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Our cover image is that of Echinacea Purpurea, the flowers and roots of which have been used by North American plains Indigenous people for centuries, to treat various local and systemic infections and as an immune stimulant. Research is now ongoing on the use of Echinacea Purpurea for the treatment of covid infections.

Photographed in the Medicinal Garden of the Royal College of Physician, London by Dr. Henry Oakeley. Creative Commons Attribution.

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■ BEYOND the PANDEMIC



Francis Christian, FRCSEd, FRCSC
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Human intelligence, having solved numerous physical and biological riddles and made it possible for *Homo Sapiens* to live as if the thin veil of mortality did not exist, was confronted late last year with another of those periodical reminders of life's essential transience - a pandemic.

A fervour of intellectual activity was unleashed with the force multiplier we call the internet making its dissemination with blinding speed possible. Information multiplied, and so did disinformation. Precise mathematical models of pandemic spread were constructed, then torn down with what seemed like an equal but opposite precision. We were drawn like moths to a flame by the apparent sparkling certainty of experts; and for brief interludes

our sails were unfurled by the gentle breezes of reassurance and we sailed serenely upon tranquil, placid seas. And then, like the distant sound of thunder, doubts knocked first faint and from afar, then near and hard upon our doors; and from other experts, we learned of equally convincing but opposite views; and we accepted at last the inherent uncertainties of science and like Timothy, admonished ourselves to "test all things and hold fast to that which is true."

Most of us would accept also, that such questions as, "have you been in love?" or "do you enjoy fine music?" or "do you believe the disabled, the helpless or elderly among us must be looked after by society?" ... these and other questions fall beyond the ability of reason and intelligence to adequately understand and

analyze. And even so wise a ruler as Pericles or the democratic councils of the islands on the Aegean sea could never satisfy completely or suppress mankind's restless search for freedom, for beauty and for truth.

Such then are the compelling reasons why this issue of the Journal will devote itself to some of the transcendent truths of human experience which fall beyond the limits of human intelligence. For example, the accomplished Saskatoon visual artist Colleen Smith, whose work you will be able to examine on pages 29-33 will tell you about her entirely new experience of the permanence of art that the temporary constraints of the pandemic were utterly unable to reign in.

The team of Canadian and

American nurses and intensive care physicians who set up a field hospital in the heart of the Italian pandemic earlier this year were conferred honorary Italian citizenships and sent off after their work was done, by a classical music concert on the streets of Cremona, the home of Stradivarius. The story was then picked up by the *Globe and Mail* - and on pages 6-15 of this issue of the Journal, one of the members of this team that put itself willingly and voluntarily in the "line of fire" in Northern Italy, tells us about their work, their vision, what drives them beyond the ability of human reason to fully fathom. Bev Kauffeldt's article on their work in Italy is also a tribute to our own physicians and nurses in Saskatchewan and around the world who have risen with an almost reckless enthusiasm during this pandemic to the high call of altruism and self-disregarding service.

Those who tell us that human nature now is either worse or better than one or several generations ago, will find a surprising and sometimes disturbing similarity to our own times in the extract on pages 34-45 from the seventeenth century diaries of Samuel Pepys. His meticulous observations of life in London during the "*great plague of London*" of 1665-66 which killed about a fourth of London's population in 18 months, show us that the same feelings of despair and hope, prejudice and fear, altruism and selfishness, suspicion and belief...in short all the familiar failings and heroic virtues of our lives on earth were displayed in almost the same fashion as in this particular pandemic we are living

through.

The real and regular disruptions to our daily lives that this pandemic has engendered may not be new when examined with the lens of recent and remote history - yet to *our* generation it *is* novel and it is real. But like its forbears, this generation too is realizing, perhaps reluctantly, the limitations of science and human intelligence

to meet our deepest human needs. There is a permanence much beyond this pandemic we all seek and often find in beauty, truth, love, hope, altruism and service to the least able among us. This issue of the Journal seeks however imperfectly, to point the way to these same, sustaining certainties of permanence that are destined to survive this or any other pandemic.

Team of Canadian and American nurses and physicians admitting a patient to the field hospital ICU in Cremona, Italy (see pages 6-13)



■ DISPATCHES from the FRONT LINES

- Canadian Nurses in the Epicentre of the COVID-19 Pandemic in Italy

Bev Kauffeldt, PhD, MA, BA; Savannah Koop, RN, BN; Alyssa Collier RN, BN

“It takes courage to live through suffering and it takes honesty to observe it” –C.S. Lewis.

As someone who has been in the world of humanitarian and disaster work for 21 years, suffering is a constant of this occupation, but something you never get used to. Living through suffering demands courage—which at times I had and at times, I did not have. It pales in comparison to the intensity of emotions to observe suffering and the honesty needed to admit it is real, knowing that we cannot always alleviate it. The quote by CS Lewis resonates with me and it should for every aid worker on the front lines of disaster response or working in relief work where suffering is the norm.

Samaritan’s Purse (SP) is a nondenominational evangelical Christian organization providing spiritual and physical aid to hurting people around the world. Since 1970, Samaritan’s Purse has helped meet needs of



Samaritan's Purse nurses and physicians - ICU of Emergency Field Hospital, Cremona, Italy



Working in Liberia during Ebola outbreak. (2014)

people who are victims of war, poverty, natural disasters, disease, and famine with the purpose of sharing God's love through His Son, Jesus Christ. The organization serves the Church worldwide to promote the Gospel of the Lord Jesus Christ. SP has been involved in medical responses since 1994 during the Rwanda genocide, and has done medical programming in South Sudan, Philippines after typhoon Haiyan, cholera in Haiti, and in 2014 the deadly Liberia Ebola outbreak. It was from these experiences and realization of the opportunities God had given us that the next logical step was to have our own field hospital.

Our first Emergency Field Hospital (EFH) deployed in 2016 when our DC-8 aircraft transported the first Samaritan's Purse Emergency Field Hospital—along with medical equipment, physicians, and nurses—to a region of Ecuador that was hit by a massive earthquake. Since then, we have deployed Emergency Field Hospitals to the war zone of Mosul, Iraq, and a cyclone-devastated region of Mozambique. The Emergency Field Hospital is mobile and ready to deploy at a moment's notice to provide emergency medical relief in disaster-stricken areas where medical infrastructure is damaged, overwhelmed, or nonexistent. The Emergency Field Hospital expands the Samaritan's Purse medical response capacity by

quickly putting the right equipment and resources in disaster areas. At maximum capacity, the facility's capabilities include an emergency room, laboratory, inpatient wards, operating rooms, specialized equipment, and a critical care unit, allowing the hospital staff to treat more than 100 patients and perform 15 to 25 surgeries daily. We can quickly deploy this strategic asset and have it operational within 24 hours of arriving on-site.¹

My first experience with our medical responses came to my back door in 2014. My family had been living and working for SP in Liberia since 2005. In 2014 spring, we had heard that the infamous deadly Ebola virus had come across the border from Guinea to Liberia. The next months would be the hardest in our lives and change us forever. Although we did not have the infrastructure of an emergency hospital, we did have the Samaritan's Purse medical and operational Disaster Assistance Response Team (DART) members that came to assist our field office during that terrible time. I was part of our Water and Sanitation team (WASH) for the Ebola treatment center. My tasks were to lead and train our WASH staff to ensure the unit was clean and safe, deceased patient management, and to ensure infection, prevention and control (IPC) of our site. There was nothing easy about this job, in full Personal Protection



Layout of Samaritans Purse RCU fenced (Orange section) dividing hot zone and clean zone

Equipment (PPE) in a tropical climate, and dealing with death every hour of every day of people of a nation I called home was the hardest thing I have had to do in my life, never mind my career. After being evacuated in early August for a period, I returned to Liberia in early October 2014 to lead our Ebola response as we supported the health infrastructure and programming.

My next medical response was in Iraq. ISIS was being pushed out of Mosul, Iraq in the spring of 2017 and SP erected their Emergency Field Hospital a mere 10 miles outside of the city. What an opportunity, to be on the historical plains of Nineveh as a Christian organization in the midst of the extremism of ISIS! We treated everyone that came through our fortified hospital. No matter who they were, what they believed, or what side they were on. It was a humbling sight to see our professional medical and non-medical staff serve with the love of Jesus to all those in need of care. Truly Good Samaritans. For the month of May 2017, I relieved the Hospital director so she could take a much-needed break.

This experience led into my next medical response as team lead of our diphtheria response in one of the largest refugee camps in the world. It was located in the south of Bangladesh working in the Rohingya refugee camp. The diphtheria clinic had been set up in early 2018 and I arrived in March of that same year. As team lead, my responsibilities

were to support the medical team as they worked at the clinic and treated patients suffering with this terrible disease.

As God would have it, Ebola was the next medical response I was called to, in the birthplace of the disease, the Democratic Republic of Congo. Things were different now, with the rVSV-ZEBOV vaccine allowed for “compassionate use”, the same vaccine that was tested in 2015, and the opportunity to be protected was available to our staff and for the people of North Kivu.² In the fall of 2018 for two weeks, I was in Bunia, DRC to do IPC training. In 2019 late January, I deployed again from Liberia to DRC to work at the SP Ebola treatment Center (ETC) with the WASH team. During my month of work, we did not have a positive case but the work was still intense with many suspect cases admitted every day. As terrible as Ebola and any infectious disease is, specifically hemorrhagic fever diseases, this training prepared many of us for what was about to come in 2020.

In late 2019, a report from the Wuhan Municipal Health Commission reported a cluster of unique cases of pneumonia.³ As we know now this was the genesis of the of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) more commonly known as COVID-19. The disease started to spread to different countries in the early part of 2020 mainly to areas where people had traveled from China, specifically the infected

area. It would still be two months until March 11, when the World Health Organization (WHO) would declare coronavirus disease 2019, COVID-19, a pandemic.⁴ Ironically, the disease was already well on its way to spreading at a rapid rate in the northern province of Lombardy in Italy.

This disease first presented itself on February 20, 2020 when a young man was admitted for atypical pneumonia and within 24 hours, 36 more cases were admitted.⁵ In the following weeks, the cases began to increase at a deathly rate making Italy the new epicenter of the outbreak. It was just a matter of time before the health system and infrastructure would begin to crumble under the weight of the patient load.

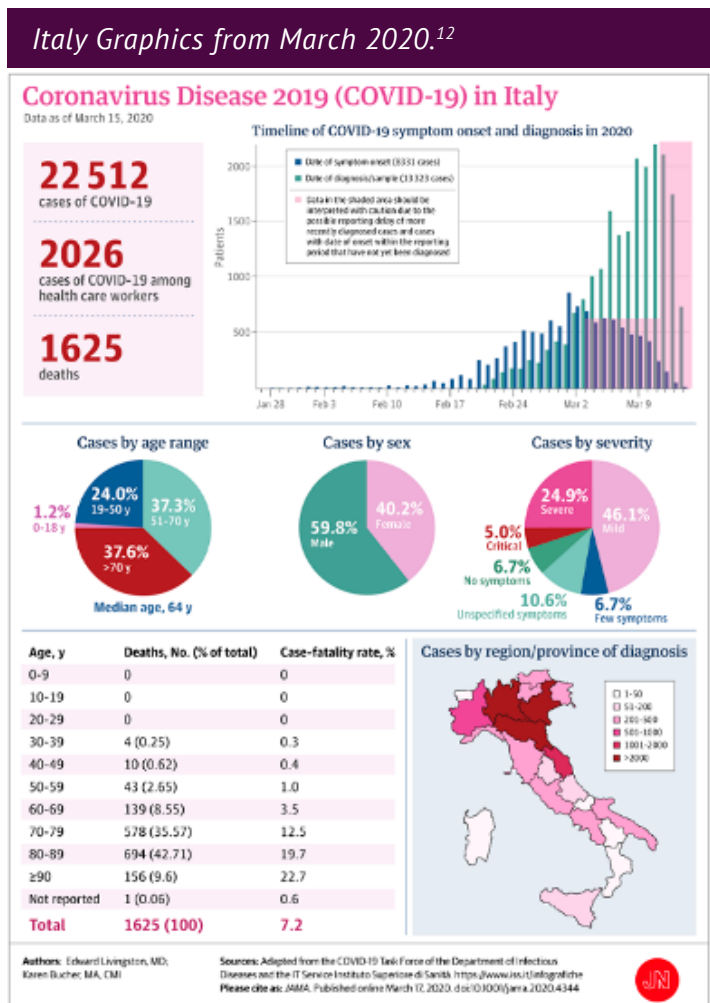
The Samaritan's Purse projects department International Health Unit (IHU) team and the International Disaster Response Unit (IDRU) had been following the disease closely since January. With four field offices in the Asia region, it was paramount to watch the epidemiological path of

the disease to mitigate any possible threats to our offices. By that time, the WHO declared that pandemic on the second week of March, discussions at the leadership level of the Projects department. Due to our previous experience with deploying our Emergency Field Hospital (EFH), a network of contacts at the WHO was already established and they reached out to our organization to see how we could be of assistance. By the middle of the second week of March, calls to the WHO were made along with Italian government officials that SP knew from former relationships.

