanimitas. How difficult to attain, yet how necessary, in success as in failure! Natural temperament has much to do with its development, but a clear knowledge of our relation to our fellow-creatures and to the work of life is also indispensable. One of the first essentials in securing a good-natured equanimity is not to expect too much of the people amongst whom you dwell. Deal gently then with this deliciously credulous old human nature in which we work, and restrain your indignation, when you find your pet parson has triturates of the l000th potentiality in his waistcoat pocket, or you discover accidentally a case of Warner's Safe Cure in the bedroom of your best patient. It must needs be that offences of this kind come; expect them, and do not be vexed.

Curious, odd compounds are these fellow-creatures, at whose mercy you will be; full of fads and eccentricities, of whims and fancies; but the more closely we study their little foibles of one sort and another in the inner life which we see, the more surely is the conviction borne in upon us of the likeness of their weaknesses to our own. The similarity would be intolerable, if a happy egotism did not often render us forgetful of it. Hence the need of an infinite patience and of an ever-tender charity toward these fellow-creatures; have they not to exercise the same toward us?

A distressing feature in the life which you are about to enter, a feature which will press hardly upon the finer spirits among you and ruffle their equanimity, is the uncertainty which pertains not alone to our science and art, but to the very hopes and fears which make us men. In seeking absolute truth we aim at the unattainable, and must be content with finding broken portions.

It has been said that in prosperity our equanimity is chiefly exercised in enabling us to bear with composure the misfortunes of our neighbours. Now, while nothing disturbs our mental placidity more sadly than straightened means, and the lack of those things after which the Gentiles seek, I would warn you against the trials of the day soon to come to some of you

– the day of large and successful practice. Engrossed late and soon in professional cares, getting and spending, you may so lay waste your powers that you may find, too late, with hearts given away, that there is no place in your habit-stricken souls for those gentler influences which make life worth living.

It is sad to think that, for some of you, there is in store disappointment, perhaps failure. You cannot hope, of course, to escape from the cares and anxieties incident to professional life. Stand up bravely, even against the worst. Your very hopes may have passed on out of sight, as did all that was near and dear to the Patriarch at the Jabbok ford, and, like him, you may be left to struggle in the night alone. Well for you, if you wrestle on, for in persistency lies victory, and with the morning may come the wished for blessing. But not always; there is a struggle with defeat which some of you will have to bear, and it will be well for you in that day to have cultivated a cheerful equanimity. Remember, too, that sometimes "from our desolation only does the better life begin." Even with disaster ahead and ruin imminent, it is better to face them with a smile, and with the head erect, than to crouch at their approach. And, if the fight is for principle and justice, even when failure seems certain, where many have failed before, cling to your ideal, and, like Childe Roland before the dark tower, set the slug-horn to your lips, blow the challenge, and calmly await the conflict.

It has been said that "in patience ye shall win your souls," and what is this patience but an equanimity which enables you to rise superior to the trials of life? Sowing as you shall do beside all waters, I can but wish that you may reap the promised blessing of quietness and of assurance forever, until

