

CHAPTER 1

Assistant Residents

*Myself when young did eagerly frequent
Doctor and Saint, and heard great argument
About it and about: but evermore
Came out by the same door where in I went.
The Rubaiyat*

One has to begin somewhere, and since that was what I was when I first worked in Toronto General, I thought I would start there.

Two things come to mind when I try to think back to my first impression of TGH. One was the open wards of thirty or so beds in the old college wing. It was not really the wards. I had already seen plenty of them in Scotland, England, and Canada. It was the nurses. There were clusters of them—all young, all smartly dressed in white uniforms, and all gorgeous. This was in the summer of 1972.

This was my first rotation as an assistant resident in Canada. As a young boy who had spent his youth in the weight room, the hammer-throwing field, and the laboratory, such a profusion of beauty was overwhelming. Looking back almost half a century, memory is not what it once was. There was the blonde called Fox. They were almost all blonde. There were the two really clever, good-looking married identical twins—Stuarts, I think. There was the heavy girl who was funny and worldly. There was the nurse who, at the risk of her own life, looked after the innumerable casualties in that infamous one-hundred-car pileup on the high-speed Highway 400

just outside Toronto in a snowstorm in the middle of winter. There was the brunette who mocked me when I first visited India and brought back what I thought were jewels but were probably just nice bits of colored glass or agates. Ah well.

When all the world is young, lad,
And all the trees are green;
And every goose a swan lad,
And every lass a queen;

One of the head nurses was called Rosanna. I am not sure when they stopped calling them sisters and they became head nurses, as they were called in Canada. Let me digress. The sisters of my boyhood were immediately recognizable. They wore dark-blue uniforms. The nurses wore light-blue or white. God, the loves of our youth, the fading flowers of memory. I remember Rosanna's throaty voice, her always perfectly coiffed dark-red hair, her red lips, and vaguely, her slim body.

Gone, gone, gone with Thebes the Golden.

She had long gone to her eternal rest thirty or more years ago, hand in hand with cancer. As I write this, I tear up. Silly me. She was so smart, so responsible, and so sweet.

Lo some we loved
The loveliest and the best
Have drunk a round or two and crept to rest.

Ah well. Does everyone in old age dream of what was, softened to a golden glow and enhanced with time?

And Edna Quammie, my coauthor, my confidant, and my lifelong friend. I suppose there must have been racism then, but I really don't remember it. I am sure no one believes this, but racism was as foreign to me as homosexuality. The first time I realized I was working beside a homosexual came as a great shock to me. The first one I knew was an internist who saw the orthopedic patients prior to surgery and looked after our orthopedic patients' medical issues. I was naive beyond belief. I suppose I was a hick from the sticks. I grew up in a tiny mining village. All the boys I knew went down the mines at age sixteen, were married at eighteen, and

had children at twenty. These were men. I suppose there must have been gays in Scotland, but they were all firmly in the closet then.

It was the same with race. We had racial conflicts in Scotland. My mother did not like the English, which was surprising because she had worked for Hansard in the House of Parliament. Me, I liked the English. I always believed what Dr. Johnson said: "The best sight a young Scotsman could see was the high road to England." We had no one else in Scotland to hate, so we hated the Irish. The Red Celts hated the Black Celts. We used to taunt them that the only reason they were the Black Celts was the number of Spaniards landing in Ireland after the destruction of the Spanish Armada.

As far as people of color were concerned, I had met them at university, as St. Andrews was pretty international. They were no different than anyone else. They did not talk differently. They did not act differently, and they did not think differently. Or maybe they simply did not say anything. I vaguely remember one discussion with a student in my class from Barbados, but that was it.

It seems so different now with every newspaper, every TV show, and every politician talking about race—and not just on black and white. I was stunned the other day when some Canadian Chinese commentator on TV said that he found the word *oriental* offensive. Eh? What was he talking about? I grew up with tales of

a neater sweeter maiden
in a cleaner greener land
on the road to Mandalay

The first oriental I ever saw was in the movie about Suzie

Wong, a Hong Kong prostitute. I thought I had never seen anything as gorgeous and exotic in my whole life. When I found out the actress came from San Francisco, I wanted to go there. The Orient was a place of dreams. All my life I have been in love with Japan, the country and the concept. I thought my Scottish heritage and the code of Bushido were the same. I married a Chinese woman from Shanghai. My son is half oriental, the smarter half.

In the summer of 1972, I met Ms. Quammie in the wards of TGH. I had always thought that she had misspelled her name and that it really should be Kwame. In my innocence, I thought that it was the equivalent

of Kaiser or Czar or Caesar. I assumed she was an African princess, and I treated her as one all my life. A few months ago, I looked up *Kwame* as I was working on something else. In Twee, it actually means “born on Saturday.” Some things are clearly better off not fact-checked.

