

Chapter 18: The Man with the Scar (1984)

Towards the end of my year in Coronation Hospital, Prof. Bremner announced: "Bert Myburgh wants you to move to the J.G Strijdom Hospital"—"JG" in local jargon. *Oh no*, I thought, not because I had anything against this large, public, purely "white" hospital, administered by Afrikaners for Afrikaners patients, and named, as almost everything else in the Transvaal, after an ex Afrikaner Prime Minister, but because the head of surgery at the JG was the notorious Mr. George. A.G. Decker, known to some as GAG. Until then I had never directly interacted with GAG but often bumped into him at academic Medical School activities. He was of average height, robustly built, in his mid or late 40's, blue eyed, balding —women used to say that he was handsome. Whenever I saw him, winter or summer, he was dressed in a white safari suit (long trousers), and matching white *veld skoen* (also known as "Van Der Merve shoes") — the type of shoes favored by the average Afrikaner, usually worn together with knee-long "tropical" trousers in combination with knee-high, heavy socks . Years later GAG disclosed to me the secret behind his ever white and fresh safari suits: "you buy three pairs of safaris, one you wear, while the second is in the wash, and the third pair hangs on the line drying —never let the maid do it, do it yourself!"

GAG never seemed to be a man of many words at the academic meetings. Occasionally Myburgh would address him, "Say George, this was your patient, right? Wouldn't it be better to operate on him sooner?" To this GAG would nod, say a few words and always agree with the big Prof. who was known to know everything and to always be right. But registrars rotating through GAG's department at J.G Strijdom Hospital had spread around horror stories about his unpredictable and ever changing moods, his aggression and ruthless dictatorial regime; as if the few months they had spent with GAG were equivalent to exile in Robben Island.

What I was hearing about GAG from people in Coronation Hospital was not more comforting. Al, a Jewish anesthetist said: "I warn you Mosh, the

man is brutal; when I was a student at JG, I saw with my own eyes how he lifted up an intern and threw him out of the theater, just like that, only because the bugger spoke without first asking permission, he's not too tall but man, he's strong." When Weisfish heard about my imminent departure to JG he smiled sardonically: "Knowing your crazy personality I predict that you have no chance whatsoever; not only does GAG hate Jews in general but you are also a foreigner. You know what GAG stands for? Really, you don't know? Guess? George, Adolf, Goering. To tell you the truth, I suspect that originally the George was Gerhard. He's of German stock and his parents probably supported the Nazis like all *chates* did at that time." *Chates* was used by South African Jews to term the Afrikaners; it derives from Hebrew where *choti-im* means "sinners". Only Mr. Stein managed to calm me a little: "Don't worry. George is tough but fair. Anyway, he's a cultivated Afrikaner, a few years in England, a British wife, mellowed him a lot. If you work hard, everything will be all right."

And then there was GAG's mysterious scar. People told me: "He has a long, red scar on his forehead. Always observe it and when it turns white be on your guard, this is when the storm usually erupts." There were many theories and rumors as to the etiology of this scar, including clandestine *Bruderbond* activities, but only many years later we learned the truth by chance when an elderly lady told my friend: "Oh, that charming scar on George's forehead? It happened after he fell off his potty."

Early morning on the first of January 1894, I parked my old red Alfeta GTV in a bay marked *chirurgie*, in front of the tall and long, red brick building—JG Strijdom Hospital. I was dressed in a new white safari suit and white wooden clogs—all purchased for the occasion. On the preceding *Sylvester* night we had stayed at home and I remained sober but I did not sleep well. I was thinking about my surgical training: three years passed and what do I know? OK, I know something and I can cut but will I become one of those self made Bara surgeons, like those Greeks? Only two years to go until the

end of my training and I had not found a mentor —somebody I could look up to and try to imitate. And now, I have to suffer this fascist or racist.

JG was a recently built hospital, and like most public buildings erected by the Afrikaners— it was pretentiously grandiose and extremely ugly—a minor replica of the Jan Smut Airport: everything was tall and ugly, the building itself, the long corridors, the entry hall, the operating room and even the commonly gigantic Afrikaner nurses—well, not all were so ugly—were covered, not the nurses, floor to ceiling with mousy-gray linoleum.

I remember climbing up the marble stairs leading from the parking area to the deserted lobby where the statue of JG Strijdom himself was greeting me. Off the main corridor on the third floor, separating the two wings of GAG's department, I found the meeting room, where the new bunch of interns, the other registrar —one of Myburgh's boys—and GAG's junior consultant were waiting. Just then I noticed GAG approaching down the corridor: he walked fast, his head tilted down and to the side, as if counting the number of the gray shades of the linoleum; a heavy chain of keys dangled from the belt of his safaris, but I didn't see any evidence of a gun. *Good.* As he walked, he repeatedly knocked, with a clenched fist of his right hand, on the wall. We almost collided at the door of the meeting room; I said good morning, and he just nodded, looked me up and down, from my noisy clogs to my round eye glasses —still dark shaded from the sun outside— shrugged his shoulders and entered the room. I took a seat behind the interns and held my breath to see what would come next, but I already knew what to expect because looking up I noticed that GAG's scar was pale.