It should be noted that Samaritan's Purse does not deploy an EFH without the invitation of the host government and permission from the Ministry of Health from that country. Once we received these permissions from the Italian government and the provincial government of Lombardy things began to move very quickly. A few days later, an advance team made up of the Medical Director, an Engineer, government/partner liaison, and I flew into Milan. We were informed that the Ministry of Health and the Lombardy Provincial Government had selected us to go to Cremona, a city of just over 75,000 an hour south of Milan.

Cremona is known as the home and birthplace of violas and violins. Specifically, for their most famous violinmaker, Antonio Stradivari. When we arrived to have our initial meeting with the Hospital Director and his key staff, the 600-bed hospital was under the heavy burden of the COVID virus. They had set aside approximately 100 beds for pediatrics, but every single bed of the remaining 500 had COVID patients occupying them.

Italy hit its peak of COVID cases and deaths during the week of the 17th -24th of March; our arrival was timely to say the least. The Cremona hospital staff were exhausted, and burdened by the immense COVID patient load that they had been carrying for weeks. It was evident that we needed to get our Respiratory Care Unit (RCU) set up as soon as possible to help alleviate the load and support their staff. We agreed in setting up our RCU in a parking lot right across the street from the main hospital.





Night Lights at the Samaritans Purse RCU

As noted in our emergency response capacity, SP has a DC-8 that is able to carry supplies and up to 32 staff, wherever there is an emergency. The DC-8 arrived later that same day on March 17 and we were assisted by the Italian Air force in unloading and transporting the supplies to the designated area at the Cremona hospital.

The RCU was erected within two days and on Friday March 20 after a small opening ceremony, we admitted our first COVID positive patient from the Cremona hospital ICU who had already been on a vent for many days. As per the CS Lewis quote observing and seeing for the first time a full-blown COVID patient, tubes everywhere, and unconscious, the reality and truth of this disease and the suffering it causes was right in front of us. We officially became the first COVID field hospital in Italy and the ambulance continued for the rest of the day bringing patients from the hospital across the street.

The partnership we had with the Cremona hospital was definitely a key component to the efficiency of our work and our ability to help our patients. Everyday our Medical Director would

give an update to the hospital on the amount of beds we had available in the ICU and the wards. This was dependent on how many people were discharged or had succumbed to the disease the day before. The occupancy was fluid and the communication between our medial leadership and theirs was exceptional. We seconded to their systems, were an extension of their hospital to support them and to give them reprieve from the workload they had endured for so long. We were well received, supported and from our time there friendships emerged with our Italian colleagues, it was a highlight during this terrible time.

It was evident from the onset that SP's experience in infectious disease, specifically Ebola, assisted our ability to have a well thought out design that had a designated "hot zone" and "clean zone". Staff were trained in proper protocols for donning (getting dressed into PPE) and doffing (undressing) which played a valuable role too. These strategic areas of the hospital where one entered and exited were imperative to keeping our medical staff safe. Most hospitals do not have designated entry and exit areas for infectious disease therefore causing many opportunities for contamination

and for staff to get sick. This was evident in Cremona as over 100 of their COVID patients were health workers. As with most hospitals during this pandemic it is the health care workers, taking the majority of the work load but also the ones that are susceptible to the disease.

For the next two months, our staff served every patient who walked through the parking lot gate. As the team lead, one of my responsibilities was to lead and support the medical team. The first couple of weeks was spent on getting into a schedule for medical staff, lab work that was sent to the hospital, charting, admissions and discharges, procurement of supplies from SP stock, and many other points that are normal in the setup phase.

Care for the patients looked very different in the ICU tent compared to the ward tents and the medical staff become very close to their patients. Two Canadian ward nurses, Savannah Koop and Alyssa Collier who served for a month in Cremona, give a firsthand account of serving in a male ward tent. Ward patients were off ventilators but still required acute care:

“The unique circumstances of Italy during the covid-19 outbreak called for a unique way of nursing. The local hospital was overwhelmed and their resources exhausted. Our 14-bed male ward tent filled quickly within the first 12 hours of opening. Many came on stretchers unable to walk after being bed-bound for weeks. It was common for patients to be on 10 or more liters of oxygen. Ages ranged from 33-95, with professions ranging from baker to banker. Patients were emaciated, scars on their noses from oxygen masks, and had not seen their family for weeks. These people were exhausted, discouraged, and isolated.”⁶

The first experience with COVID patients that had been on oxygen or in a hospital for a long period time were consistent. The immense caseload over a short period reflected in the patients and their state. This is one of the biggest challenges of a quick spreading infectious disease. Health care workers and systems do not have time to keep up, mitigate problems, and give the care they usually would. This is no blame of their own, just the cruel reality of health care workers in Wuhan, Italy,

France, Spain, UK, New York, and those countries and cities currently bearing the load of COVID. The first death of a patient was very hard for our medical DART staff. Even though they are medical professionals, their compassion and desire to see people get better runs deep and is why they do what they do. As an infectious disease, COVID patients that died do not have the luxury of having their family present. Our staff were very cognizant of this and made extra efforts to ensure people were not alone during their last moments. In many situations, they were able to call family members on smart phones so families could say their last goodbyes, even if the patient was unconscious, our staff wanted the family to have closure and say what was on the hearts. Due to the wards being full of patients and having simple partitions when someone died everyone in the tent was aware of it.

“Death was experienced at the same distance, and it was impossible for other patients to avoid this shared reality. One older gentleman had been with us for weeks and had won the hearts of the other men with his quiet and meek nature. He passed quietly and quickly during the day. Privacy screens



THE GLOBE AND MAIL WORLD RUPERT ... ⓘ

A team of coronavirus medics from Canada leave Italy as saviours and honorary citizens

ERIC REGULY > EUROPEAN BUREAU CHIEF

+ FOLLOW ERIC

ROME
PUBLISHED MAY 12, 2020
UPDATED MAY 13, 2020

Editor's note: The work of the Canadian team members of the Italy DART team was first reported in the national press by the Globe & Mail.



ICU - Samaritan's Purse Emergency Field Hospital - Cremona, Italy

could not protect this man's dignity or prevent his comrades from the knowledge of his sudden passing. The language barrier disappeared as whispers and weeping filled the tent. As we tried to respectfully provide care after death, it was impossible to ignore the feeling of despair in the tent. No situation at home had prepared us for this. We felt the weight of the loss and grieved together. We acknowledged his passing not as a professional obligation but for a community that had experienced a loss. The translator suggested a revered catholic prayer for the deceased. The men all knew this prayer and prayed together in solidarity in honor of their friend's life."⁷ In the midst of suffering and loss, there were times of joy within our close community of DART members and patients.

"The men in our tent shared both in suffering and in celebration. The first time the men sang together was a show for the Canadian nurses who requested the national anthem. There was a palpable boost in morale and a deep sense of pride over their country. The anthem recalls a brief history of Italy and a call to unity and love, which was imitated in the culture of the ward. Shouts and clapping could be heard outside our tent when one of the men would stand for the first time or walk the length of the tent. As one man's strength grew so did the hope of the

others. The shared success was a joyous reprieve in distressing times. The men banded together and talked of soccer, food, and their families. These connections were invaluable and the men imagined and made plans of meeting again under different circumstances. Many exchanged phone numbers and would call back days and weeks after their discharge to check in on their friends. During the Easter season, one man commented on the blessing that it was to be together in a tent. Restrictions throughout the country made it impossible to meet with relatives and celebrate this cherished holiday with loved ones. Together we ate cake and celebrated with our provisional family."⁸

As the weeks wore on, the number of admissions started to steadily decline. The Cremona hospital was able to clear the Operating Room, their cardiology department, and other hospital space that was overrun with COVID patients so that it could now be cleaned, disinfected and used for their intended purpose. This was the goal all along—to bring surge capacity to the Cremona hospital and their staff until they were able to function once again as a hospital not just a hospital full of COVID patients.

It was during this time that we were given a

private concert by violinist Lena Yokoyama⁹ from on top of the hospital building. As she played the national anthem, hospital staff and our staff and patients who could be outside listened and many sang. It was an incredible moment of unity and resilience of the beautiful Italian culture wrapped up in the hallowed strings of an instrument birthed in Cremona itself. As disaster response team members, we do not get many moments like this—to stop and listen to something so beautiful that the air feels sacred. No, we are usually thrust into devastation, suffering, death, and do not get moments to reflect on the experience around us and what it truly means to be part of history. A couple of weeks later, the nightshift medical staff who missed the violinist had their own private cello concert by Andrea Nocerino¹⁰. In the dark of the night, with only the flood lights on the hospital on, and the fluff from the spring trees coming down like snowflakes, we were once again transported to a place of tranquility in the midst of death (one of our patients actually did pass during this concert). We were privileged to learn so much about the Italian culture in moments like these. Something that was very different from Canada that was noted by our nurses:

“The commitment to family and community was notably different in Italy. Pressed shirts were a regular item delivered by devoted family members. Patients communicated daily with family, and medications, clothes, and snacks were brought to the camp promptly when requested. Seniors often

lived with extended family members. There is an expectation for families to live in the same town, if not the same building. There is incredible strength in community that allows aging adults to remain active members within their multigenerational



Emergency Field Hospital supplies being unloaded - Cremona, Italy



Setting up the Samaritans Purse Field Hospital with the Italian Air Force - Cremona, Italy

communities. Young men demonstrated this value inside our ward. The younger men would serve the older adults respectfully and helped with meals and small requests when a translator was not present. Being discharged home with family was much more common than being discharged to a facility, even with increased care needs. Families expressed a sense of duty and responsibility to care for their aging loved ones. This priority is notably different from what we have experienced in Canadian culture.¹¹

At the beginning of May, our team began to downsize as the patient numbers dropped and planned for decommissioning and decontamination of our tents started. In most emergency field hospital responses, we leave the tents and some of the equipment as most of our responses are in resource-thin countries. However, because COVID is a pandemic, leadership deemed it necessary to bring as much of the unit back so it could be deployed again if needed. The Cremona hospital, and local, provincial and country authorities were in agreement as they saw how other countries may need help just as they did. The decontamination of

the tents, equipment, and other supplies took about a week with our whole team helping out. Many of us have done infectious disease decommissioning protocols for Ebola, and based on that experience we adapted to COVID. We were fortunate to have the hospital help with fumigation companies to fully decontaminate the tents, which needed to be washed, dried, and rolled into large wooden crates to be loaded on to the DC-8.

When asked why I and the many others at Samaritan's Purse do what we do, the answer is usually simple. As followers of Jesus Christ, He not only tells us to "Love our neighbor as ourselves" but He gives many examples in scripture of the practically of what that command looks like. Out of an outpouring of what He has done for us, we too in a response to His love, show that same love to others through our professional skills, a compassionate hand, or a prayer on behalf of those who suffer. Our 60 days in Cremona were not easy, but everyday little miracles both physically and spiritually took place. I can't speak on behalf of all my teammates and those at Samaritan's Purse-

but when I see the people God puts together to make a team to humbly serve those who are hurting, suffering and have lost hope, I can't help but see the hands and feet of Jesus. In all that we do we give God the glory, this is what we are called to do, and we do not see ourselves as doing extraordinary courageous work, just ordinary people being used by an extraordinary God.

I want to thank Canadian nurses Savannah Koop and Alyssa Collier for their compassionate, serving care and for their contributions to this article.

All images courtesy of Samaritans Purse.

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- ¹. Samaritan's Purse Overview
- ². <https://www.who.int/>



Italian Medics rush patient into Emergency Field Hospital - Cremona, Italy



Italian Medics rush patient into Emergency Field Hospital, Cremona, Italy

emergencies/diseases/ebola/frequently-asked-questions/ebola-vaccine

³<https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

⁴<https://www.nejm.org/doi/full/10.1056/NEJMp2006141>

⁵<https://jamanetwork.com/journals/jama/article-abstract/2763401>

⁶(S. Koop & A. Collier personal communication July 20, 2020)

⁷(S. Koop & A. Collier personal communication

July 20, 2020)

⁸(S. Koop & A. Collier personal communication July 20, 2020)

⁹<https://www.youtube.com/watch?v=co014jwvdUg>

¹⁰<https://www.theglobeandmail.com/world/article-a-team-of-coronavirus-medics-from-canada-leave-italy-as-saviours-and/>

¹¹(S. Koop & A. Collier personal communication July 20, 2020)

¹²<https://jamanetwork.com/journals/jama/article-abstract/2763401>



Originally from Canada, **Bev Kauffeldt** has served as a team lead on several Samaritan's Purse responses including Ebola in Liberia, the Rohingya refugee crisis in Bangladesh, the battle of Mosul in Iraq, Hurricane Dorian in the Bahamas and most recently the response to COVID-19 in Cremona, Italy and the Beirut explosion.