At that time, I was still quite fit. I had been lifting weights seriously since age twelve, and I won the British Junior Hammer Throw in 1963. Last year, I went back to Britain because the British Hammer Circle asked me to give the presidential address. I had not thrown since the midsixties, but I gave it a whirl. The twelve-year-old girls were beating me. Who knew? Women started to throw the hammer in the late '90s, long after I was finished. Interestingly, they were very graceful doing it as opposed to the grunt and heave of the other throwers. I got out of athletics when anabolic steroids were coming in. They did not help me much, but they certainly helped the tall boys. I never believed a word they said about the bad effects of anabolic steroids in men as opposed to women. But that is by the by. I lost something like thirty pounds in the first six months I stopped lifting. However, when I arrived in Toronto, I was still the strong boy and Ms. Quammie was still the slim girl. In those days, we would order beer for the patients whom we thought were alcoholics, and there were a lot of them. Everyone drank heavily just as everyone smoked, and I mean everyone. I remember Griff Pearson coming out of the operating room, having just cut out a lung cancer, and lighting a cigarette.

Before the last rounds in the evening, which we did at 9:00 p.m., Ms. Quammie and I would sit in the nursing station, put our feet up on the desk, and drink the beer I had ordered for the patients who did not need it. There were long discussions about love, life, and the pursuit of happiness. I would try to remember the words of Lord Byron: “There be none of beauty’s daughters with a magic like to thee.” I would then pick her up in my arms and carry her around while we saw the patients. In retrospect, we were mad. Maybe it was just the seventies. No patient complained—ever—at this somewhat inappropriate conduct.

As an assistant resident, I did rounds at least three times a day on all the patients. *Rounds* meant that the patients were seen and any new lab results and x-rays were examined. The first rounds were with the senior resident at 6:00 a.m. to check with the night nurses that nothing had happened overnight and to see any patient who needed to be seen. In those days, the nurses did a lot on their own initiative. Edna reminded me that, on more than one occasion, she gave a patient a blood transfusion in the

middle of the night without bothering to ask permission. Why should she? She knew the patient needed blood.

If I can digress. As a medical student, I was taught by nurses. I did thirty-four deliveries, all with a midwife, none with a doctor. In the UK, midwives are nurses with an additional two years of training. Nurses taught me to sew up patients in the emergency departments. Marie Kidd taught me how to straighten broken bones. She did not actually teach me. In Marie Kidd's view, we were not medical students. We were young doctors, and we were expected to know things. Marie Kidd was from the Outer Hebrides, the Western Islands, and spoke Gaelic and English in the singsong tone of the islands. She was about five feet tall and weighed eighty pounds soaking wet. She smoked constantly. She was the head nurse of the plaster room, where fractures were straightened out and casts were applied. Marie sat in the nursing station, smoking, drinking her coffee, and directing her team of nurses with a rod of iron. The anesthesia residents would put the patients to sleep; and I would straighten out the fracture, put a cast on it, x-ray it, and show the x-ray to Marie. Sitting with her ever-present cigarette in one hand, she would hold the x-ray up to the light with the other and either accept it or say, "Na, na. The chiefs would not be accepting that. Go do it again."

And there was Meg Scrim. A tall beanpole of a woman who knew everything. Reduce a dislocated hip? Put a fractured femur in skeletal traction with a pin through the femur or tibia in the middle of the night? No problem. Call someone to help? She'd say, "No, no, that will not be necessary. The boy here"—me, the medical student—"can do it. I'll tell him how." Half a century later, I remember these women with crystal clarity. These sisters, with Alice Mundie (one of the orthopedic floor sisters), were something—heroines, mother hens, great ladies—*je ne sais quoi*. They answered to God and the consultants and no one else.

There were giants on the earth in those days.
Yet their graves are scattered and their names are all
forgotten
Earth shall not remember, but the waiting angel knows
Them that died at Uitvlugt when the plague was on the
city—
Her that fell at Simon's Town on service on our foes.
And the faces of the Sisters and the glory in their eyes.

One could say more. At TGH, the nurses took care of the patients overnight. I forget when it was, but it was sometime during my training that those who knew better—some highly paid bureaucratic idiot with time on his hands or the inevitable committee—decided that nurses could not do anything without written instructions. If the nurse wanted to give a laxative in the middle of the night, the junior doctor had to get out of bed and write the order. The senior nurses ignored this lunacy and trusted the assistant resident to write the order in the morning before she went off duty. There was the odd letter-of-the-law resident, none in the orthopedic training program, who refused to retroactively write such an order. Residents like this got what they deserved—up twice every night that whole rotation to sign for laxatives. Residents and nurses used to trust each other. Only a fool fought with the nurses.