Within this life,
Though lifted o'er its strife,

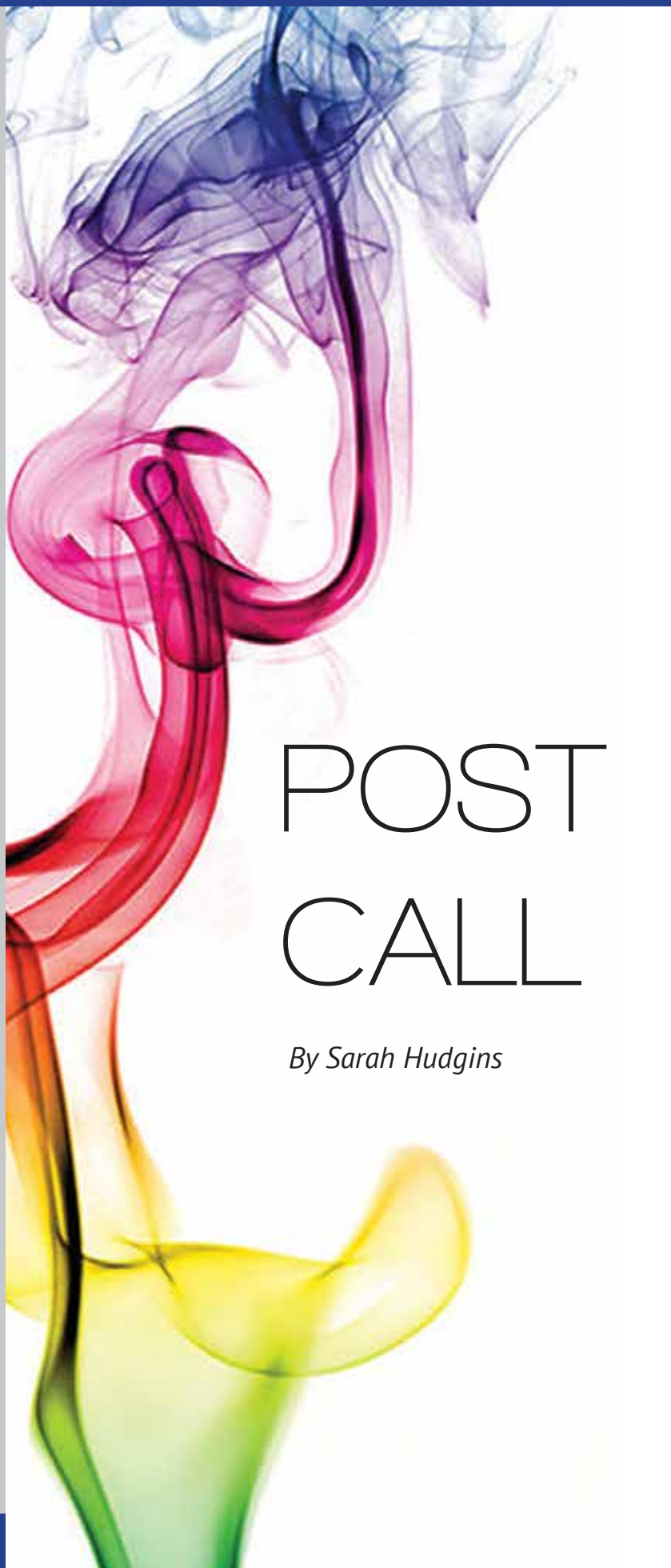
you may, in the growing winters, glean a little of that wisdom which is pure, peaceable, gentle, full of mercy and good fruits, without partiality and without hypocrisy.
On such an occasion as the present, when the Alma Mater is in festal array, when we joy in her growing prosperity, it is good to hark back to the olden days and gratefully to recall the men whose labours in the past have made the present possible.

The great possession of any University is its great names. It is not the "pride, pomp and circumstance" of an institution which bring honour, not its wealth, nor the number of its schools, not the students who throng its halls, but the men who have trodden in its service the thorny road through toil, even through hate, to the serene abode of Fame, climbing "like stars to their appointed height." These bring glory, and it should thrill the heart of every alumnus of this school, of every teacher in its faculty, as it does mine this day.

While preaching to you a doctrine of equanimity, I am, myself, a castaway. Recking not my own rede, I illustrate the inconsistency which so readily besets us. One might have thought that in the premier school of America, in this Civitas Hippocratica, with associations so dear to a lover of his profession, with colleagues so distinguished, and with students so considerate, one might have thought, I say, that the Hercules Pillars of a man's ambition had here been reached. But it has not been so ordained, and to-day I sever my connexion with this University. More than once, gentlemen, in a life rich in the priceless blessings of friends, I have been placed in positions in which no words could express the feelings of my heart, and so it is with me now. The keenest sentiments of gratitude well up from my innermost being at the thought of the kindliness and goodness which have followed me at every step during the past five years. A stranger – I cannot say an alien – among you, I have been made to feel at home – more you could not have done. Could I say more? Whatever the future may have in store of success or of trials, nothing can blot the memory of the happy days I have spent in this city, and nothing can quench the pride I shall always feel at having been associated, even for a time, with a Faculty so notable in the past, so distinguished in the present, as that from which I now part.

