theatre. The next day he was out of danger and he improved rapidly over the next week. He was, however, rather disorientated and insisted that he was in a restaurant—his main complaint being the appalling service and bad food.

In the emergency room I also came across many stabbings and gunshot wounds. All stab wounds to the abdomen were routinely explored since this was the only way to rule out a perforated viscus beyond doubt. One man who had been stabbed and was therefore taken for a laparotomy was found at operation to have no intra-abdominal injury. This was surprising since the knife had penetrated a full 10 cm. The patient owed his good fortune to the thickness of his superficial fat layer.

Surgical clinics at the hospital took place three times a week and were always hectic. Each visit to outpatients cost \$30 (except for the removal of stitches, which was free) before any investigations or procedures were carried out. This, however, did not deter the people of Jersey City from attending. All sorts of problems presented themselves, and during these sessions I did most of my wound dressing, lancing of abscesses, and learning of Spanish since many of the patients spoke only this language. One word which cropped up more often than most was *dolore*, which always seemed to be *mucho* and in every part of the body about which I inquired. At the end of these clinics I most missed that peculiarly English idea of tea time.

Many operations were memorable for one reason or another: the closure of a neural tube defect in a 6-hour-old baby; an appendectomy (as the Americans call it) at 3.30 in the morning; and the amputation of both legs of a drunk who had passed out in the snow and got frostbite with gangrene and septicaemia. One I shall never forget, however, was the craniotomy at which

I was actually allowed to drill through the skull. The electric drill usually employed was not working and only the hand-powered one was available. Since this meant that progress through the bony vault would be slow, it was considered safe to let a more junior member of the team try. With me at the drill the progress was even slower than anticipated—it was very hard work. Eventually I was through. The delicate operation that followed contrasted considerably with the part I had played, and I was more than content just to watch for the remainder of the time.

My last day arrived. We were going out for lunch to celebrate, and when I walked into the chief's office at 9 am—I had allowed myself the luxury of a late start—I was not dressed in the usual green pyjamas. "What," inquired the chief, "Not operating today?" He said he had a special case for me and led me to the operating suite. There I saw a large policeman self-consciously squeezed into a scrub suit. He was guarding my patient. My job for the morning was to remove two bullets: one from the patient's arm and one from his leg. I was amused that despite the premedication and wounds it was still thought wise for the patient to be handcuffed to the operating table and for the policeman to continue his guard in the operating room itself. Too many prisoners had escaped down laundry chutes and in stolen clothes for any chances to be taken.

As I scrubbed for the case I thought back on the last eight weeks: the people I had met, the things I had seen, and what I had achieved. I had been lucky that the surgeon I had worked for believed in learning from practical experience. "See one, do one, teach one" was what he had told me, and by following this advice I gained confidence and knowledge.

Personal Paper

Appointment in Samarra

L J WITTS

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The suspension of *The Times* has doubtless affected different people in different ways. Usually, I look first at the weather map and reports and then at the deaths column and obituaries. Retirement allows me the leisure to pursue trains of thought, and I have been thinking about obituaries in the period when there have been none to read. In the old Arabian story, which John O'Hara used as the epigraph for his novel *Appointment in Samarra*, Death says to a merchant in Baghdad, "I was astonished to see your servant in Baghdad for I had an appointment with him tonight in Samarra." But all of us have an appointment in Samarra.

There is at least one short story in which a man dreams that he reads his own obituary notice in *The Times*, and I think there was one occasion on which by mischance an obituary

notice was published of a man who was alive and well. The point of these stories is the foreknowledge of imminent death and its effect on a man's feelings and actions. This kind of prevision should not be unduly disturbing to those of us who have passed the psalmist's span of three score years and ten and perceive that we can no longer "ripe and ripe" but only "rot and rot." Indeed, a man who dies suddenly, with faculties intact, when the normal span has been reached, is much to be envied.

Yorkshire businessmen were said to be anxious that they should "cut up well"—in other words, leave a large fortune. The rest of us are more concerned with the reputation we leave, though to the agnostic this should be a matter of little importance. I have never felt any desire for posthumous fame such as inspired Nelson and Keats. I have often thought it would be interesting to work out what governs the length of medical obituaries in *The Times*—worldly success, a large private practice in social class I, genuine achievement in science or the arts, are obviously important. Longevity would show a negative correlation, for by the age of 80 a man and his achievements begin to suffer what Sir Thomas Browne called "the iniquity of oblivion." My father-in-law, who lived to 93, gave up reading the death notices because so many of his

friends and contemporaries had already died. The peak of the curve of length of obituary is probably about 60, while the subject is still in full career and his death will leave a hiatus.

Preparing for the end

It is generally known that *The Times* keeps a file of obituary notices in readiness, and several people have managed by devious means to read what has been prepared for them. The Royal Society requires its fellows to submit a curriculum vitae in readiness for the time when their obituary has finally to be written and published in that most readable series, *Biographical Memoirs of Fellows of the Royal Society*. Something of the same kind is done by the Royal College of Physicians. As a frequent obituarist I can confirm that these relics are of immense value when the time comes to prepare the definitive obituary, for this has to be published promptly if it is to be of maximum interest to contemporaries and survivors. A bibliography is too rarely available. A good obituary is both a portrait of the subject and a catalogue raisonné of his achievements. The portrait is often best when painted rapidly in the first flush of emotion. The assessment of achievement is a slower process, particularly if the kind of curriculum vitae to which I have referred is not available. In each of these aspects of an obituary it is necessary to avoid both flattery and denigration.