Additionally, Kauffeldt has served as a Samaritan's Purse Disaster Assistance Response Team (DART) member during the refugee crisis in Greece and Croatia and twice as a water, sanitation and hygiene specialist during the Democratic Republic of Congo Ebola response.

Bev remains on the DART roster and is currently working at Samaritan's Purse international headquarters in Boone, North Carolina as the Program Manager for the apprenticeship program. Her husband Kendell served as the Country Director in Liberia and is now the Regional Director for the Caribbean and the Director of team wellness for the relief organization's field offices. Together, they are raising two boys, Felix (18) and Isaac (17), who were adopted from Haiti.

Oslerium



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

■ About

SIR WILLIAM OSLER

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.

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.

It is outside the scope or purview of this Journal to recommend for or against a particular Covid-19 vaccine, should such a vaccine become available; or indeed for or against the decision to vaccinate.

But it will interest its readers to note that at the time of the first world war, a far deadlier disease than that attributable to Covid-19 stalked the hundreds of thousands of troops marching off to the killing fields and trenches of France, Belgium and Germany. Before the era of antibiotics, typhoid epidemics, even in peace time, had a mortality upwards of 10%. In the theatres of war, typhoid regularly killed many more troops than those that succumbed to their wounds.

A vaccine to prevent this deadly disease had already been invented by the time Britain declared war on Germany in August, 1914. Its efficacy, particularly for those on the battlefield, had already been proved. But very similar to the anti-vaccine movement of the 21st century, there was a very effective campaign that had been mounted against vaccination in 19th and early 20th century Britain.

The anti-vaccination movement had been waged against a highly effective vaccine for another disease far deadlier than Covid-19 infection – smallpox. The culmination of this campaign were the 1898 and 1907 Vaccination Acts of the British parliament, making several exemptions possible for those who did not wish to undergo vaccination for themselves or their children. Borrowing from the language of war, those who refused vaccination were deemed “conscientious objectors.”

Sir William Osler was Regius Professor of Medicine in Oxford at the time of the commencement of hostilities in 1914. It was a time of great uncertainty – but also a time of great patriotism (or foolish bravado, depending on your view).

As soon as war was declared, Sir William offered his services and powerful skills of persuasion to the British government. One of his first tasks was to convince thousands of troops training in “camps” scattered around England to take the typhoid vaccine. As he correctly points out in his address to the troops, the fighting abilities of the British army depended not so much on bullets, but bacilli (and the protection the vaccine offered against the latter).

There was in fact a high “take” of the typhoid vaccine – and for the first time, deaths from battlefield wounds consistently exceeded by far, those from typhoid fever.

F.C.

■ BACILLI AND BULLETS:

An Address to the Officers and Men in the Camps at Churn

**Sir William Osler,
Regius Professor of Medicine, Oxford**

I have been asked to say a few words on the question of health in war time, that you may realize its importance. Formerly an army marched on its belly; now it marches on its brain. Only by utilizing existing knowledge, in all grades from commander-in-chief to private, is the maximum of success available. To put the largest number of the enemy out of action with a minimum of loss to his own men is the aim of every general. While in one way modern war merges the individual in a great machine, on the other hand the intelligent action of the unit has never been so important a factor in making the machine work smoothly and efficiently. After all, it is the man behind the gun who wins the victory.

What I wish to urge is a true knowledge of your foes, not simply of the bullets, but of the much more important enemy—the bacilli. In the wars of the world they have been as Saul and David—the one slaying thousands, the other tens of thousands.

I can never see a group of recruits marching to the depot without mentally asking what percentage of these fine fellows will die legitimate and honourable deaths from wounds, what percentage will perish miserably from neglect of ordinary sanitary precautions? It is bitter enough to lose thousands of the best of our young men in a hideous war, but it adds terribly to the tragedy to think that more than one-half of the losses may be due to preventable disease.

Typhus fever, malaria, cholera, enteric, and dysentery have won more victories than powder and shot. Some of the diseases I mention need no longer be dreaded. Typhus, and malaria, which one hundred years ago routed a great English army in the Walcheren expedition against Antwerp, are no longer formidable foes. But enough remain, as we found by sad experience in South Africa. Of the 22,000 lives lost in that war - can you believe it ? - the bullets

Humanity has but three great enemies: fever, famine and war; of these, by far the greatest, by far the most terrible is fever.

Sir William Osler

accounted for only 8,000, the bacilli for 14,000!

In the long arduous campaign before us more men will go into the field than ever before in the history of the Empire. Before it is too late, let us take every possible precaution to guard against a repetition of such disasters. I am here to warn you soldiers against enemies more subtle, more dangerous, and more fatal than the Germans - enemies against which no successful battle can be fought without your intelligent co-operation.

So far the world has only seen one great war waged with the weapons of science against these foes. Our allies, the Japanese, went into the Russian campaign prepared as fully against bacilli as against bullets, with the result that the percentage of deaths from disease was the lowest that has ever been attained in a great war. Which lesson shall we learn? Which example shall we follow - Japan, or South Africa with its sad memories?

We are not likely to have to fight three of the greatest former scourges - typhus, malaria, and cholera - though the possibility of the last has to be considered. But there remain dysentery, pneumonia, and enteric, against two of which we should be able to bring to bear successfully, the resources of modern science.

Dysentery, an inflammation of the large bowel, has been for centuries one of the most terrible of camp diseases, killing thousands, and, in its prolonged damage to health, one of the most fatal of foes to armies. So far as

we know, it is conveyed by water, and only by carrying out strictly, under all circumstances, the directions about boiling water can it be prevented. It is a disease which, even under the best of circumstances, cannot always be prevented; but with care the incidence should be reduced to a minimum, and there should never again be widespread outbreaks in the camps themselves.

Pneumonia is a much more difficult disease to prevent. Many of us, unfortunately, carry the germ with us. In these bright days all goes well in a holiday camp like this; but when the cold and the rain come, and the long marches, the resisting forces of the body are lowered, the enemy, always on the watch, overpowers the guards, rushes the defenses, and attacks the lungs. Be careful not to neglect coughs and colds. A man in good condition should be able to withstand the wettings and exposures that lower the system, but in a winter campaign pneumonia causes a large amount of sickness, and is one of the serious enemies of the soldier.

Above all others one disease has proved most fatal in modern warfare—enteric or typhoid fever. Over and over again it has killed thousands before they ever reached the fighting line. The United States troops had a terrible experience in the Spanish-American war. In six months, between June and November

inclusive, among 107,973 officers and men in ninety-two volunteer regiments, 20,738 - practically one-fifth of the entire number - had typhoid fever, and 1,580 died. Fortunately, in this country typhoid fever is not prevalent in the districts in which training camps are placed. The danger is chiefly from persons who have already



Facsimile of British Medical Journal, October 1914, which carried Sir William's address to the troops preparing to set off to the battlefields of France. Note the availability of the address as propaganda "pamphlets" (one penny each), by the Oxford University Press.

had the disease, and who carry the germs in their intestines, harmless messmates in them, but capable of infecting barracks or camps. You can easily understand how flies lighting on the discharges of such typhoid carriers could convey the germs far and wide. It was in this way probably, and by dust, that the bacilli were so fatal in South Africa. Take to heart these figures: There were 57,684 cases of typhoid fever, of which 19,454 were invalidated, and 8,022 died. More died from the bacilli of this disease than from the bullets of the Boers. Do let this terrible record impress upon you the importance of carrying out with religious care the sanitary regulations. One great advance in connection with typhoid fever has been made of late years, and of this I am come specially to ask you to take advantage. An attack of an infectious disease so alters the body that it is no longer susceptible to another attack of the same disease; once a person has had scarlet fever, small-pox, or chicken-pox, he is not likely to have a second attack. He is immune, or has what is called immunity.

When you expose a solution of sugar to the air, or if you add to it a pinch of yeast, a process goes on which we call fermentation, accompanied by a growth of little germs of the yeast in the fluid, and by an increase in temperature (in fact the solution has a fever), and the composition of the fluid alters, so much so, that you can inoculate it afterwards again and again with the same germ, but no further change takes place. Now this is what happens to us when bacilli make a successful entry into our bodies. They overcome the forces that naturally protect the system, and grow just as the yeast does in the sugar solution; but the body puts up a strong fight, all sorts of antibodies are formed in the blood, and if recovery takes place, the patient afterwards has immunity, for a time at least, from subsequent attacks. The body has mobilized its forces, and is safe for a few years at least against that disease. It was an Englishman, Jenner, in 1798, who found that it was possible to confer this immunity by giving a person a mild attack of a disease, or of one very like it.

Against small-pox all of you have been vaccinated - a harmless, safe, and effective measure. Let me give you a war illustration. General Wood, of the United States Army, told me that, when he was at Santiago, reports came that in villages not far distant small-pox was raging and the people without help of any kind. He called for volunteers, all men who showed signs of satisfactory vaccination. Groups of these soldiers went into the villages, took care of the small-pox

patients, cleaned up the houses, stayed there until the epidemic was over, and not one of them took the disease. Had not those men been vaccinated, at least 99 per cent of them would have taken small-pox. Now, what I wish to ask you is to take advantage of the knowledge that the human body can be protected by vaccination against typhoid fever. Discovered through the researches of Sir Almroth Wright, this measure has been introduced successfully into our own regular army, into the armies of France, the United States, Japan, and Germany.

I told you a few minutes ago about the appalling incidence of typhoid fever in the volunteer troops in America during the Spanish-American war. That resulted largely from the wide prevalence of the disease in country districts, so that the camps became infected; and we did not then know the importance of the fly as a carrier, and other points of great moment. But in the regular army in the United States, in which inoculation has been practiced now for several years, the number of cases has fallen from 3.53 per thousand men to practically nil. In a strength of 90,646 there were in 1913 only three cases of typhoid fever. In France the enteric rate among the unvaccinated was 168.44 per thousand, and among the vaccinated 0.18 per thousand. In India, where the disease has been very prevalent, the success of the measure has been remarkable.

In the United States, and in France, and in some other countries this vaccination against the disease is compulsory. It is not a serious procedure; you may feel badly for twenty-four hours, and the site of inoculation will be tender, but I hope I have said enough to convince you that, in the interests of the cause, you should gladly put up with this temporary inconvenience.

If the lessons of past experience count, any expeditionary force on the Continent has much more to fear from the bacillus of typhoid fever than from bullets and bayonets. Think again of South Africa with its 57,000 cases of typhoid fever! With a million of men in the field, their efficiency will be increased one-third if we can prevent enteric. It can be prevented, it must be prevented; but, meanwhile, the decision is in your hands, and I know it will be in favour of your King and country.

■ SELF ISOLATION

Ron Nguyen

General Surgery Resident

Queen's University, Kingston, ON

I originally envisioned this piece to encapsulate my experiences during the time period that will be known as "the first wave" of the COVID-19 pandemic. I wanted to capture all the changes that happened in my life, on a personal and professional level. I'll probably do that some day, but not with this column. With this column, in this special edition of the Journal, I wanted to write something a little different. Instead of a narrative, I wanted to share the thoughts and contemplations I had during my periods of self isolation, which happened to me during the first lockdown stage of the pandemic.

In isolation, I would awake next to the sound of silence.

In isolation, in the first stage of the lockdown, there was not a more disturbing sound than the sound of laughter coming from beyond your walls.

In isolation, the mind turns on itself. That's all you're left with, once you've exhausted your supply of tv and books and music and all the other distractors of life. Now, you're faced with memories and dreams, and they come alive in isolation, sometimes bringing out all your fears and anxieties. Memories become dreams, daydreams,

floating in and out of your gaze.

In isolation, the people in memories become apparitions, and there would be a great desire to drift off into the realm of dreams, for the apparitions to become just a little bit more real and tangible in dreams. For me, my desire to sleep was to see a single person, with my memories being the only thing I had left of her.

In isolation, I would think of prisoners in solitary confinement. I never thought about my circumstance being like that of a prisoner in isolation, but I thought of them

and what a prisoner might go through as they are kept in a cell by themselves. What a cruel punishment.

In isolation, my only contact with the outside world was the delivery person. They would knock on the door, and by the time I open the door, the delivery item will be at the foot of my door, and the delivery person vanished from the scene, no where to be seen.

In isolation, I thought of all of the people I've known, how I wish I could see them again. I wish that we didn't have to talk through our screens, that I

could share a meal with them and walk with them through a city, as in the old days. I hoped that I would remember this time without them, and make the time for them in my life, no matter how busy I would be.

In isolation, I thought of how lucky I was to see so much of the world before this pandemic. I thought of how lovely it would be at a table that faced the streets of Paris or trekking across the bridges of Brooklyn and making friends with wonderful people as I did the last time I was there. I thought of how great it would be to share a drink with a friend in Tokyo, cramped together in a bar that really couldn't have fit either of us in there.

