

Chapter 22: Fellowship in Leeds (1987-1988)

The Department of Surgery in Johannesburg selected, each year, a young surgeon for a traveling fellowship. A few months after returning from Bern to Johannesburg I was nominated the traveling fellow for 1987. I could choose to visit any "surgical" destination in the world —multiple destinations were acceptable —for six months; all expenses paid, including the salary at home. *Where should I go?* Japan? The Mayo Clinic? Australia? All of the above?

"I won't go with you," Heidi declared, "not with three little boys, aged one to seven, and "surviving on your ridiculous allowance, in a little rented hole, in some inner city, near a hospital where you'll be buried day and night. You go, I'm staying."

Should I try in the USA, I thought, it might be helpful in the long run?

"I've arranged for a colorectal spot in Minneapolis", I proudly told Myburgh. But he was not impressed: "Why America? In this Department we follow the British tradition. Why don't you spend some time with David Johnston in Leeds? He's doing a superb job in peptic ulcer and colorectal surgery; their work on ileal pouches is splendid. I'll write to him immediately." My fate had been decided— good-bye to the American dream.

In those days the name of Professor Johnston of Leeds had become known —I mean surgically—for his "invention" of the *highly selective vagotomy*, an operation for peptic ulcer disease. Whether he was the one who had "invented" the procedure was less clear since Professor E. Amdrup of Arhus had described it in parallel. Later, in Leeds, I was told that the idea germinated in John Goligher's (the great colorectal surgeon and Johnston's predecessor) brain, and that the failure of Johnston to acknowledge Goligher's contribution had led to a rift between the now retired Professor and his follower.

I prepared myself thoroughly for the Leeds affair, reading widely on anorectal physiology and its clinical applications: my goal was to come back from Leeds as an expert on anorectal physiological and all common and rare

anorectal diseases. In my naïve mind I saw myself as an established South African consultant surgeon going for a study sabbatical with his equals in the United Kingdom. Little did I know.

No one welcomed me at the Leeds Railway Station on that rainy summer Sunday evening when I stepped out of the Manchester train. I *schlepped* my heavy suitcase —winter clothes and books included—to the nearby old grand Victorian hotel. A hundred *quids* per night, but the drowsy night porter eyed me briefly and allowed me to continue *schlepping* my own load.

The next morning I took a cab to the nearby Leeds General Infirmary on the Great George Street: an impressive Victorian structure that had been opened in May 1868 by the Prince of Wales. Since then, it had been expanded, and patched, but its proud stonewalls were darkly stained by many decades of Yorkshire pollution. An imposing entry hall: statues and pictures of past illustrious physicians and surgeons who had walked these corridors, including that of the great Lord Berkeley Moynihan, who in 1920 had founded the Association of Surgeons of Great Britain and Ireland.

I located the Professorial Surgical Unit. Lynn, the professor's personal secretary —tall, blond, heavily made up —welcomed me: "Oh, Prof. Johnston's touring Australia; I managed to arrange a room for you at the International Student Hostel in Headingley." *Where the hell is this?* Another cab took me to the "hostel" at the northern edge of town— a cheaply built structure surrounded by lawns and shrubs. The superintendent —a retired army sergeant? —handed me a key: "Sir, gates close at eleven p.m, no cooking in the rooms, payment upfront." I climbed to my room: tiny, a narrow hard bed, a washing basin, a balcony. Loud African music was blustering from downstairs. I explored the communal bathroom: the sink and floor covered with a carpet of tiny curly black hairs; discarded condoms in the corner. I investigated the kitchen on my floor: a Boom box blasted some Caribbean afromix. Five black kids and girls sat down, eating, singing and laughing hysterically. In the corner two fat Pakistani girls were busy

cooking something —completely ignoring the blacks. *Hell, where am I? Is this Yorkshire, England?*

The same day I bought myself a second hand three-speed bicycle. Until late autumn, I spent my time in the hospital or on the bike, touring the countryside —avoiding the international hostel as much as possible. Two months later, when misty winter grasped the town, I managed to transfer myself to the hospital’s nurses dormitories.

Professor Johnston returned from his biweekly international trip: in his mid fifties, medium height, and trim —a marathon runner—a Scot who totally had lost his original accent. He met me in his secretary’s office —his own was non-useable; the desk, floor, and chairs stacked with journals and charts to the ceiling—and immediately invited me for dinner at his house. A few hours later I was sitting in the Prof’s little Polo WV, driving towards his modest bungalow in the suburbs, where I was introduced to his modest-looking and much younger second wife. Following the tasty dinner the Prof. had fallen asleep in his easy chair, spilling brandy on his trousers. Riding the cab back to my third world hostel I was rather elated— I could envision a most productive period of fruitful clinical and academic cooperation between the Professor and his important South African guest. I also looked forward to many similar cozy, tasty and boozy social encounters with my most genteel British hosts. I couldn’t guess that this was the last and only English family house that I was to see from the inside. Next morning, as I cycled to the hospital on my new bike— like any English consultant clad in my new dark suit, trousers suspended with wooden pegs (like Dr. Watson in a Sherlock Holmes movie) —I had to face the new bitter reality.

“Moshe, you wouldn’t mind using our research registrars room, would you?” proposed the charming Lynn and ushered me into a tiny cubicle —a converted storage room.