By the time a person reaches 80 he knows more or less what will be written about him. This may be gathered from direct criticisms and confrontations, overheard snatches of conversation, farewell addresses, and laudatory speeches. Or, more rarely, it may be gleaned from critical assessments on retirement, biographies and autobiographies of contemporaries, and histories of the hospital and the medical staff such as John Burrough's *Unity in Diversity. The Short Life of the United Oxford Hospitals*, which contains many vignettes of people still living. Few such writings or addresses reveal the inner life, the secret strengths and weaknesses which governed the choices which seemed so inexplicable, perhaps foolish, to a man's friends—the flaw in the crystal. For this reason Newman and others wrote their *Apologia pro Vita Sua*, but, in the nature of things, it is impossible for the deceased to reply to his obituary, and this is just as well. When E S Susman, the neurologist at the Royal Prince Alfred Hospital in Sydney, died 20 years ago, he left money for a splendid funeral dinner for his colleagues, at which a message of farewell he had recorded was played. The effect was discomfiting and it was not an experience many of his auditors wished to repeat.

Being a valetudinarian and a pessimist, I have frequently said to myself, when I have reviewed my own life, "Mene, Mene, Tekel, Upharsin. Tekel: thou art weighed in the balances and found wanting." In the parable of the talents, the servant who received only one talent was afraid, and hid it in the earth, and for this he was punished by his master. St Paul tells us that we are to use our different gifts in accordance with the grace that God has given us. It is therefore as wrong to bewail lack of talent as to worry over mistaken decisions or choices.

That robust optimist, Robert Browning, summed it up in a verse that has often comforted me:

Had I said that, had I done this,
So might I gain, so might I miss.
Might she have loved me? just as well
She might have hated—who can tell?
Where had I been now if the worst befell?
And here we are riding, she and I.

Dust unto dust

By an easy transition one passes from obituaries to funerals and memorial services. Funerals are associated in my mind with inclement weather, with dull skies and rainswept pro-

gressions from the church to the grave. Fred Nattrass's funeral, which took place this year in the coldest January of the century, was no exception to the rule. The churchyard at Burford was covered with snow, though a path had been cleared to the south door. The beautiful old church was like an icehouse. Not surprisingly, the congregation was small but the undertaker and his men bravely led the singing of the hymns. The vicar gave a delightful and appropriate address on the text, "To everything there is a season. . . . A time to be born and a time to die." But we were all glad to get outside and attempt to restore our circulation.

Funerals in the Cotswolds are not usually as rigorous as this. My old friend Clement Wells was buried at North Leigh, one of the loveliest churches in the Cotswolds. He had been both general practitioner and parson in the area, having taken orders after retiring from medical work, and the church was crowded with his former patients and parishioners, people talking with the delightful Oxfordshire burr, so much more agreeable than the ugly accent of Oxford city. Clement had lived a full life, hunting as well as practising, and taking part, I think, in both wars. At any rate, it was into his arms that Himmler collapsed dying at British General Headquarters, after swallowing the capsule of poison which he had secreted. "It's a wonderful thing," said Clement to me, at about the time that he retired, "I've never had to worry about my body"; a wonderful thing indeed to me, who seem to have spent my life worrying about mine.

I appear to have a propensity for attending funerals, or at any rate more than my share of them, though I do think that the order for the burial of the dead is the most beautiful of the church services. I suppose the first I can remember is the funeral of Tom Atherton's father, which was associated with two macabre incidents. A day or so after his father's death Tom was taken aback by the undertaker inquiring, "How is your father keeping?" Before the funeral a great many people gathered at the house, and, to accommodate them, every chair available had been called into service. As we sat around the wall in the largest room in the house, one of these chairs slowly collapsed and deposited its occupant on the floor. I had the greatest difficulty in avoiding the eyes of my friends and in refraining from hysterical laughter.

Rites of passage

A few years after this, I was convalescing from a war wound in a nursing home in Southport during the influenza epidemic of 1918, in which many people died. Fellow convalescents and I were frequently invited to the funerals of people unknown to us, presumably to add a little colour to the scene, for we were unfit to act as bearers. Lancastrians are known for their pride in "burying people with ham" and after the interment we were rewarded by a lavish lunch at the town's best hotel. After standing in a cold churchyard, a little strong drink and good food do not come amiss. Indeed, feasting seems to be a common factor in the rites of passage. If we are giving thanks for the life and service of one who has lived a full life, there is place for a little rejoicing. Funerals bring together members of the family who may not have seen each other for years, and I can remember one relative's funeral which was the jolliest of occasions, for the deceased had lived a full and happy life, and then conveniently died after lapsing into senility.

