

### **Chapter 13: Leaving Israel (1980)**

With the ten days old, incessantly crying, small-for-date Omri in our hands we landed in Tel Aviv. It was a scorching *chamish* day, the heat was as oppressing as a mid summer day in the Sinai desert. My friend Bubbi picked us up in his ancient air-conditionless Subaru; its radiator started boiling on the way to Haifa. What do I recall from these six weeks of stopover in Israel before we continued to South Africa?

First, there was Omri's "*Brit*" (circumcision) that was uneventful. Second, I had to obtain a formal M.D diploma that, in turn, depended on the approval of my M.D Thesis by the appropriate University Committee. The subject of my thesis was "The surgical management of esophageal varices at the Hadassah University Hospital: 1970-1980." Obviously it was a retrospective study, a review of patients' charts; for Israeli surgeons to perform a prospective trial had been something that was unheard of. For supervisor for this thesis, I chose Professor D.—then the new Chairman of Surgery in Hadassah— a handsome, charismatic and immensely successful "topknife". By doing so I created a huge problem for myself because Prof D. was always unavailable. A few times a week I would stop at the OR and ask: "Professor, when can I show you my thesis for your approval?"

"Oh, Schein, why don't you come back and wait for me here in the O.R at 9 pm. We'll drive home, have dinner and speak", he would say, smiling. He would always smile and "agree" with you—this was his secret weapon—probably why he had become, and still is, the most popular consultant for a "second opinion" in the country. He would never say "you were wrong" or "I would have done this" but "you had back luck, you did whatever you could, and now I suggest that you do this." Why didn't I learn this approach from him?

But when 9 p.m arrived, the professor would be habitually starting an emergency renal transplant, or assisting another surgeon in a re-operation for some complication. Eventually, one night—it was during my internship—my luck changed and at 10 p.m I was sitting in the professor's large BMW,

driving to his home. After a modest dinner of a chicken schnitzel and rice, both dry, the professor settled in his reclining chair, shook his shoes off and commanded: "Come Schein, read me your thesis!"

"Where should I begin?"

"Ah, read everything from the beginning. I am listening," and he closed his eyes. I started at page 1 and there were 120 to go; at page 3 he was lightly snoring. I stopped.

"Schein, go on, I am listening." Then the phone rang and it would ring again and again until midnight. This is when people would call the Chairman asking for "*protekzia*", which in local slang means "a plea for help": a member of the *Knesset* calling to ask for "help" about his cousin who had suffered a postoperative complication in Tel Aviv or the Chief Rabbi of Haifa begging for *protekzia* for his brother in Brooklyn. The professor would listen carefully to all such pleas, always agreeing to help: "My friend, let me see what I can do about this, please call tomorrow after 10 pm."

Finally, after midnight the Chairman said: "Schein, you write well...why don't you just show me the results."

"Sure. The overall mortality in patients who underwent porto-caval shunt was 90%."

"What!? Are you sure? Was it that bad?"

At that time I did not realize that most surgeons do not know their own "real" results and most even do not attempt to know —or do not want to know.

It was 1 pm. I knew that the professor has five private cases lined up the following morning. "OK, Schein," he said, "I have to believe that you reviewed the charts carefully. You could of course exclude those patients which were almost dead before operation, um, and this would cut the mortality to 75%, which would look better. Eh? You know how sick these patients are, it may make your thesis publishable in a journal."

So now, before leaving Israel, I had to get my thesis approved by the Chairman of the Thesis Committee, (associate) Professor P. (now deceased)

who was the Director of Surgery in a smaller hospital near Tel Aviv. Two hours late for my appointment, P. appeared in his green scrubs, tore off his face mask into the rubbish bin and grumbled to his secretary: "It was a difficult Nissen", referring to an anti-reflux gastric procedure. Then to me: "You're Schein? Are you an *"ole chadash"*? (a new immigrant to Israel), from Russia?"

"No, Sir, I arrived from Poland exactly 23 years and 3 months ago."