In isolation, I thought of how much work was a part of my life. I thought of the comfort of having a schedule, of doing a job that you truly had an interest in. I missed seeing the friends I had made at the hospital, the other residents, the attending surgeons, the nurses and all the other wonderful people that

make up a hospital.

In isolation, I never could have thought that the world would go through this. I don't think anyone could have. I thought of how, before all of this happened, we lived in a world which promoted analytics and those intellectuals that viewed the world only through tangible, objective data that could be crumpled and crunched into some statistical output. I wonder if those individuals will re-think their ideologies when this pandemic is all over.

In isolation, I thought of how insular our lives were before the pandemic. I thought of how people would wear their earphones while in public, their eyes glued onto their phone screens, sifting through the contents of their own digital, curated worlds. A mass of people could be congregated in a place together, but few words would be exchanged between one person and another. I admit, I behaved like this as well, but now, in solitude, I wondered why

I did such a thing.

In isolation, I thought about whether the virus represented a time in our history of self reflection through this self isolation. I thought about whether this pandemic, in the grander scheme of things, represented the world moving towards a time where people will contemplate the existence we lived before all of this happened, one where individuals would be forced to think about whether the lives they lead beforehand was meaningful to them in anyway. Maybe I was just thinking about myself, I thought.

In isolation, I hoped that I would remember all the things that I thought about when I was in isolation.



Ronald Haisen Nguyen is a general surgery resident. He was born and raised in Calgary, AB, and completed medical school in Saskatoon, SK. He is now a general surgery resident in Kingston, ON. His first publication, a short story entitled "Something Happening Somewhere", was printed in "Unsettled" magazine.

Poetry Corner

■ poems by
Francis Christian

REPORTING A PANDEMIC

Dust to dust and doom delivered
by newscasts dripping irony
in considered doses of despair;
feigning knowledge of ignorance,
feigning ignorance of absent panic
and knowledge from experts
claiming uncertainty.

But the web of knowledge weaves
chiffoned layers for me and you and John,
openly uncertain, uncertainly open
to imperfect measure of mortality.
Viral news tempered here
by tantrum of fierce competition
from other news summoned instantly.

I hear the grocer's shelves are bare
I hear that the markets have dived.
A commercial consumes our screens
something about dog biscuits ...
and then I hear as "breaking news"
that we are not to panic ...
that since the last sip of coffee,
another four are dead.

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<https://hekint.org>*

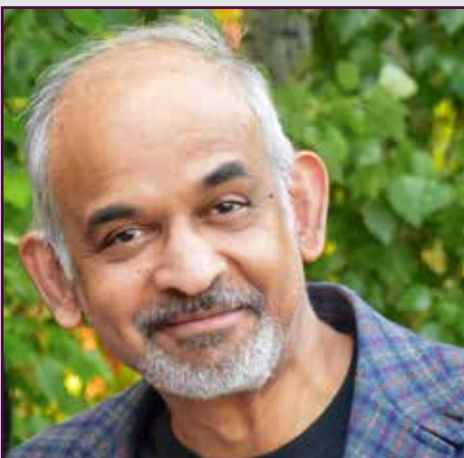


QUARANTINE

- April 2020

When they said you should sink
silent, soulless, to galloping oblivion,
fold your wings, flutter of descent
through rooftops from soaring blue,
feathers caught in stifling space,
now quiet, meek, quivering, composed ...
they said we were fighting a future
full of foreboding shapes,
dark as night, furtive shadows,
and even a sickle poised to strike.

They did not tell me spring so soon
would soften the snow, the ice,
call the twittering sparrow home,
send chimney smoke in spiraling plumes
toward an ever closer sun;
or that the robin would peck ceaselessly
on the frozen branch at my window -
glorious red on brown and white,
no song yet, but mocking misery
with roving, darting eyes.



Francis Christian is a poet and surgeon and the Editor of the Journal of The Surgical Humanities. His next book of poems, "To A Nurse Friend, Weeping" will be published later this year, by Harp Press.

■ COVID-19: A Surgeons Reflection from the Prairies

Ivar Mendez

Department of Surgery
University of Saskatchewan

The week of March 16, 2020 was hectic - the COVID-19 pandemic had finally reached Saskatchewan. After numerous and intense meetings, the surgical and institutional leadership of the Saskatchewan Health Authority had made the decision to postpone all elective surgeries in the Province of Saskatchewan.

As the Provincial Head of Surgery, it was my task to coordinate these postponements and ensure the provision of urgent and cancer surgical care across the Province. I was not alone in this task, I had with me a superb team of surgical leaders representing all surgical specialties and every region of Saskatchewan. Within 48 hours of this decision, all elective surgeries in the Province came to a halt. Although Saskatchewan had only confirmed 8 cases of COVID-19 infections at the time, the effects of the pandemic were immediate and affected our surgical services with tremendous force.

Since January of 2020, we had been following

the increasingly concerning reports of the rapid spread of a coronavirus epidemic in Wuhan, China. By March 9, 2020, COVID-19 had entered Europe with devastating effects on Italy that had declared a national Lockdown and had over 9,000 cases confirmed. Two days later, the WHO officially declared COVID-19 as a global pandemic.

Talk in the surgeon's lounges and the corridors of our hospitals revealed increasing apprehension, uncertainty and fear about the effects of the pandemic in our lives and our communities. On March 18, the Government of Saskatchewan declared a State of Emergency triggering mandatory closures of services, business and the instituting of travel restrictions. Our Province was officially on pandemic mode.

The leadership of the Department went into high gear. We started to plan a rapid increase in acute care capacity to accommodate a potential surge of COVID-19 patients in our hospital system. The Department established

a structure of decision making and rapid and effective diffusion of information to frontline surgical teams across the Province. Guidelines for the postponement of elective procedures and the elaboration of a roadmap for surgery resumption were also critical tasks. Most academic and teaching activities went virtual (figure 1).

COVID-19 algorithms that ensure the safety of our patients and surgical teams were successfully deployed across all surgical sites in Saskatchewan. The Department developed and deployed a proprietary smart phone App, called, “**Inventory**”, to have real-time information of the COVID-19 status of surgeons across the province (figure 2). **Inventory** also provides real-time information about areas of increase COVID-19 activity in the Province to ensure proper screening. Surgeons have at their fingertips, in real-time, access to all the necessary information to ensure the safety of

surgical teams and patients.

Although the dire projections of these initial days of the pandemic on the number of cases, hospitalizations and mortality never came to fruition in Saskatchewan, COVID-fatigue is now evident in my surgical colleagues and our health care workers. The surgical backlog of the initial postponement of elective surgery is weighing heavily on all of us. Uncertainty about the future is palpable.

As I write these lines, the number of COVID-19 cases in Saskatchewan are rising again and Flu season is around the corner. Preparations are being made to face a second and possible more severe COVID-19 wave. For seven months, we have been dealing with the greatest health care crisis in 100 years. During this pandemic time, the societal and personal toll has been significant but I have witnessed the triumph of the human spirit. The level of

Figure 1: Department of Surgery Research Day in COVID-19 times.





Figure 2: Dr Brian Ulmer, Surgical Area lead for Saskatoon using the COVID-19 app INVENTORY developed by the Department of Surgery to disseminate, in real-time, critical COVID-19 information to surgical teams across Saskatchewan.

support among colleagues and other health care workers has been exceptional and sustained on a daily basis. The dedication and selflessness of surgeons and surgical teams to provide care to COVID-19 positive patients has been exemplary. I have seen our Department coalesce into a highly efficient and committed

unit that has responded and continues to respond to the pandemic with resilience, compassion and a high degree of integrity. If there is a silver lining to the pandemic, it is the highlighting of these qualities that make us human.



About Dr. Ivar Mendez

Dr. Mendez is a neurosurgeon, professor and head of the department of surgery at the University of Saskatchewan. His life is an eloquent testimonial of the importance of the humanities to the life and career of a surgeon. His work as a sculptor and photographer have been recognized in many exhibitions of art and his bust sculpture of the famous Canadian neurosurgeon Charles Drake is installed in front of the University Hospital, London, Ontario. The Ivar Mendez International Foundation works to provide nutritional and dental care and art programs to children in the Bolivian Andes.

■ EXCISED INTERNALS: Figurative Art in the Pandemic Era

Colleen A.J. Smith

Master of Fine Arts & Saskatoon Artist

I am a classically trained figurative artist- some would say a traditionalist by trade. But the humble yet curious breadth of my arts career has been an investigation of how and where the artist, the artist's body, and the power of its gestural language can fit within the world's ever evolving cultural vernacular.

I aspire to create work which conveys transcendence – the visceral human body made ephemeral. I incorporate Ahmed's phenomenological notion of the artistic body 'dwelling' within, about and around the art as one creates it. And how one and one's art embodies and exists within, without and beyond the artistic space has more relevancy than ever when questioning the ephemerality of the body, the transcendence of self and identity in the pandemic era.

It is a time when the global



Artist Colleen Smith - in her own gallery

civilization is questioning where and what parts of our identities as both artists and viewers must be simultaneously forged and discarded to harmoniously align with a new definition of cultural accessibility. And one may question how the art of

traditional drawing and painting fits the new artistic narrative the pandemic culture is rapidly weaving.

It is a most intriguing tapestry. The infinite potential of social media's expedient gratification



"Close to God" - Colleen Smith: Oil on Vellum Paper

allows a whole new visual narrative to rise and be recognized. A narrative wherein which the act of bypassing traditional colonizing institutional structures all at once becomes synonymous with a reinvigorated appreciation of traditional mediums and fundamentals. Global viewers can now intimately acquaint themselves- via digital streaming- not only with the works of an artist but also form bonds between themselves, the artist, and their process with the rest of the global online community watching right alongside them.

During the summer of 2020 – a watermark period in our history as we now see it - I experienced first-hand how the phenomenon of ‘art at a distance’ in an ironic twist, could intimately link the viewer to the artist, the artist to their craft, and most importantly, the viewer to the creative process. The art world was faced with the unprecedented task of wholly sustaining itself on the pioneering strides of remote viewing accessibility.

My project began as a question of how the female body in art could transcend the traditional hegemonies of both the institutional and gallery space to surpass what Nead aptly describes as ‘the realms of objectified viewing.’ Due to the COVID-19 restrictions, I was forced to reconsider how and why my art deserved to evolve into something more meaningful than I’d initially envisioned.

The new parameters of working with the ultimate freedom of an absent tangible viewing space pushed the boundaries of traditional viewing, along with my own definition of comfort and technique. I knew that without the safety net of gallery guidelines and traditional curatorial process, I was all at once without regiment or structure.

I was in artistic isolation. There was no real precedence to guide me, only creative integrity prodding me forward. It was all at once fantastically titillating and dangerous territory. One within which I had no recourse but to hold myself wholly accountable for the



"Traces" - Colleen Smith: Oil on Vellum Paper

consequences which lay ahead, be they the product of success or failure. Surrendering the traditional exhibition space became instead an opportunity for experiential research – a process which accommodated a new way of being, embodying and seeing.

This new and uncomfortable way of navigating myself and my art echoed the trials and tribulations of people the world over as they encountered each new day of the pandemic culture as an independent and yet unified global body.