Gentlemen, – Farewell, and take with you into the struggle the watchword of the good old Roman – Aequanimitas.

Poetry Corner



POST CALL

By Sarah Hudgins

Sarah Hudgins is a final year Ob-Gyn resident in Regina.

Sarah was born in a fishing village of the coast of Nova Scotia. She completed medical school at the Université de Sherbrooke in partnership with the Université de Moncton in Sherbrooke, QC prior to beginning residency in Regina, SK. She has been accepted with the Samaritan's Purse Post-Residency Program and will begin work in Lubango, Angola, Africa in January 2016 for a 2 year term.

Sarah has long been interested in medicine in the developing world and her research in Saskatchewan has focused on improving the prenatal care and perinatal outcomes of HIV positive women.

The clock strikes 8 and I am done
Finished this grueling race
24 hours on L and D
My feet ache from the pace

Blindly I wander through the halls
To the lockers miles away
I doze off till the elevator dings
Then blink in the light of day

I must find ways of staying awake
To carry me through the drive home
Rock music, cold air – anything goes!
Louder than the engine's drone

I pull the keys out of the car
And stagger up the stairs
Still wearing pants from yesterday
Having dozed upright in a chair

"Good morning!" you say, all perky and bright
As I squint sideways at you
A grunt is all you'll get from me
'Till I've slept an hour or two

I smell like amniotic fluid
My shoes – you don't want to know
My hair stands up on its own end
Till I hide under the shower's flow

I collapse into bed with my glasses still on
Dead to the world outside
Until my alarm rings at 3pm
And I'm convinced someone has died

My heart stops racing -- I'm home in bed
There's no code blue right here
I trudge to the kitchen for a glass of milk
And sink into a chair

I snap at you for making a mess
And then burst into tears
You're not the problem – my patient died
I'm overwhelmed by my own fears

Are my patients ok? Did I do everything right?
The fears swirl in my mind
The weight of responsibility
Sits heavy on my mind

The dishes need washing; supper's naught but fries
You're waiting to watch the game
But I'm curled on the couch, sleepy eyes closed
Oblivious to their fame

Will you love me when I'm post call,
Tired and afraid?
Will our love be enough to stand the test
Through this journey yet to be made?

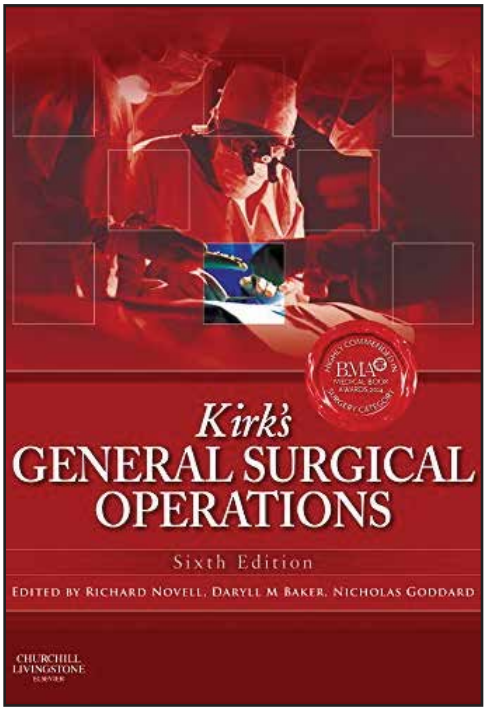
Will you love me when I'm post call,
Remembering how to unwind?
I shake off the load and take your hand
A sunset soothes both heart and mind

ZHIVAGO: The Doctor in Literature

R. M. KIRK

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. 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.