Thus started my real surgical training.

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Each of us can point to a certain defining period in his early life; the same often is true in a professional career —a period during which one becomes what one will be. The five years I was to spend at the JG Strijdom Hospital, first as a registrar, then as a consultant, made me the type of surgeon I became: not a racing horse type of a surgeon—a virtuoso, a surgical Paganini—but a humble violinist playing the nights away at

weddings; a working horse— like GAG. As often is the case, I would realize that GAG was my sole surgical model and mentor only in hindsight —years after leaving his department.

GAG's surgical department functioned like a Swiss watch. I had never seen, or would after, a surgical system so closely controlled by its Boss. It worked like this: the two registrars, each supported by a team of two or three interns, shared the calls and the sixty something patients. Each patient belonged to a given registrar and his team, from admission to discharge. Period. There was no cross coverage, no "sign off", no "I'm off, could you do this case for me?" You started looking after a patient, you had to be with him at all times —until discharge or death. And you had to know your patients; this was crucial for self-survival as I learned already on the first day.

GAG rounded everyday, including early Saturday mornings; on operating days he would round afternoons. He would lead the procession from room to room, bed-to-bed, always serious, never smiling, talking in very quiet, measured tones—often masking a palpable, incandescent anger. At the bedside an intern would present the "case", not in the unsystematic fashion common to today's trainees, but give a structured presentation: name, age, main problem, past history, co-morbidities, physical examination, lab results, what was already done, the plan, and so forth. GAG would then examine the patient: expose the wound, percuss the chest —in general look for something that the intern had missed. Throughout this ritual the responsible registrar would stand in the background, by the wall, seemingly passive, but always on the alert. Because the moment the terrified intern failed to provide a required detail—which operation the patient had 15 years ago, or what was her serum *amylase* level— GAG would focus his nervous eyes on the registrar, blaming him for the utter ignorance of his intern— *why didn't the two of you discuss it?* —who had to come up immediately with the correct answer. His motto was: this is your patient, he is your total responsibility, and you have to know everything about him; his fate depends only on you —no one else. To avoid embarrassment, I made the point of

knowing everything about my patients and to memorize each morning all their recent blood work. This proved not a hard habit to adopt and until today my mind automatically registers each patient's levels of BUN, albumin, potassium and so forth.

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On the afternoons prior to the operating days, GAG would divide the cases between himself and his consultant, each working in his own theater, with one of the two registrars. GAG was a well-trained surgeon, in Cape Town and in England, and a careful operator. He had an outstanding knowledge of anatomy —something one seldom sees in today's surgeons — he re-edited the classic *Lee McGregor's Synopsis of Surgical Anatomy*. He was not a "cowboy" and knew well what he couldn't do, or shouldn't be doing: for esophageal cases he would summon Mr. AC; liver resections would be shipped to Myburgh. But unlike the latter —a Prima-Donna- I- do- it- myself –you-watch-how-good-I-am — GAG was actively teaching and assisting us.

GAG, unlike many South African consultants, was only partially guilty of what I think was the main weakness of South African surgical education: registrars were either operating on their own or were assisting a consultant. Of course, the North American custom is extreme in the other direction: a resident can never operate alone, and God forbid if a resident is asked to assist an attending; it's the attending who must invariably get his coronary spasm assisting the residents —who, in fact, seldom learn to assist.

Operating with GAG, either assisting or being assisted, was always a tremendously stressful experience, not only for me but also for the interns and nurses. There had to be absolute silence, and each step or movement in the OR were strictly controlled by him —or his temper. I remember his short, stubby fingers —he liked to use them for "finger dissection" of tissues— his warm breathe coming across his mask, almost touching mine; his sweating forehead so near. To the nursing staff he would talk in Afrikaans, ordering a *skalpel*, *pinzette* or *schere* —the *sch* not soft like in German but harsh like in Dutch, the *c* like *k*; but to us he spoke English. Each of our

movements was painfully scrutinized, each knot had to slide home perfectly, to the tone of an ongoing granting or hissing —if it was not “perfect”, and it never seemed to be. One was totally exhausted after a gastrectomy with GAG but the gastrectomy was perfect, like the ones he had been doing previously with his old British masters.

Eventually, the alternate night calls, the total responsibility, the constant scrutiny by these seemingly unhappy pair of eyes, caused me to develop severe dyspepsia that I treated with large amounts of nauseating antacids —Histamine-2 antagonists only then were being introduced. I was not the only registrar who had developed ulcers while working under GAG: I gastroscoped at least two rotating registrars whose gastric lining sloughed under GAG’s influence. Roger told me this: “I never had an ulcer while working for GAG; but even years later, every time I parked my car while on a visit to JG, I felt a gush of acid burning my gastric mucosa. I had, effectively, been transformed into the legendary Pavlov's dog!