My exhibition, Excised Internals evolved into a continuous three-day performative mural drawing on the windows of the Institution of the University of Calgary. It involved documenting and sharing the creation experience on the social media platform of Facebook Live. The process formed a correlational dialogue of transparent exchange between the self, the drawings, the viewer, and the

Colleen Smith at work - preparatory sketch for Excised Internals



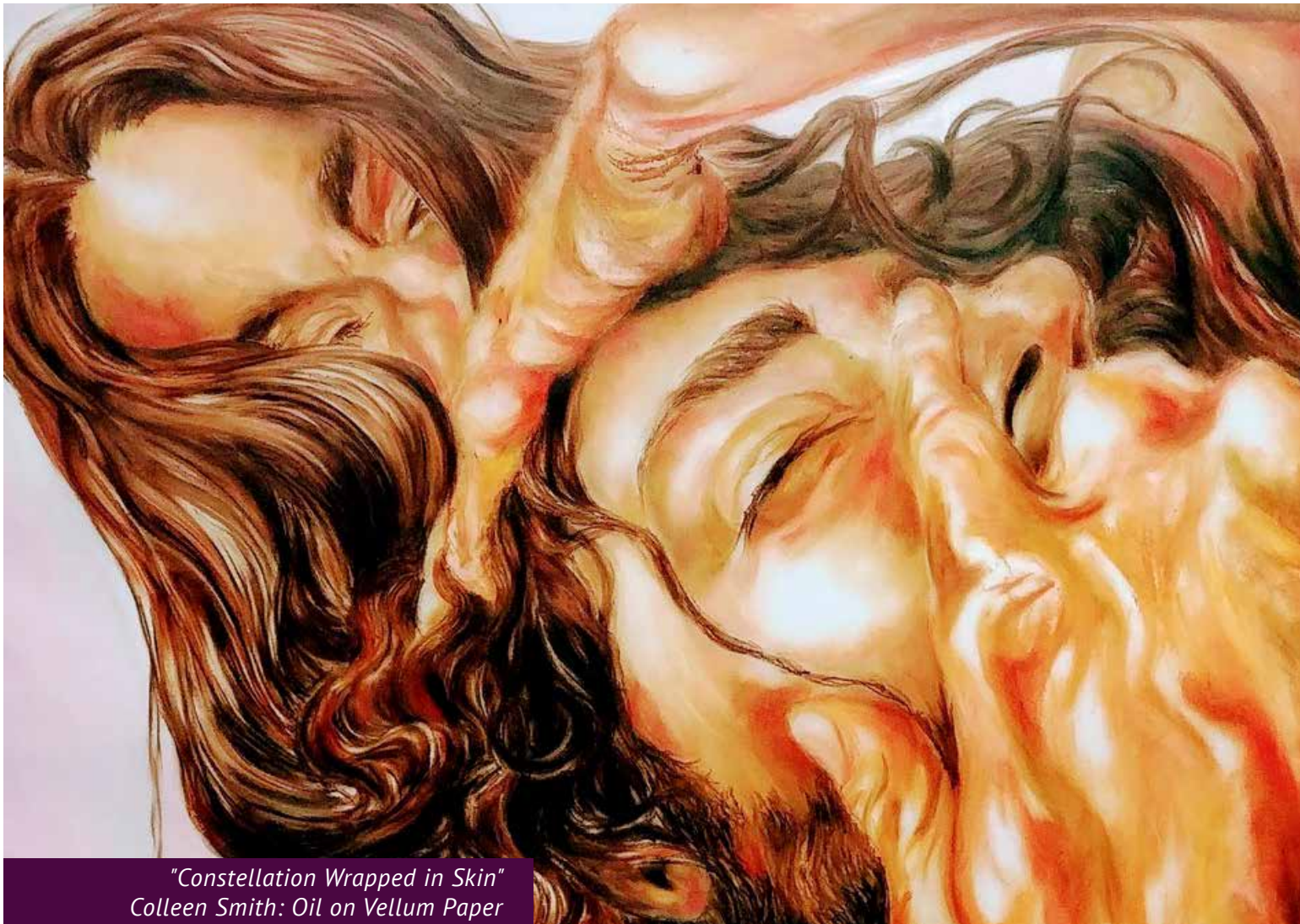
artistic and institutional/public/gallery space. In this new world of social media and the internet, my work was given life by the spontaneous ‘disruptive’ performance of people perennially walking by it in the hallway, as well as popping in and out of the Facebook Live Portal.

Viewers walking within, without and around the works as the images transformed were like cells of vital blood pumping through the veins of the living institution. The synthesis of my creation was contingent upon the body’s identity and material agency as present and changing in the flow of my body, the viewers, the institution, and the artwork itself. By ambling through, the viewer enacted a “different sort of repeating, in the breaking and subversive repetition” as they viewed and oriented themselves with and around the work. My work thus became an ‘incessant materialization of possibilities- a body that was ever evolving and changing within the fluid frames of society. It was constantly adhering to, breaking down and creating new standards of what it means to be autonomous and possess agency.

The culmination of *Excised Internals* was the inter-relational dialogue fashioned among the artwork, the institutional setting, and the informed viewer. It worked in a symbiotic way to create an autonomous existence for the visceral female body. This existence transcended the barriers of the frame, the flesh, the gallery, and the pandemic. It became a living visual experience, extending its power beyond any definition to which it has been previously confined.

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"Constellation Wrapped in Skin"
Colleen Smith: Oil on Vellum Paper



Colleen A.J. Smith is an artist based in Saskatoon, Saskatchewan, Canada who specializes in exploring the fluid presence /non-presence of the body through its gestural language. Her work captures the intimate relationships formed between the body, the medium and the spaces within which it all dwells and develops. Defining her art practice as a series of drawing hybrids, she explores these concepts through applying the foundations of drawing to a variety of 2D, installation and performance-based media including oils, acrylics, charcoal, ink, trace, index, action, and performance. The intimate nature of her physical body -its heat, movement and trace of touch provides a grounding of the physical to explore notions of the ephemeral. Her visual strategies deconstruct methods of traditional bodily representation and invite the experience of a shared humanity through the visceral instances of time, materiality, and the fluid performativity of self.

Colleen received her Master of Fine Arts degree at the University of Calgary; her work has been exhibited in galleries throughout Western Canada, the United States, and the United Kingdom. Her work can be found in private collections throughout Canada.

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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

Samuel Pepys (1633 – 1703) was many things in his time, but was perhaps best known during the 17th century for having brilliantly administered crucial arms of the then dysfunctional British government; and particularly for his indefatigable work as chief administrator of the English navy. In that latter role, his perseverance and very hard work succeeded in restoring the might of the English navy, during a period when the Dutch and French naval forces were on the ascendancy. By the time he left office, the English navy had increased its count of "state of the art" battleships from 30 to 59. The latter in turn, enabled England to embark on the age of imperialist.

His fame however, rests on his brilliant literary masterpiece, his Diaries, which he assiduously kept between his 27th and 36th years. The diaries fill 6 quarto volumes and is a unique, brilliant record of both the everyday, commonplace affairs of life and the larger issues that transcend time.

The Editor of this Journal has chosen the year 1665 of Pepys' Diary, the year of the "great London plague," and has extracted several entries from that year that relate directly to the plague and to life in 17th century London during what must have been a terrifying time.

The Great London Plague of 1665 was not in fact a new affliction, but a massive exacerbation of an endemic disease carried by rats and fleas, that had smoldered upon the ruins of the "black death" pandemic between 1347 and 1351, which in turn had decimated the population of Europe – 25 million people in Europe are said to have died from the plague during the time of the black death and in England alone, more than 1000 villages were completely depopulated. The "great London plague" of 1665-66, like the covid pandemic, caused its greatest devastation in densely crowded areas of the city, especially where the poor were crowded together in desperate living conditions. The rich and well connected could get out of the city and into the relative safety of the countryside. But for the poor – and often for physicians and apothecaries (physician assistants) - there was no escape.

Quarantine and other orders in the absence of solid science to back them, has very often exacerbated the problem and increased mortality rates in pandemics and epidemics. During the time of the

great London plague, the city of London printed and distributed a book of “Orders” which mandated afflicted plague patients to remain indoors, with the rest of his or her extended family. Human to human transmission was uncommon (the disease is carried by rats and the bacterium, *Yersinia Pestis*, is transmitted by the flea that feeds on both rats and human beings), but unaffected members of the “boarded up” household were exposed to the same conditions (rats and fleas) that had made other members of the household sick! At that time, with no knowledge of the cause of the disease, decisions were being made on guesswork scenarios, which increased mortality rates.

The great London plague killed at least 65,000 people in London alone – although the number is more likely to be close to 100,000 (out of a total population of 460,000).

Happily, as Pepys eloquently records in his diary, the mortality rate fell suddenly in December of 1665, through that winter and into 1666, with relatively few deaths being recorded that year.

- F.C.

■ The GREAT PLAGUE of LONDON:

Extracts from the diary of Samuel Pepys (1665)

*- Selected and with each diary entry introduced
by Francis Christian*

Samuel Pepys (pronounced “peeps”) notes with some alarm that the plague was “growing upon us” in London and that the “remedies” proposed were contradictory and confusing.

24th May - Up, and by 4 o'clock in the morning, and with W. Hewer, there till 12 without intermission putting some papers in order. Thence to the Coffee-house with Creed, where I have not been a great while, where all the news is of the Dutch being gone out, and of the plague growing upon us in this town; and of remedies against it: some

saying one thing, some another.

Mr. Pepys goes about his daily work and leisure – but notes two red Crosses painted upon the doors of London houses; and is saddened at yet another reminder of the plague. He tries to chew tobacco to ward away the disease – one of several remedies believed to work ...

7th June - This morning my wife and mother rose about two o'clock; and with Mercer, Mary, the boy, and W. Hewer, as they had designed, took boat



*Portrait of Samuel Pepys. John Ingamells,
National Portrait Gallery, London*



THE GREAT PLAGUE: SCENES IN THE STREETS OF LONDON. (See p. 210.)

Two men discovering a dead woman in the street during the great plague of London. Wood Engraving by J. Jellicoe after H. Railton.

and down to refresh themselves on the water to Gravesend. Lay till 7 o'clock, then up and to the office upon Sir G. Carteret's accounts again, where very busy; thence abroad and to the 'Change, no news of certainty being yet come from the fleet. Thence to the Dolphin Tavern, where Sir J. Minnes, Lord Brunkard, Sir Thomas Harvy, and myself dined, upon Sir G. Carteret's charge, and very merry we were, Sir Thomas Harvy being a very droll.

Thence, it being the hottest day that ever I felt in my life, and it is confessed so by all other people

the hottest they ever knew in England in the beginning of June, we to the New Exchange, and there drunk whey, with much entreaty getting it for our money, and [they] would not be entreated to let us have one glass more. So took water and to Fox-Hall, to the Spring garden, and there walked an hour or two with great pleasure ... Here staid pleasantly walking and spending but 6d. till nine at night, and then by water to White Hall, and there I stopped to hear news of the fleet, but none come, which is strange, and so by water home, where, weary with walking and with the mighty heat of the weather, and for my wife's not coming home, I staying walking in the garden till twelve at night, when it begun to lighten exceedingly, through the greatness of the heat. Then despairing of her coming home, I to bed. This day, much against my will, I did in Drury Lane see two or three houses marked with a red cross upon the doors, and "Lord have mercy upon us" writ there; which was a sad sight to me, being the first of the kind that, to my remembrance, I ever saw. It put me into an ill conception of myself and my smell, so that I was forced to buy some roll-tobacco to smell to and chew, which took away the apprehension.

Pepys notes the plague is "come into the city" and is detected in the street where his doctor lives! He asks God to prepare him, should death arrive.

10th June - Lay long in bed, and then up and at the office all the morning.

At noon dined at home, and then to the office busy all the afternoon. In the evening home to supper; and there, to my great trouble, hear that the plague is come into the City (though it hath these three or four weeks since its beginning been wholly out of the City); but where should it begin but in my good friend and neighbour's, Dr. Burnett, in Fanchurch Street: which in both points troubles me mightily. To the office to finish my letters and then home to bed, being troubled at

the sickness, and my head filled also with other business enough, and particularly how to put my things and estate in order, in case it should please God to call me away, which God dispose of to his glory!

The plague is clearly established now and Pepys' doctor has shut his door and isolated himself. But life clearly has to go on.

11th June (Lord's day) - Up, and expected long a new suit; but, coming not, dressed myself in my late new black silken camelott suit; and, when fully ready, comes my new one of coloured ferrandin, which my wife puts me out of love with, which vexes me, but I think it is only my not being used to wear colours which makes it look a little unusual upon me. To my chamber and there spent the morning reading. At noon, by invitation, comes my two cozen Joyces and their wives, my aunt James and he-cozen Harman, his wife being ill. I had a good dinner for them, and as merry as I could be in such company. They being gone, I out of doors a little, to shew, forsooth, my new suit, and back again, and in going I saw poor Dr. Burnett's door shut; but he hath, I hear, gained great goodwill among his neighbours; for he discovered it himself first, and caused himself to be shut up of his own accord: which was very handsome. In the evening comes Mr. Andrews and his wife and Mr. Hill, and staid and played, and sung and supped, most excellent pretty company, so pleasant, ingenious, and harmless, I cannot desire better. They gone we to bed, my mind in great present ease.