Coming home from a rather unsatisfactory funeral service last autumn, my wife said to me, "You'd better let me know what lessons and hymns you want at *your* funeral service." I am afraid that I have not made my final choices yet but I have already made it clear that there are several churches and chapels in which I should certainly not wish the service to be held. The crematorium at Golders Green would be one exclusion. Everything there is timed to the minute and one is reminded of the check-out at a busy supermarket, or of a visit to an overpopular historic house at the height of the season. The

coffin appears as if on a conveyor belt, the clergyman on rota gives the routine service, the coffin moves off stage, and the mourners troop out quickly to give place to the next group who are waiting on the doorstep.

As regards form of service there is much to be said for the current practice wherein two friends or members of the family read the lessons and a third, who knew the deceased well, gives the address. There is one word of warning and that is that acoustics in churches are often dreadfully bad and microphones a snare and a delusion. Anyone who is to speak should visit the church beforehand and learn where to direct his or her voice and how loudly it is necessary to speak. Only a fanatical rationalist, which I am not, would choose a rationalist or humanist service. There are standard forms for these, but most are founded on the philosophy of Comte and the concept of human progress which has been so discredited in the last hundred years. The phraseology, too, is jejune, and Margaret Knight's *Humanist Anthology* is no substitute for the Bible. For once, alas, Shakespeare fails us. *Measure for Measure*, Act III, scene i, for example, is a threnody on the theme, "Ay, but to die, and go we know not where," and I do not think Shakespeare ever came to terms with death.

When Philip Bedford, my former colleague, was cremated there was no service—in the verbal sense—at all. The mourners entered the chapel at the appointed time, someone played loudly on the organ for about 15 minutes, the curtains then parted and the coffin slid out of view—and that was that. No words were spoken, no valediction was pronounced, though many of us would have been glad to say a kind word about Philip. It may have been the wish of the deceased, but it was a mistake. Our radiologist, Fred Kemp, who was rather given to broad generalisations, had so often condemned memorial services and funeral orations as hypocrisy that his family was opposed to a service when he himself unexpectedly died. Nevertheless, his colleagues felt that the passing of such a forceful

personality should not go unnoticed and a well-attended memorial service was held at St Giles's Church, Oxford.

Excessive rationalism seems to me just as mistaken as religious credulity. Although I thought differently in earlier years, I now have little patience with clergymen who boggle over the Thirty-nine Articles. It is much better to suspend belief over some items if one sees value in the Christian religion as a whole. Having seen the recent magnificent television series on the *Voyage of the Beagle* and on *Life on Earth*, and having reread some of Darwin, I find the theory of evolution almost as difficult to accept holus-bolus as the Babylonian myths of the creation. It seems impossible that all the extraordinary features of life on this planet can be the result of "chance and necessity."

Interest in one's own funeral may sound odd to modern ears, but in the Middle Ages bishops and noblemen often spent large amounts of money and time in building their own tombs. In the church at Oddington, on Otmoor, there is a rather revolting brass which shows a body in a shroud being eaten by worms; this is the portrait of a vicar in the fifteenth century and was specially made for him in his lifetime. In the eighteenth century it was not unusual for people to take their coffins with them on their travels to ensure that they were properly coffined. Even so, I see that I have still not answered my wife's question and, indeed, it would take too long and would seem self-indulgent to do so here. Like someone asked to be the guest on the radio programme *Desert Island Discs*, one is spoilt for choice, there are so many suitable anthems and hymns, and so many beautiful passages on death in the Bible. Let me say only that for one who was firmly schooled in Christianity in childhood and adolescence, and later perhaps lost belief in the supernatural, Matheson's "O love that wilt not let me go" would seem an inescapable choice. It has the same haunting theme as Francis Thompson's poem "The Hound of Heaven." And it might be cheering to go out to the strains of "Fight the Good Fight."

Reading for Pleasure

Gibbon for maturity

EDWARD HARE

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I have long thought the General Medical Council should keep an Index of books forbidden to medical students and young doctors. And right at the top of the list would come Gibbon's *The Decline and Fall*. I had the misfortune to read this book soon after I qualified (and when I should have been working for my membership); and though in a way I have only myself to blame, since I began it from the purely priggish motive that a good doctor should have read the classics ("read Don Quixote," Sydenham had said), I think there should have been some senior colleague to warn me. But there was not, and I suffered irreparable harm.

A dangerous message

In the age of reason, and by the author's protestant contemporaries, *The Decline and Fall* was immediately accepted as a great work. But the Victorians seem gradually to have become aware of its less obvious dangers. Its "message" was ridiculed by Dickens, and Trollope made fun of husbands who put it on their wives' reading lists. A great classic, of course—but impossibly dry and tedious, its text cluttered up with footnotes and its supposed raciness only "une obscénité froide et érudite." So *The Decline and Fall* came gradually to join the ranks of that other great classic, *Paradise Lost*—described by Don Juan (in hell) as an immensely long poem which neither he nor anyone else had ever read. Societies protect themselves from dangerous books by censorship, in the same way as they protect themselves from dangerous infections by inoculation. But the time comes when a book is so rarely read, or an infection so rarely caught, that a generation grows up which has no immunity. And then innocent and unguarded persons will be

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