During the first weeks I simply followed Mr. Stein’s advice: work hard and everything will be all right, and it seemed that GAG treated me like he treated everyone else — like a slave. But a few incidents allowed me to look beyond the facade.

This was my first repair of an inguinal hernia at the JS Hospital. The hernia was gigantic, as was the postoperative hematoma which developed on the following day. I must have missed some arterial branch, because during my six a.m rounds I found the blue skin discoloration extending from the umbilicus to the knee. I was petrified —it was Wednesday, and the “grand rounds”, with GAG and the voluntary consultants, were to start soon —what should I say? Is there any excuse for such a hematoma? After tea break, the rounds reached my patient’s room. My heart was pounding and my hands were sweating: two weeks at the JG and now my end was near. As usual, GAG entered the room first, approached my patient’s bed and said:

“Goeiemôre meneer, Hoe gaan dit met u? Good morning Sir, How are you?

“Goed dankie”, replied the patient. Good, thank you.

Just when we — the rest of the entourage — entered the room, GAG uncovered the patient, froze a second or two, and instantaneously replaced the blanket, as if encountering a snake under it. “*Baie goed meneer, Totsiens*”. Very good Sir, goodbye, and he moved to the next bed.

Then, when the intern was presenting the next patient I noticed GAG looking at me —was that an amused smile? The following day the hernia patient went home.

One night, a week or so later I came across a patient with a ruptured abdominal aortic aneurysm (AAA), which I diagnosed and treated, typically, as *sciatica*, on the orthopedic floor. After feeling the tender, pulsating abdominal mass I rushed the patient directly to the theater and summoned the voluntary consultant on call: Mr. L., a 6’6” tall dinosaur-looking middle aged man, who opened the abdomen, sternum to pubis, with a swift movement of his knife. We found ourselves looking at a giant pulsating hematoma. Now, Mr. L. inserted his huge, glove size 9.5, right hand and dug in the deep recesses of the upper abdominal cavity; while doing so he mumbled to himself something like “holy shit, this one is big, supra -renal, thoracic aneurysm.”

Standing on the other side of the table, elevated on a high step to match Mr. L.’s height, I noticed sweat dropping from his forehead. Finally, after five minutes of futile manipulations he said: “Look, this fucking thing is inoperable, it starts in his chest, he’s done!”

“But Mr. L., maybe it is just juxta-renal? Shouldn’t we dissect a little higher and clamp above the renal arteries?” By then I had already assisted in several AAA operations and read the relevant chapter in *Rutherford’s Vascular Surgery* —I knew that true ruptured supra-renal AAA’s are rare and commonly, what feels like starting above the renal arteries, is in fact a bulging infra-renal AAA.

“*Kak man*. No way. He had it. Close him up man, will you?” Mr. L. removed his gloves and was ready to exit the theatre.

“And what then, Mr. L? Should I take him to the ICU?”

Mr. L. wiped the sweat from his face with the lower part of his XXX large scrub shirt, "ICU? What for? He's dead already. Take him to the floor, extubate, a large dose of morphine--the dying man friend."

"Yes Sir." Mr. L. left; it was five a.m.

I closed the patient's tummy rapidly—only the skin—wheeled him to the ICU, which was run by us surgeons, and kept him oxygenated and perfused the best I could. I was waiting for GAG who, as each morning, stormed into the ICU at 6.55. In a few sentences I recounted the events of the night and waited for an explosion but it did not materialize. The next minutes remained etched sharply in my mind: GAG approached the patient, grabbed his wrist with his right hand, feeling for the pulse, and with the left hand rubbed the scar on his forehead. So he stood silently for a minute — like a "thinking surgeon" in some old oil painting —which seemed to me an hour.

Then:"Let's take him back to theater, now!" he whispered.

We took him back, he survived; Mr. L. was instructed to never do an AAA again. I was impressed.

Without noticing it at that time, GAG became my model, which I imitated. For example: during long operations, when events turned hectic, GAG would suddenly pause, turn around to the water basin behind him, immerse his gloved hands in the warm water, look at them, and contemplate — for a few mute minutes. *Calm down, think, plan, take it easy man, shit man, why did I embark on this operation?* On my own cases I started doing the same.

I do not know why and when exactly it started to happen but very soon GAG began to spare me: he tortured the others but left me in relative peace. Not infrequently he would arrive at dawn and ambush a late arriving intern or registrar—a traumatic event to watch—but I was never included in his direct line of fire. Instead, I became *his* registrar and while others came and left, I stayed on.

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See picture below



George Decker (20 years later)