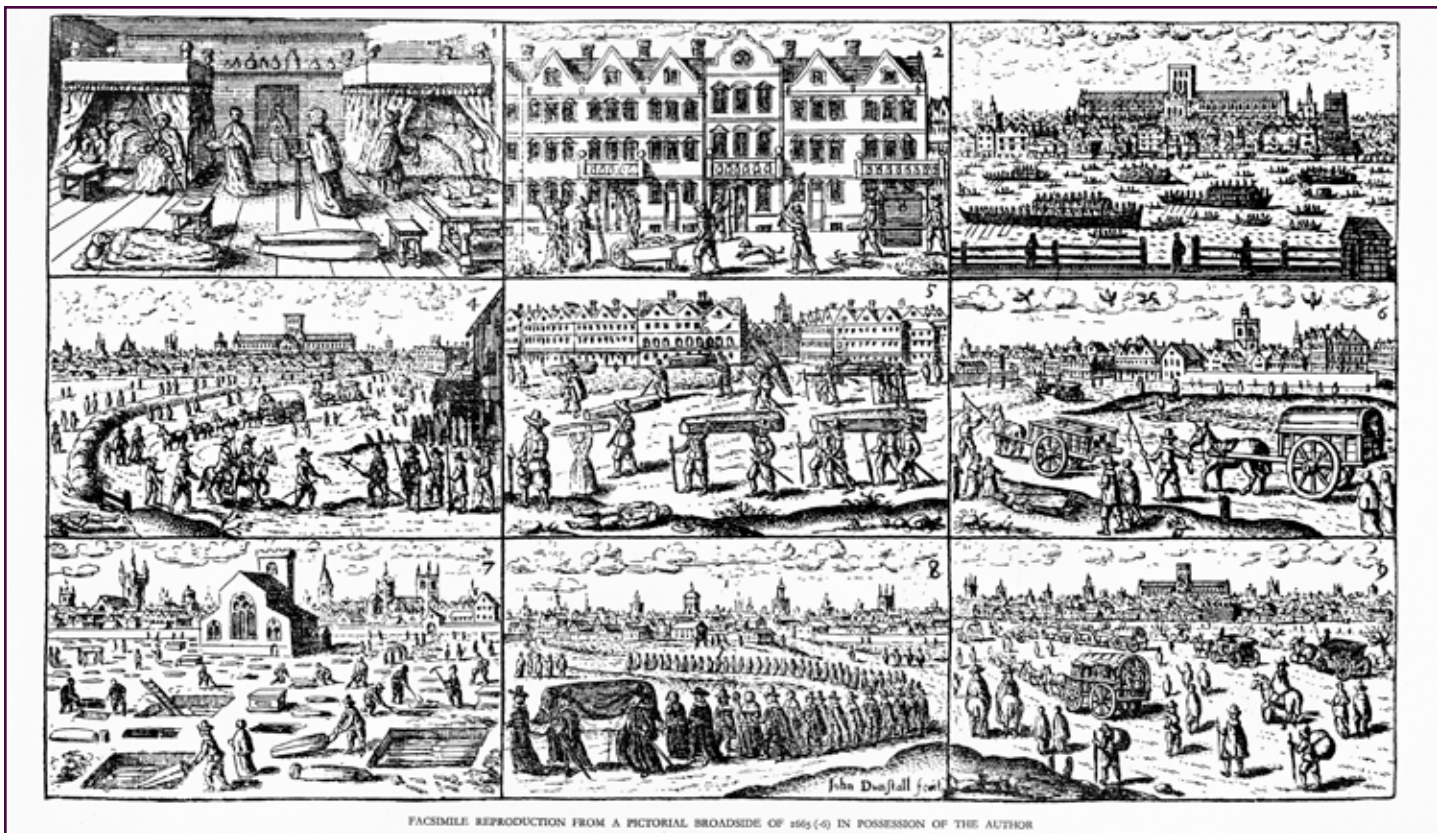
Pepys' coachman falls dramatically ill – and the author is troubled

about whether he himself would contract the plague.

17th June - To the office late, and then home to bed. It struck me very deep this afternoon going with a hackney coach from my Lord Treasurer's down Holborne, the coachman I found to drive easily and easily, at last stood still, and come down hardly able to stand, and told me that he was suddenly struck very sick, and almost blind, he could not see; so I 'light and went into another coach, with a sad heart for the poor man and trouble for myself, lest he should have been struck with the plague, being at the end of the town that I took him up;



A terrified man realizing he has just contracted the plague, surrounded by a group of people. Chalk drawing by E.M. Ward, 1848.



A 1666 engraving by John Dunstall depicts deaths and burials in London during the bubonic plague.

but God have mercy upon us all! Sir John Lawson, I hear, is worse than yesterday: the King went to see him to-day most kindly.

Is it getting better? Are the numbers down? And yet life must go on.

20th June - Thanks-giving-day for victory over ye Dutch. Up, and to the office, where very busy alone all the morning till church time, and there heard a mean sorry sermon of Mr. Mills. Then to the Dolphin Taverne, where all we officers of the Navy met with the Commissioners of the Ordnance by agreement, and dined: where good musique at my direction.

Thence after dinner, to White Hall with Sir W. Berkely in his coach, and so walked to Herbert's and there spent a little time.... Thence by water to Fox-hall, and there walked an hour alone, and so to my office, where late, my wife not being come home with my mother. So I home and to supper and to bed, my wife come home when I come from the office. This day I informed myself that there died four or five at Westminster of the plague in one alley in several houses upon Sunday last, Bell

Alley, over against the Palace-gate; yet people do think that the number will be fewer in the town than it was the last week!

Mr. Pepys realizes his mother must leave London for the country – and sends her away. Then finds many others streaming out of the city.

21st June - Up, and very busy all the morning. Home, and my uncle Wight and aunt James dined with me, my mother being to go away to-morrow. So to White Hall, and there before and after Council discoursed with Sir Thomas Ingram about our ill case as to Tangier for money. He hath got the King to appoint a meeting on Friday, which I hope will put an end one way or other to my pain. So homewards and to the Cross Keys at Cripplegate, where I find all the towne almost going out of towne, the coaches and waggons being all full of people going into the country. Here I had some of the company of the tapster's wife a while, and so home to my office, and then home to supper and to bed.

The plague is increasing "mightily" again ...

26th June - So, weary, home, and to my office a while, till almost midnight, and so to bed. The plague increases mightily, I this day seeing a house, at a bitt-maker's over against St. Clement's Church, in the open street, shut up; which is a sad sight.

There was a "Mortality Bill" that was published by the city of London, that documented deaths from the plague. Clearly, Mr. Pepys was following the figures closely, from week to week ...

29th June - Up and by water to White Hall, where the Court full of waggons and people ready to go out of town. To the Harp and Ball, and there drank and talked with Mary, she telling me in discourse that she lived lately at my neighbour's, Mr. Knightly, which made me forbear further discourse. This end of the towne every day grows very bad of the plague. The Mortality Bill is come to 267; which is about ninety more than the last: and of these but four in the City, which is a great blessing to us.

According to the "Bills of Mortality", the total number of deaths in London for the week ending June 27th was 684, of which number 267 were deaths from the plague.

The number of deaths rose week by week until September 19th, when the total was 8,297, and the deaths from the plague 7,165.

On September 26th the total had fallen to 6,460, and deaths from the plague to 5,533. The number fell gradually, week by week, till October 31st, when the total was 1,388, and deaths from the plague 1,031.

On November 7th there was a rise to 1,787 and 1,414 respectively.

On November 14th the numbers had gone down to 1,359 and 1,050 respectively.

On December 12th the total had fallen to 442, and deaths from the plague to 243.

On December 19th there was a rise to 525 and 281 respectively.

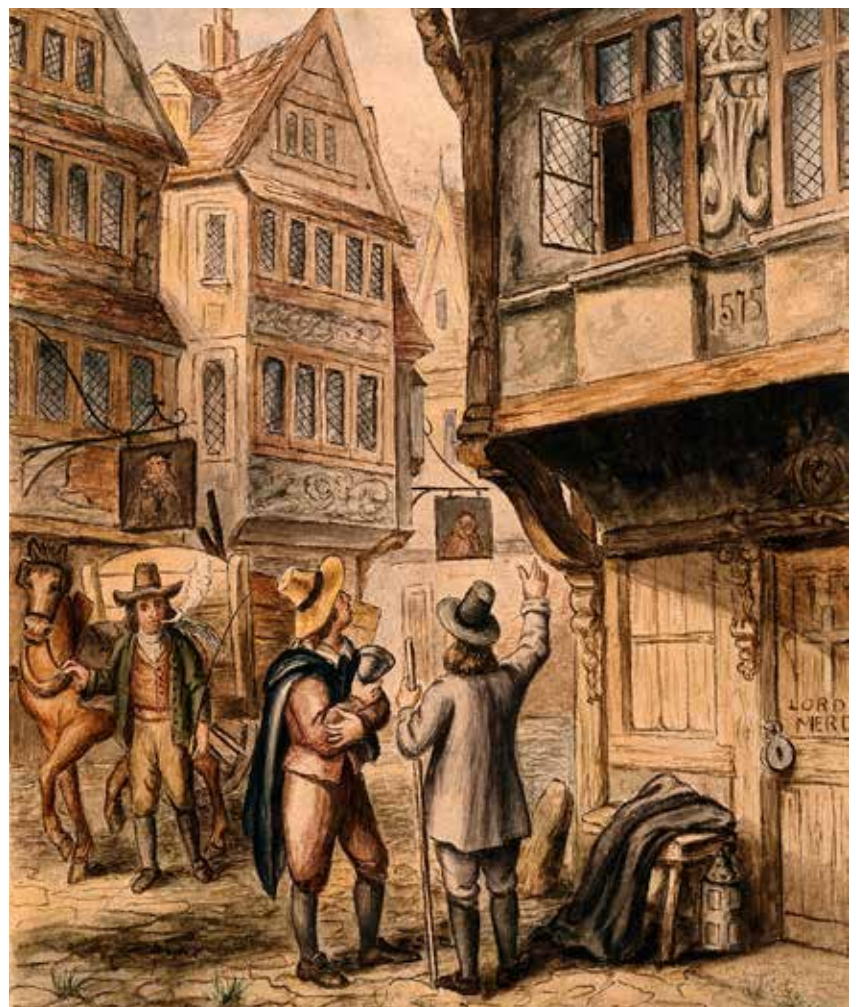
The total of burials in 1665 was 97,506, of which number the plague claimed 68,596 victims.

- *Extracted from the "Diary of Samuel Pepys" 1893 edition edited by Henry B. Wheatley - Gutenberg text.*

Further news of houses "shut up" on account of the plague.

1st July - Called up betimes, though weary and sleepy, by appointment by Mr. Povy and Colonel Norwood to discourse about some payments of Tangier. They gone, I to the office and there sat all the morning. At noon dined at home, and then to the Duke of Albemarle's, by appointment ... Thence by coach and late at the office, and so to bed. Sad at the news that seven or eight houses in Bazing Hall street, are shut up of the plague.

Some hope of decrease of the plague in London - but this is offset by the disease "raging" in several



A cart for transporting the dead in London during the great plague. Watercolour painting by or after G. Cruikshank, George, 1792-1878.

other places.

4th July - Up, and visited very betimes by Mr. Sheply, who is come to town upon business from Hinchbrooke, where he left all well. I out and walked along with him as far as Fleet Streete, it being a fast day, the usual fast day for the plague, and few coaches to be had. Thanks be to God, the plague is, as I hear, increased but two this week; but in the country in several places it rages mightily, and particularly in Colchester, where it hath long been, and is believed will quite depopulate the place.

The plague has probably increased crime – and Pepys lies in fear of being robbed.

7th July - It proved the hottest night that ever I was in in my life, and thundered and lightened all night long and rained hard. But, Lord! to see in what fears I lay a good while, hearing of a little

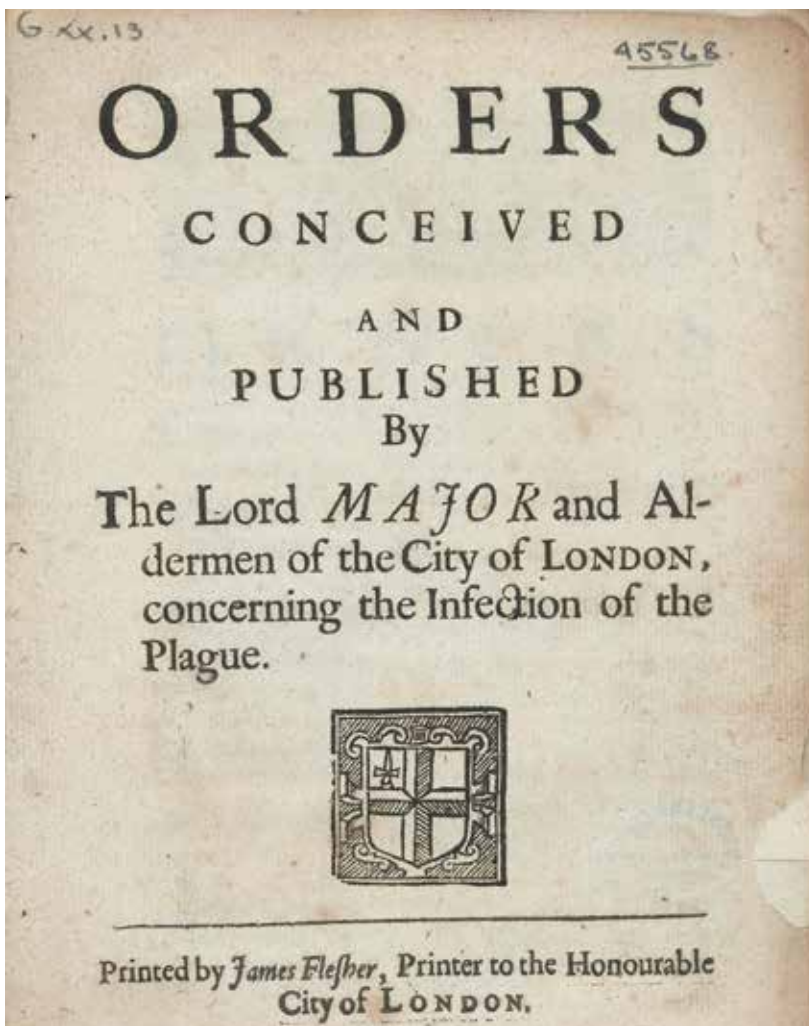
noise of somebody walking in the house: so rung the bell, and it was my maids going to bed about one o'clock in the morning. But the fear of being robbed, having so much money in the house, was very great, and is still so, and do much disquiet me.