At 7:00 a.m., five days a week, the consultant would appear on the floor to make rounds on the patients. I know British doctors will not believe this, as when I worked in the UK, the consultant would come in at 10:00 a.m. once or twice a week. This was not how it worked in the Big House. There were two senior residents and two assistant residents and six consultants, so there were constant rounds to be fitted into clinic and OR time. The resident was expected to know all the blood work and have the x-ray films available for the consultant. There was then another quick round after the OR was finished around 4:00 p.m. and then again at 9:00 p.m. after patient visiting hours were over, just before the patients went to sleep. Was it backbreaking? Well, I suppose, but no one complained. I, like all the other orthopedic residents, was on call, which meant seeing emergency patients and operating on them every second night for five years. I can't remember anyone who thought this was onerous. This was our training. It came with the territory. We were quite proud of it. We told medical students, "If you fray around the edges, this is not the job for you." I remember almost coming to fisticuffs at 2:00 a.m. one morning with the other senior resident over a case due to go into the OR.

"It's my case. You are off duty."

"No, it's not. It's mine. He came in when I was on call."

Bob Lifeso, the other resident, was a big guy; so we settled it amicably. After residency, he went off to Saudi Arabia and loved it. I met him years later at a conference in Seoul, Korea, which was being run by an old friend of mine—Professor Moon, a senior surgeon in Korea. It was a SICOT meeting, which is the second biggest meeting in the world for orthopedic

surgeons after the American Academy meeting. Professor Moon was in charge of this meeting, and he was a wise man. He said, “Who wants to come to Korea? So anyone who submits a research paper can deliver it. All I have to do is rent another room in the conference center.” He was truly the ultimate pragmatist. Professor Moon was very good to me during my numerous trips to Korea. But it was not just me. I once met him in a beer hall in Munich. He was sitting at a table with twenty Japanese surgeons. Another time I met him was during a Japanese Orthopaedic Association meeting. I had been a guest lecturer. We were in a party boat going around Tokyo Bay in the evening. I was having a conversation with another old friend, Heinz Mittelmeier, a great hip surgeon from the Saar. Professor Moon joined us. I saw his wife sitting alone in the corner and asked if she should join us. I was told no; she was happy where she was. I think that Korean culture has changed, but I do not know how much.

Anyway, I think I gave four papers at that conference. Bob Lifeso was also there, and he gave a very good lecture on his findings with respect to sickle cell disease. This is a condition common in Africans and no one else. It gives some slight resistance to malaria, so it is an advantage in Africa. I was surprised to learn from Bob that it also occurred in The Kingdom, presumably as a result of centuries of involuntary migration from Africa. In Toronto, I replaced the hip of only two such cases, and one of them got the well-known but extremely rare complication of a salmonella infection in the hip. This just does not ever occur in non-sickle cell patients.

Bob loved exploring the desert in the Kingdom, especially hunting for ancient Nabataean artifacts. The only reason he left was that his children needed to go to high school. He ended up somewhere in the northern US. He was an excellent surgeon, so the Kingdom’s loss was the US’s gain.

Before I took that side step, I was talking about hours of training. We were young. We were enthusiastic. We were out to eat the world alive. It was the times. I came to Canada on one of the last immigrant boats from Europe, the *Empress of Canada*. It was full of young people in their early twenties. I shared a cabin in the bottom deck with four other guys. We had left the Old World behind. We were settlers, going to seek fame and fortune in the New World. We all intended to work like crazy and end up wealthy beyond the dreams of avarice.

Robin down the logging road
Whistles come to me

Spring has found the maple grove
The sap is running free.
All the winds of Canada call the ploughing rain
Take the flower and turn the hour and kiss your love
again.

All the residents worked. There was no bitching. We all worked, guys and gals. Maybe it was because the only ones I knew were in the surgical fields. I heard one resident moan about working too hard once; but he was an internal medicine resident whom, quite frankly, we surgeons despised. Women were just beginning to come into the surgical fields. There was one woman orthopedic surgeon in Toronto, the biggest city in Canada, and she worked at the Women's Hospital and just did feet and hands. It came as something of a surprise to us to find a really clever girl resident in urology, a former bastion of male dominance. Her name, I think, was Julie Hill; and she was very clever. She was also very good-looking, so we wondered just how young male urological patients would respond to her. I think we were gentlemanly enough to never ask, but we certainly wondered.