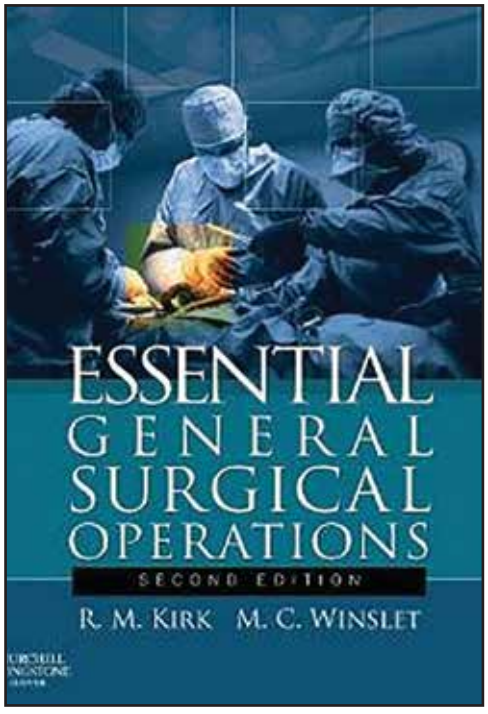
The title is from Russian novelist Boris Pasternak's immortal, lyrical novel, "Dr. Zhivago." The film, bearing the same name was directed by David Lean and starred Omar Sharif and Julie Christie.



A few weeks ago, this journal was graciously granted permission to serialize the life story and memoir of one of the preeminent surgeons of our time, Professor R.M. Kirk.

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

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



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

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

The Editor is deeply grateful to Jerry for the privilege of allowing this Journal to carry serialized excerpts of his life story. And now for Jerry's story, in his own words …

F. C.

LIFE STORY

Excerpts from the memoirs of R.M. Kirk

Chapter 1

(The definitions of some technical or other interesting words are defined e.g G = Greek, L = Latin, F = French, Ger = German.)

Beginnings

I was born and raised in Beeston, a suburb of Nottingham, in 1923, five years after the end of the First World War, merely twenty years after the Wright Brothers succeeded with controlled flight of an aeroplane on 17th December 1903 at Kitty Hawk, North Carolina.

I did not know my father. Illegitimacy was then considered shameful; today it is unremarkable. I am content to join Confucius, Leonardo, Erasmus, Benjamin Franklin and Sir Paul Nurse in one characteristic and would have welcomed eclectic additional attributes that distinguished them. My mother Beatrice, named me Raymond Maurice. Maurice was in honour of her favourite brother, then living in New York - but why Raymond? No matter, they are rarely used; nicknames adhere to me like flies to honey. Someone has but to call out any substantive noun for me to turn expectantly.
I remember my mother's face vividly, seen during my childhood, almost more clearly than in her later life. She was slight, round-faced, with light brown hair, small nose slightly deviated from a fall when she was a girl. Many years later when I visited Denmark, I was intrigued to see so many women closely resembling her. Her maiden name of Kirk is said to have originated in Norway and is highly concentrated around Nottingham, where in AD 867 Alfred the Great and his brother had failed to drive out the entrenched Vikings. She worked as a live-in children nurse for the Yeomans, the family of a director of Players the cigarette manufacturer.

As a single parent she needed to lodge me with her elder sister Winifred, visiting me at every opportunity. Winnie's diminutive but gentle husband Jack gasped, with permanently damaged lungs following the 1918/19 influenza epidemic in which more people died than were killed in the whole of the 1914/18 World War. Son Kenneth was one year older than me and we were like brothers. As a child he had suffered from a chest infection. Winnie had applied hot poultices (G derived from poltos = porridge), to his back, which excoriated the skin, leaving extensive scars. Thereafter, from guilt she could refuse him nothing – which Ken naturally exploited. Winnie's younger brother Noel, in his late teens, also lived with her. Winnie dominated the household. I called her 'Mother,' copying Kenneth. She was warm, maternal, treating me on equal terms