Cases and deaths are increasing in London again. A friend gives Pepys "plague-water" to take home – one of several remedies thought to protect against the disease.

20th July - So walked to Redriffe, where I hear the sickness is, and indeed is scattered almost everywhere, there dying 1089 of the plague this week. My Lady Carteret did this day give me a bottle of plague-water home with me. So home to write letters late, and then home to bed, where I have not lain these 3 or 4 nights. This afternoon I waited on the Duke of Albemarle, and so to Mrs. Croft's, where I found and saluted Mrs. Burrows, who is a very pretty woman for a mother of so many children. But, Lord! to see how the plague spreads. It being now all over King's Streete, at the Axe, and next door to it, and in other places.

Disputes about burial places for the dead – and Pepys' doctor is accused of killing his servant, when in fact he died of the plague.

22nd July ... I to Fox-hall, where to the Spring garden; but I do not see one guest there, the town being so empty of anybody to come thither. Only, while I was there, a poor woman come to scold with the master of the house that a kinswoman, I think, of hers, that was newly dead of the plague, might be buried in the church-yard; for, for her part, she should not be buried in the commons, as they said she should. Back to White Hall, and by and by comes the Duke of Albemarle, and there, after a little discourse, I by coach home, not meeting with but two coaches, and but two carts from White Hall to my own house, that I could observe; and the streets mighty thin of people. I met this noon with Dr. Burnett, who told me, and I find in the newsbook this week that he posted upon the 'Change,



Plague orders published by the Lord Mayor and Aldermen of the City of London, 1665.



RUNAWAYS FLEEING FROM THE PLAGUE

The wealthy fleeing from the plague.

that whoever did spread the report that, instead of the plague, his servant was by him killed, it was forgery, and shewed me the acknowledgment of the master of the pest-house, that his servant died of a bubo on his right groin, and two spots on his right thigh, which is the plague. So to bed very late. In my way I called upon Sir W. Turner, and at Mr. Shelcrosse's (but he was not at home, having left his bill with Sir W. Turner), that so I may prove I did what I could as soon as I had money to answer all bills.

The chaplain dies. But there is time for simple pleasures too.

28th July - But, Lord! to see in what fear all the people here do live would make one mad, they are afraid of us that come to them, insomuch that I am troubled at it, and wish myself away. But some cause they have; for the chaplain, with whom but a week or two ago we were here mighty high disputing, is since fallen into a fever and dead, being gone hence to a friend's a good way off. A sober and a healthful man. These considerations make us all hasten the marriage, and resolve it upon Monday next, which is three days before we intended it. Mighty merry all of us, and in the evening with full content took coach again and home by daylight with great pleasure, and thence I down to Woolwich, where find my wife well, and after drinking and talking a little we to bed.

Death being announced by the toll of church bells.

30th July - It was a sad noise to hear our bell to toll and ring so often today, either for deaths or burials; I think five or six times. At night weary with my day's work, but full of joy at my having done it, I to bed, being to rise betimes tomorrow to go to the wedding at Dagenhams. So to bed, fearing I have got some cold sitting in my loose garments all this day.

Encounter with a corpse.

15th August - Up by 4 o'clock and walked to Greenwich, where called at Captain Cocke's ... It was dark before I could get home, and so land at Church-yard stairs, where, to my great trouble, I met a dead corpse of the plague, in the narrow ally just bringing down a little pair of stairs. But I thank God I was not much disturbed at it. However, I shall beware of being late abroad again.

Pepys' physician Dr. Burnett dies of the plague.

25th August - Up betimes to the office, and there, as well as all the afternoon, saving a little dinner time, all alone till late at night writing letters and doing business, that I may get beforehand with my business again, which hath run behind a great while, and then home to supper and to bed. This day I am told that Dr. Burnett, my physician, is this morning dead of the plague; which is strange, his man dying so long ago, and his house this month open again. Now himself dead. Poor unfortunate man!

Bills of Mortality from August 15th-22nd, 1665. Note the meticulous recording of deaths and the precise locations of those who died.

London 35		From the 15 of August to the 22.		1665	
	Bur. Plag.		Bur. Plag.		Bur. Plag.
S ^t Alban Woodstreet	11 8	S ^t George Botolphlane	9 5	S ^t Martin Ludgate	4 4
Alhallowes Barking	13 11	S ^t Gregory by S ^t Pauls	11 11	S ^t Martin Orgars	8 6
Alhallowes Breadstreet	1 1	S ^t Helen	11 11	S ^t Martin Outwich	1 1
Alhallowes Great	6 5	S ^t James Dukes place	7 5	S ^t Martin Vintry	17 17
Alhallowes Honylane	3 2	S ^t James Garlickhithe	3 1	S ^t Matthew Fridaystreet	1 1
Alhallowes Lette	3 2	S ^t John Baptists	7 4	S ^t Maudlin Milkstreet	2 2
Alhallowes Lombardstreet	6 4	S ^t John Evangelist	1 1	S ^t Maudlin Oldfishstreet	8 4
Alhallowes Staining	7 5	S ^t John Zachary	1 1	S ^t Michael Bassishaw	12 11
Alhallowes the Wall	23 11	S ^t Katharine Coleman	5 1	S ^t Michael Cornhill	3 1
S ^t Alphege	18 10	S ^t Katharine Creechurch	7 4	S ^t Michael Crookedlane	7 4
S ^t Andrew Hubbard	1 1	S ^t Lawrence Jewry	2 1	S ^t Michael Queenhithe	7 6
S ^t Andrew Underhate	14 9	S ^t Lawrence Pountney	6 5	S ^t Michael Quern	1 1
S ^t Andrew Wardrobe	21 16	S ^t Leonard Eastcheap	1 1	S ^t Michael Royal	2 1
S ^t Ann Alderigate	18 11	S ^t Leonard Fotherlane	17 13	S ^t Michael Woodstreet	2 1
S ^t Ann Blackryers	22 17	S ^t Magnus Parish	2 2	S ^t Mildred Breadstreet	2 1
S ^t Anholms Parish	1 1	S ^t Margaret Lothbury	2 1	S ^t Mildred Poultry	4 3
S ^t Austins Parish	1 1	S ^t Margaret Moses	1 1	S ^t Nicholas Acons	1 1
S ^t Bartholomew Exchange	2 2	S ^t Margaret Newfishstreet	1 1	S ^t Nicholas Coleabby	1 1
S ^t Benner Fynck	2 2	S ^t Margaret Pattons	1 1	S ^t Nicholas Olaves	3 1
S ^t Benner Gracechurch	1 1	S ^t Mary Abchurch	1 1	S ^t Olave Hartstreet	7 4
S ^t Benner Paulwharf	16 8	S ^t Mary Aldermanbury	11 5	S ^t Olave Jewry	1 1
S ^t Benner Sherehog	1 1	S ^t Mary Aldermay	2 1	S ^t Olave Silverstreet	23 15
S ^t Boroloph Billinggate	2 2	S ^t Mary le Bow	6 6	S ^t Pancras Superciane	1 1
Christs Church	27 22	S ^t Mary Bothaw	1 1	S ^t Peter Cheap	1 1
S ^t Christophers	1 1	S ^t Mary Colechurch	1 1	S ^t Peter Cornhill	7 6
S ^t Clement Eastcheap	2 2	S ^t Mary Hill	2 1	S ^t Peter Paulwharf	5 2
S ^t Dionis Backchurch	2 1	S ^t Mary Mounchaw	1 1	S ^t Peter Poor	3 2
S ^t Dunstan East	7 2	S ^t Mary Sommerfet	6 5	S ^t Steven Colemanstreet	15 11
S ^t Edmund Lombardstr.	2 2	S ^t Mary Scayning	1 1	S ^t Steven Walbrook	1 1
S ^t Eshelborough	13 7	S ^t Mary Woolchurch	1 1	S ^t Swithin	2 2
S ^t Faith	6 6	S ^t Mary Woolnoth	1 1	S ^t Thomas Apostle	8 7
S ^t Foster	13 11	S ^t Martin Ironmongerlane	1 1	Trinity Parish	5 3
S ^t Gabriel Fenchurch	1 1				
Christied in the 97 Parishes within the Walls		34 Buried		538 Plague	
S ^t Andrew Holboen	232 220	S ^t Botolph Aldgate	228 212	Saviours Southwark	160 120
S ^t Bartholomew Great	58 50	S ^t Botolph Bishopgate	288 236	S. Sepulchres Parish	403 274
S ^t Bartholomew Lette	19 15	S ^t Dunstan West	36 29	S ^t Thomas Southwark	24 21
S ^t Bridget	147 119	S ^t George Southwark	80 60	Trinity Minorities	8 5
S ^t Bridwel Precinct	7 5	S ^t Giles Cripplegate	847 572	At the Pesthouse	9 9
S ^t Boroloph Alderigate	70 61	S ^t Olave Southwark	235 131		
Christied in the 16 Parishes without the Walls		61 Buried		and at the Pesthouse—2861 Plague—2139	
S ^t Giles in the fields	204 175	Lambeth Parish	13 9	S ^t Mary Illington	30 45
Hackney Parish	12 8	S ^t Leonard Shoreditch	252 168	S ^t Mary Whitechappel	319 270
S ^t James Clerkenwel	172 172	S ^t Magdalen Bermondsey	57 36	Rotherhithe Parish	7 2
S ^t Kath. near the Tower	40 34	S ^t Mary Newington	74 52	Stepney Parish	37 273
Christied in the 12 out Parishes in Middlesex and Surry		49 Buried		1571 Plague—1244	
S ^t Clement Danes	94 78	S ^t Martin in the fields	255 193	S ^t Margaret Westminster	220 191
S ^t Paul Covent Garden	18 16	S ^t Mary Savoy	11 10	besides at the Pesthouse	13
Christied in the 5 Parishes in the City and Liberties of Westminster		27 Buried		598 Plague—488	

K. 32

towards Moorefields to see (God forbid my presumption!) whether I could see any dead corpses going to the grave; but, as God would have it, did not. But, Lord! how every body's looks, and discourse in the street is of death, and nothing else, and few people going up and down, that the town is like a place distressed and forsaken.

Pepys' boatman (on the river Thames) falls ill with the plague - and Pepys believes that he had escaped contact with him by a whisker ...

10th September (Lord's day). Walked home; being forced thereto by one of my watermen falling sick yesterday, and it was God's great mercy I did not go by water with them yesterday, for he fell sick on Saturday night, and it is to be feared of the plague. So I sent him away to London with his fellow; but another boat come to me this morning, whom I sent to Blackwall for Mr. Andrews. I walked to Woolwich, and there find Mr. Hill, and he and I all the morning at musique and a song he hath set of three parts, methinks, very good.

Pepys father-in-law is ill and about to die. His wife was French, the daughter of French Huguenot refugees to England.

Mr. Pepys doubts the number of deaths being reported and suspects the mortality is much worse than published. The city looks "distressed and forsaken."

30th August - Up betimes and to my business of settling my house and papers, and then abroad and met with Hadley, our clerk, who, upon my asking how the plague goes, he told me it increases much, and much in our parish; for, says he, there died nine this week, though I have returned but six: which is a very ill practice, and makes me think it is so in other places; and therefore the plague much greater than people take it to be. Thence, as I intended, to Sir R. Viner's, and there found not Mr. Lewes ready for me, so I went forth and walked

12th September - Up, and walked to the office, where we sat late, and thence to dinner home with Sir J. Minnes, and so to the office, where writing letters, and home in the evening, where my wife shews me a letter from her brother speaking of their father's being ill, like to die, which, God forgive me! did not trouble me so much as it should, though I was indeed sorry for it. I did presently resolve to send him something in a letter from my wife, viz. 20s (shillings). So to bed.

Business must go on. And relief that a friend had been ill with something other than the plague.

15th September - Up, it being a cold misting morning, and so by water to the office, where very busy upon several businesses. At noon got the messenger, Marlow, to get me a piece of bread and butter and cheese and a bottle of beer and ale, and so I went not out of the office but dined off that, and my boy Tom, but the rest of my clerks went home to dinner. Then to my business again, and by and by sent my waterman to see how Sir W. Warren do, who is sick, and for which I have reason to be very sorry, he being the friend I have got most by of most friends in England but the King: who returns me that he is pretty well again, his disease being an ague.