"Well, I read your thesis," he pointed to his littered desk, "and I must tell you that it is unreadable. Can't you write Hebrew? Maybe you need some help from a professional translator?"

"But professor, writing essays was my strongest skill in high school, and there is not much time left as I have to leave next week to South Africa, to start a surgical residency."

"South Africa? Why South Africa? Who has heard about South Africa? I did my fellowship in New York, Brooklyn. We go to America, in American medicine we trust. Anyway, I will approve your thesis although it is hard to believe the high mortality, much too high, our results are better of course, and Schein, if and when you decide to come back, you *have* to improve your written Hebrew."

Later in my career I would come across many "surgical scholars" who would not tolerate any text unless written in heavy local medical jargon— to them the "correct written language." Years later in Brooklyn, I wrote a biographical piece about Rudolf Nissen, the great German Surgeon, a half Jew, who immigrated to Brooklyn via Turkey and ended his career as the Chief of Surgery in Basel, Switzerland. A retired Jewish surgeon who had worked under Nissen at the old Jewish Hospital in Brooklyn told me a little about Nissen "as a person"; for this I acknowledged him in the footnote and politely sent him the final draft of the manuscript. He replied in writing: "your manuscript is illegible, this is simply not the English Language. It shows that you are a foreigner without any literary English skills. If you choose to submit this for publication, and I wouldn't, please do not cite me and remove my name. I would be ashamed to be associated with such a poor

product.” I complied with his request and had the manuscript accepted and published by the Journal of American College of Surgeons. A month after it appeared I got a letter from Tom Starzl, the father of hepatic transplant surgery and the most published surgeon ever. He wrote: “I wish to thank you for your piece about Rudolf Nissen...it was the best surgical historical article I ever read.”

Regrettably, many reviewers for American medical journals and their editors—less a problem with their British counterparts—believe that medical English should be heavy and formal and repetitive using short sentences followed by periods. Semicolons and hyphens are a taboo. And one wonders why these journals are so boring to read?

My last task in Israel, before leaving to South Africa, was grimmer. Late at night my sister Sylvia called: “come up immediately, I’m bleeding.” Her voice was controlled however.

I woke up slowly, “bleeding from where? What’s the problem?”

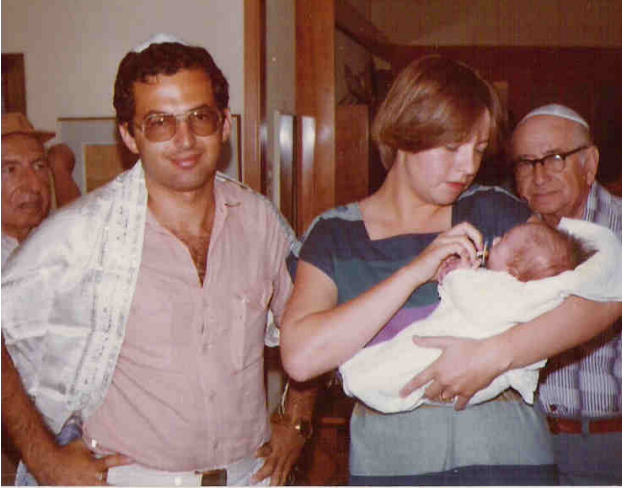
“Just come now!” She hang off. My sister was 33 years old then —not married but pregnant. It was a planned pregnancy; she wanted the child and wished to be a mother. When I arrived in her cozy flat on Mount Carmel, I found her sitting on the toilet with a four-month old male fetus – my first and last nephew— dangling between her legs. My sister liked to knit; I found a piece of heavy wool with which I tied the cord and divided it with a kitchen knife. Then I took her to the hospital.

The events of that gruesome night were never ever raised between my sister and I. Twenty-four years later, after she was found dead, lying on the carpet in that same flat on the Carmel, I searched through her diaries—she did not mention that night. But in another volume she lamented her unborn son.

On July the first, 1980, the three of us boarded an El Al flight to Johannesburg—a total unknown.

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See a picture below



Omri's *Brit*, Haifa