with Kenneth. Perhaps I was punished more often than he was. I had an obsessive desire when I was in bed, to tear strips from the wallpaper within my reach. Why? I do not recall being stressed or oppressed. Perhaps I had dreams? Unlike the Pharaoh of Egypt I have no Joseph to interpret my thoughts and dreams. The destructive stripping was not clandestine but immediately obvious and punishable. From time to time Winnie ordered Jack to hit me, which he obeyed reluctantly and gently. On a couple of occasions I was locked for about an hour in the dark cellar – not considered excessive for the times. I referred to my real mother as 'Auntie Beatty.' She resisted this but she was, of necessity, an irregular visitor. From time to time she became distressed as Winnie shouted at her. It was only years later that I was able to appreciate the bitter recriminations heaped on her by Winnie. One cruel accusation was that their older brothers Maurice and Basil had emigrated to America to avoid living within this shamed family. The ultimate bitter insult was that I should always wear others' cast-offs. My mother later told me that this last contemptuous remark aroused a steely determination to refute it. She did.

Beeston railway station then and now...

In my teens, my mother made me aware of her background. She had fallen in love with a soldier and became pregnant. Although under pressure to have an abortion or at least offer me for adoption, she stood firm. The father had regularly contributed to my upkeep but was then transferred to Germany and stopped payments. My mother told me his name. I did not write it down and forgot it. Why ever not? She still felt vulnerable so I was reticent about my beginnings. This was on her behalf and not out of shame, since I had not been exposed to any personal humiliation. Prejudices retained after they have been superseded by the majority are often deeply inculcated by family, tribal, political and religious influences. They usually await the emergence of new generations to progressively expunge them.

Family relations mollified over the years. Winnie was not the traditional wicked stepmother of the Grimms' Fairy Tales. I came to recognize that she was, like most of us, a complex character, pulled from side to side by resentments, deep guilt over Ken's scarred back and her upbringing within a bigoted society, swayed by events to be harsh or sympathetic. She displayed to me two profoundly different personalities. Her young brother Noel married Emma,– as near as one could imagine, an angel; lovely, gentle and caring.

Winnie must have resented her and tried to undermine the marriage but why? Later, Noel was drafted into the Army during the Second World War and was imprisoned by the Japanese. He suffered unspeakable cruelties while working on the Burma/Thailand railroad. Emma, deeply worried on his behalf, joined

the Fire Service. When Noel returned, devastated by his treatment, Winnie greeted him with malicious lies about Emma playing 'fast and loose,' with the men in the Fire Service. This accusation contaminated what should have been a joyful reunion. In stark contrast, Winnie took in and tenderly mothered a wartime refugee, whose name was Clairly? Her story as told to me, would have been pronounced unbelievable. Her reactions to the marriages of her brother and to her refugee lodger were at odds. Humans are rarely totally admirable or despicable but complex mixtures, except in 'action' novels intended to draw the reader toward the predictable dénouement.

(I met Clairly during a home leave. She was an Austrian Jewish professional pianist and had escaped following the Anschluss (G = union – really an annexation by Nazi Germany of Austria). She moved to Cairo, where she played the piano for a living. A British army sergeant saw her and instantly fell madly in love with her. He was desperate to get her to Britain but this could be arranged only if he married her. He was already married. His younger brother, serving in the same unit was, however, single. The sergeant who dominated him, ordered him to marry her so that she could be sent to England. He ominously added that if the brother laid but a finger on her, he would kill him. Furthermore, at the end of the war the younger man should divorce her. Meanwhile he would divorce his wife and then marry the Clairly. The fierceness of his orders and threats were such that although the younger brother also fell madly in love with her, he dare not make a move.