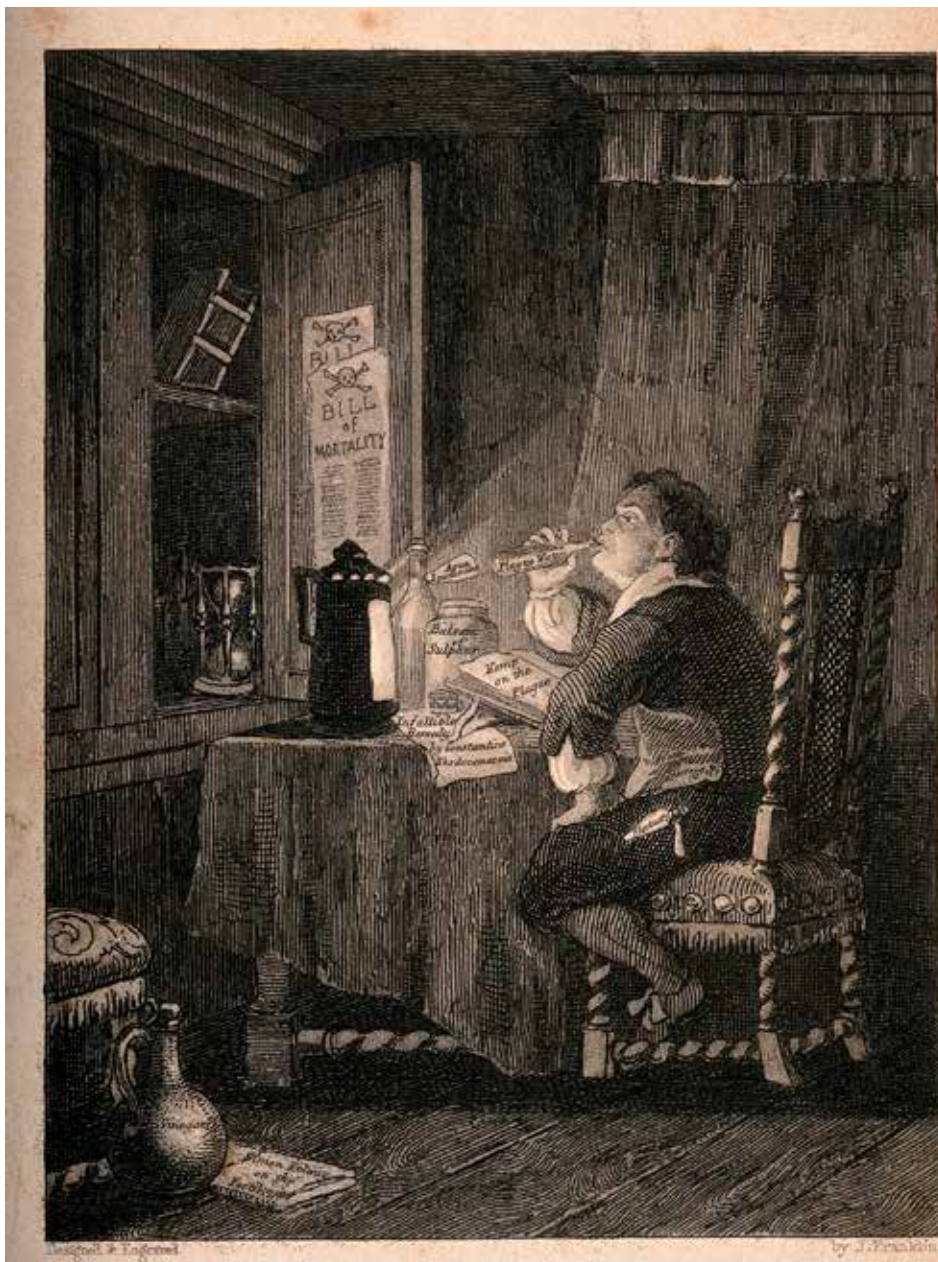
Indulges in music and hears a "very good" sermon in church.

17th September (Lord's day) - Up, and before I went out of my chamber did draw a musique scale, in order to my having it at any time ready in my hand to turn to for exercise, for I have a great mind in this Vacation to perfect myself in my scale, in order to my practising of composition, and so that being done I down stairs, and there find Captain Cocke under the barber's hands, the barber that did heretofore trim Commissioner Pett, and with whom I have been. He offered to come this day after dinner with his violin to play me a set of Lyra-ayres upon it, which I was glad of, hoping to be merry thereby. Being ready we to church, where a company of fine people to church, and a fine Church, and very good sermon, Mr. Plume' being a very excellent scholar and preacher.

Has a hair-cut and trim at last. Deaths from the plague up again and people are self-quarantining ...

20th September - Called up by Captain Cocke (who was last night put into great trouble upon his boy's being rather worse than better, upon which

he removed him out of his house to his stable), who told me that to my comfort his boy was now as well as ever he was in his life. So I up, and after being trimmed, the first time I have been touched by a barber these twelvemonths, I think, and more ... But, Lord! what a sad time it is to see no boats upon the River; and grass grows all up and down White Hall court, and nobody but poor wretches in the streets! And, which is worst of all, the Duke showed us the number of the plague this week, brought in the last night from the Lord



Blaise tasting the Plague Medicines,

A man consuming many antidotes to the plague during the Great Plague of London. Etching by J. Franklin.

Mayor; that it is increased about 600 more than the last, which is quite contrary to all our hopes and expectations, from the coldness of the late season. For the whole general number is 8,297, and of them the plague 7,165; which is more in the whole by above 50, than the biggest Bill yet; which is very grievous to us all.

Goes to the local market ... buys "fine fish" and spices and believes he's struck a bargain with the spices ...

24th September (Lord's day) - Waked, and up and drank, and then to discourse; and then being about Grayes, and a very calm, curious morning, we took our wherry, and to the fishermen, and bought a great deal of fine fish, and to Gravesend to White's, and had part of it dressed; and, in the meantime, we to walk about a mile from the towne, and so back again; and there, after breakfast, one of our watermen told us he had heard of a bargain of cloves for us, and we went to a blind alehouse at the further end wretched dirty seamen, who, of the towne to a couple of poor wretches, had got together about 37 lb. of cloves and to 10 of nutmeggs, and we bought them of them, the first at 5s. 6d. per lb. and the latter at 4s.; and paid them in gold; but, Lord! to see how silly these men are in the selling of it, and easily to be persuaded

almost to anything, offering a bag to us to pass as 20 lbs. of cloves, which upon weighing proved 25 lbs. But it would never have been allowed by my conscience to have wronged the poor wretches, who told us how dangerously they had got some, and dearly paid for the rest of these goods

The streets are overflowing with the gravely ill. But many physicians and their assistants have also perished in the plague. It is unclear how Pepys foresees a time of "decrease" of cases "this week" but as it turned out, he was quite correct ... for the epidemic was on its last legs ...

16th God knows what will become of all the King's matters in a little time, for he runs in debt every day, and nothing to pay them looked after. Thence I walked to the Tower; but, Lord! how empty the streets are and melancholy, so many poor sick people in the streets full of sores; and so many sad stories overheard as I walk, everybody talking of this dead, and that man sick, and so many in this place, and so many in that. And they tell me that, in Westminster, there is never a physician and but one apothecary left, all being dead; but that there are great hopes of a great decrease this week: God send it!

Christmas day in Church and a wedding on the same day ...

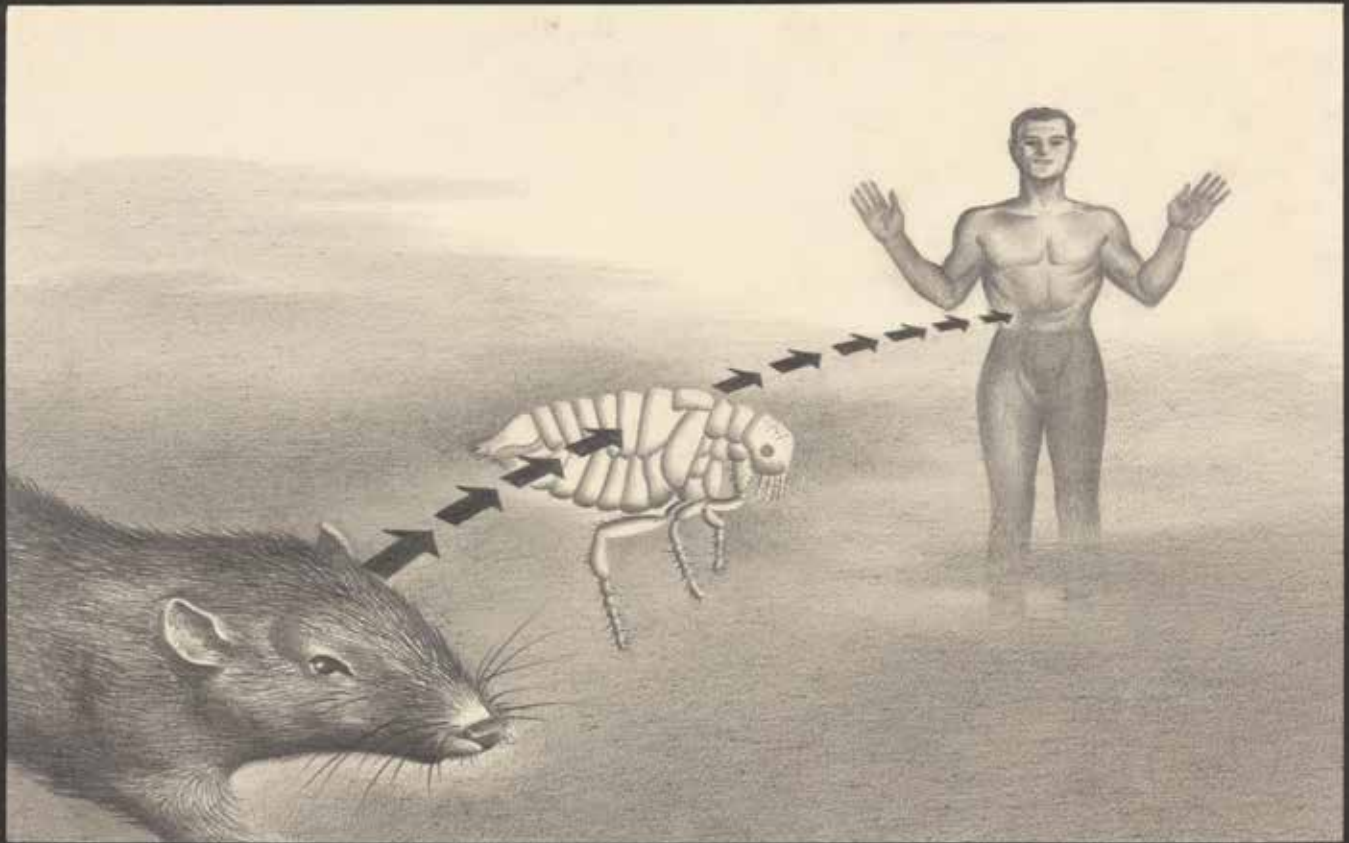
25th (Christmas-day). To church in the morning, and there saw a wedding in the church, which I have not seen many a day; and the young people so merry one with another, and strange to see what delight we married people have to see these poor fools decoyed into our condition, every man and woman gazing and smiling at them.

The great pall of suffering lifts at last – and the plague is finally on the retreat. Shops are open again and people are out in the streets once more.

31st (Lord's day). All the morning in my chamber, writing fair the state of my Tangier accounts, and so dined at home.

Yersinia Pestis- Gram negative, rod shaped coccobacillus.





The path of infection of plague from rats via fleas to man. Drawing by A.L. Tarter, 1940. Yersinia Pestis, the bacterium responsible for plague was discovered in 1894 by Alexandre Yersin. But it would be another 50 years before antibiotics became widely available.

Thus ends this year, to my great joy, in this manner. I have raised my estate from £1,300 in this year to £4,400. I have got myself greater interest, I think, by my diligence, and my employments increased by that of Treasurer for Tangier, and Surveyor of the Victuals.

It is true we have gone through great melancholy because of the great plague, and I put to great charges by it, by keeping my family long at Woolwich, and myself and another part of my family, my clerks, at my charge at Greenwich, and a maid at London; but I hope the King will give us some satisfaction for that. But now the plague is abated almost to nothing, and I intending to get to London as fast as I can. My family, that is my wife and maids, having been there these two or three weeks.

My whole family hath been well all this while, and all my friends I know of, saving my aunt Bell, who is dead, and some children of my cozen Sarah's, of the plague. But many of such as I know very well, dead; yet, to our great joy, the town fills apace, and shops begin to be open again. Pray God continue the plague's decrease!

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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
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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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