Clairly was indeed delightful and ravishingly beautiful. Her piano playing matched her looks. It has always intrigued me that since a piano is a percussion instrument, the hammer either does, or does not strike the string, yet some players can create not a plangent but a tender, caressing sound. Clairly stroked the music out of Winnie's piano. She left at the end of the war. Winnie who told me that the two men divorced themselves from their wives as planned. The sergeant married Clairly – and the marriage broke up after six months! What a demonstration that love is more than sexual attraction. It does not, on its own, sustain marriage. It is the 'for better' part but does not encompass the 'for worse.' Winnie was deeply saddened. Her reactions to the marriages of her brother and to her refugee lodger were at odds.)

As I re-assemble my laid down memories I am astonished that unlike so many more recent ones, they return complete with pictures, even with smells that were waiting to be recovered, still clear and seemingly untarnished. I can vividly re-live urban working class life in the 1920s. Each house had a single outside lavatory. The required paper was torn up newspaper threaded on a string. Later, when Radio Times arrived, with a smaller sized sheet, half sheets became almost de rigueur – but watch out for the staples! There was a single cold water tap in the kitchen. The living room alone was lit by gas light, elsewhere by candles. A single coal fire served for heating and cooking was by a gas oven. A typical week was lived in strict rotation, dominated by the need to accomplish the household chores within the six working days.2

I particularly recall suffering from an illness requiring a home visit by a doctor, costing half a crown - an eighth of a pound. In preparation I was washed, tidied, cleanly dressed and positioned in bed at supine, horizontal attention. An imposing, formally suited presence entered. Quietly asked questions were answered reverently as he gently examined me. The memory of his calm, reassuring visit remains vividly with me even now. Years later I fantasized a career as a doctor - or better, a surgeon – with no conception of what this entailed. I have understandably attributed my career choice in medicine to this encounter, since I had had no other stimulus.

My mother arranged for me to move into a home in Nottingham close to her employers, owned by a gentle couple, the Sales and their son Pat, who was one year older than me. The Sales treated us both without discrimination, as brothers and Pat fulfilled the same relationship as had Ken. Their house was close to the 'Forest' Recreation ground, home to Nottingham's famous Goose Fair. It was overlooked from the other side by Beatrice's employer's magnificent mansion so

she could visit me regularly. A visitor to the Sales was their friend Joseph, a smartly dressed First World War veteran who worked for the London Midland Scottish railways with Jim Sales. I vaguely recognized that Joseph Skerritt liked Beatrice. He had been raised in Saxby, a village near Melton Mowbray, one of twelve children of a railway worker. Joseph courted her, and eventually married her, in Nottingham. Beatrice resigned from her employment and we moved into a rented apartment. The Wall Street crash of 1929 had reduced them to near penury but the marriage flourished as Joe learned to appreciate Beattie's capability as a housekeeper, making each farthing count. I had acquired a kind-hearted, simple stepfather. He did not formally adopt me or give me his name, probably on Beattie's insistence. We visited his family home. Country life was even more primitive than I had so far encountered. The thatched cottage had no running water. The privy was outside at the back. My dictionary primly defines privy as a 'room set apart with container in which to evacuate body waste products.' When I visited it I noted the absence of 'container.' Grandfather averred that his cabbages and Brussels flourished in the ground nearby. Fifty years later, in 1983, I visited China, the first surgical foreigners invited to visit them. We were lodged in a primitive hotel in Xian, overlooked at the back by a Chinese farming family practising an ancient frugal life style. The first members to emerge in the morning brought out the chamber pot containing the 'night soil,' carefully distributing it over the vegetable plots.

Water at my Grandfather's was carried from the pump, about 500 yards away and carried back, usually two buckets at a time, using a yoke – a shaped wooden frame fitted over the shoulders, with hooked chains at each end, from which to suspend the water-buckets. On later visits I was delegated the task of 'water-boy.' A single oil lamp and occasional candles fulfilled lighting needs. All ablutions were performed outdoors on the step. Joe's father was a widower, cared for by his daughter Fanny, who had survived osteomyelitis (inflammation of the bone) of her lower leg, requiring amputation. Each week she walked on her artificial leg four and a half miles to Melton Mowbray and carried back the shopping. Grandfather sat at the door, holding an air rifle, ready to shoot starlings, which he called 'starnels', that tried to burrow and nest in the thatch, requiring repair.

On my first of many Whitsuntide holidays, I rose, hungry for breakfast. On the plate lay a slab of greasy bacon and a slice of dry bread. I tried it but could not swallow it and said so. The plate was smilingly and silently removed – but no replacement arrived. By lunchtime, I was ravenous – but on my place was the same plate and contents. I tried and choked. Again, it was removed but not replaced. The others were eating a cooked meal of meat and two vegetables. I did not need to ponder my expectations for supper. I succumbed, wolfed down the greasy bacon and dry bread – and never again refused the food I was offered. The one luxury resulted when a calf was born in the farm that abutted the cottage. The cow produced its first milk – colostrum. I was told that cows have been so bred that they produce a too rich first feed. The farmer regularly brought a bowl of it to Fanny. She used it to cook baked custard, a rich yellow pudding filling a pastry-lined dish – the ultimate rare luxury. On occasion and without intending to kill an excess number, grandfather shot pigeons with his air rifle and we had pigeon pie. It was forty years later that I next ate pigeon under very different circumstances. I was visiting a surgeon in Nashville, Tennessee. Pigeon breasts were served at dinner. My host told me that he and his son had shot a hundred pigeons. They had cut off the breasts to roast them and left the dead carcasses. I felt ashamed at the profligacy.

Joseph was proud of having served with the prestigious Coldstream Guards. He was wounded in France and recuperated in London as a guard at Buckingham Palace. When not on duty the palace guards were permitted to act as 'extras' in the London theatre shows such as Chu Chin Chow and The Thief of Bagdad. At Covent Garden Opera House he wore a blue rimmed white enamel basin on his head to represent a tonsured priest in the opera Aida composed by Guiseppe Verdi to celebrate in 1870 the opening of the Khedival Opera in Cairo. The soldier extras were paid one shilling (twelve pence) each night, sufficient to buy a meal, a pint of beer, a

packet of cigarettes and a box of matches.
We migrated to the Nottingham suburb of West Bridgford, on the southern side of the River Trent, merely fifty yards from the Trent Bridge cricket ground. Schoolchildren could enter the ground for one penny. I watched the famous Nottingham fast bowler Harold Larwood. He had been unfairly accused of dangerous 'body-line' bowling in the 1932 test-match against Australia. The magnificent antipodean (G ante = before + podos = foot – on opposite sides), so called because Australians stand feet to feet with the English batsman on opposite sides of the globe, led by 'The Don,' Bradman consistently thrashed the English bowlers. Larwood, a paid professional, was ordered to bowl at the batsman, not the stumps by the amateur captain, Mr. Douglas Jardine. Jardine escaped censure, but the unsavoury England behaviour soured relations for years.

Memorable visitors were Beattie's eldest brother Basil with his wife Hilda and their two daughters, from America. Winnie had obviously not taken to Hilda, acidly referring to her as 'Diamond face.' Basil was one of the uncles said to have emigrated to America to escape the shame my birth had brought. His amity belied the charge. He had trained as a plumber and his transatlantic migration coincided with the growing popularity of central heating. Basil brought to us his American optimism and a changed accent. He was not listening to himself when he boasted of his retained UK speech, declaring, 'Waahl, thank Gard, Ar haven't lost mar Briddish acksent.' While in England he recounted to me his experiences as a signalman on a destroyer, First World War. On December 6th 1917 a French merchant ship, packed with high explosives, exploded in the harbour of Halifax, Nova Scotia, Canada. Prior to the atomic bomb dropped on Hiroshima on August 6th 1945, it was the most massive explosion in history of man-made munitions. Approximately 1600 people were killed and 9000 injured. My uncle's ship raced to help with the terrible suffering that had ensued. His pride in this and other activities impressed me and proved to be a powerful influence.

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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