“Good morning Gentlemen, may I introduce to you Dr. Schein of South Africa, please do make some space for him.” *Dr. —not Mr.*

Three young faces, above white collars and ties, peered at me; they were sweating in this stuffy room, a warm sun spilling in through windows glued to their frames by many layers of old thick, white paint. They introduced themselves: Mark T. and Mark R. were doing a year of research before becoming surgical registrars; the third young man said in a distinct Arabic accent: "My name is Hafez Serhal, I'm a qualified Lebanese surgeon, from Beirut, here as a clinical observer." I arranged myself a square foot of desk space, opposite the window, and squeezed a chair between the two Marks. "Any computers around, chaps? Or typewriters?"

"Wrong address, old boy, this is the University of Leeds, not Harvard, Boston," said the smaller and thinner of the Marks: a public school accent, his hair pitch black and eyes slightly slit —later I found out that he was half Scot, one quarter Japanese, and another quarter Indian.

"Welcome to Yorkshire, Dr. Schein," said the taller and stouter Mark. He looked at his watch: "Well, chaps, enough wanking, let's go to the pub." He did not try to conceal his Yorkshire pronunciation where any "u" comes out "oo" —*poob*. "Hafez, you wanker, coming with?" The Arab sulked and said nothing. "Bloody Moslems, teetotalers, sick," the big Mark said goodheartedly. Then to me: "Do join us, wankers like us need a pint of *Tetleys* bitter before lunch." And so the three of them, all some fifteen years younger than I, became my only friends in Leeds.

From the start I tried to act as a regular member of the clinical team; but in vain —the more I tried to be "one of the boys" the more I was rejected. I found out how the English know how to snub you passively; by letting you feel that you are a nobody—like thin air. My first day in the operating theatre was for a scheduled esophageal resection by Mr. McMahon —Johnston's second in command. I introduce myself to the senior registrar on the case, a totally Anglo-Saxonised Indian: "Could I scrub in please?"

"Ewoooo, um, why don't you scrub as the second assistant?"

The English Indian started the operation and McMahon joined in mid case. At some point he hooked his finger around the vagus nerve, which was adherent to the lower esophagus, saying: "this is the vagus, see? This is the

nerve which is being divided during a truncal vagotomy.” It took me a few seconds to realize that he, the great consultant, was actually uttering this exciting piece of information to enlighten me —the humble third assistant, on pilgrimage to this center of excellence, from some unknown third world country.

After the operation McMahon vanished into the Consultants’ OR lounge —off limits to mortals —where lunch was being served on porcelain and white tablecloths. He was a tall, dark haired Celt with a square jaw— mountain climbing was his passion. As many competent and brilliant operators he seemed addicted to technical gimmicks, always trying a new one; for example, using the liver Ultrasonic Surgical Aspirator to resect the distal pancreas—painful! It was this fondness for gimmicks, which probably later attracted him to the emerging field of laparoscopy, as evident from this current Internet entry: “Professor Michael McMahon is a pioneer in all forms of minimally invasive gastrointestinal surgery and [is] recognized among the most skilled surgeons within the field of minimally invasive surgery in the UK.” I had scrubbed with McMahon on numerous cases but he never acknowledged my assistance or existence with even one personal question or comment. Initially I had diagnosed him as a sociopath, but gradually I grasped that what in other places may reflect psychopathy, is in the UK no more than common eccentricity, and oddballs are respected and cherished and successful.

The attitude of others was no better: if I wanted to scrub on a certain case I had to arrive an hour earlier and plainly “fight” for my place at the table. Otherwise one of the senior registrars would say: “So sorry, but Helga will scrub on this case”; Helga being an attractive German exchange medical student.

Also my ambition to learn practical anorectal physiology was short lasting. The anorectal laboratory was run by a registrar who, from morning to night, shoved balloons in patients’ anorectums. I pestered him for a few days: “teach me, let me do these tests,” but all he wanted was to get rid of me and continue writing his thesis. Frustrated and bored, I went to the

Professor and asked for a few "research projects". A month later I started handing him completed manuscripts of studies; he would take each home and return it a day later with his comments in red ink. I would spend the nights revising the manuscripts, hand it again to the Professor, who however would never return back any of them to me. I kept the copies with me.

During my sojourn in Leeds numerous international visitors passed through the department: to visit the distinguished Professor and see what was new in foregut or rectal surgery. A few stayed a day or two and gave a lecture; others, French and German, arrived for a month, rented a flat, hired a car and explored the Yorkshire countryside. I noted that these were the favorable guests: "show your face in the OR for a case or two and do not bother us".

I also observed that the Britons, in addition to their obvious rigid class system, used a non-official method to classify foreign doctors, based on their origin, race and language. The ex colonials such as Australians or South African topped the list; I mean real ex colonials, with the correct accent, not recent immigrants from elsewhere. Americans, preferably whites, were also welcomed—after all, one could always, one day, benefit by visiting them in the USA. Then came the West Europeans— French more respected than the Germans and the Italian even less. East Europeans? The Poles would do —didn't they fight with us during the war? *Ruski?* No, no, no. Indians had a soft spot in the English psyche; reserved to humble and dedicated servants or dogs. Middle Easterners were at the bottom —just above the blacks from Africa.

What about Jews? The topic seemed taboo but I was surprised at the extent of the latent British anti-Semitism. Leeds, allegedly, had a large and thriving Jewish community since the 16th century but I did not see any Jews around. Once in the cafeteria somebody pointed out a doctor and whispered: "He's a Jew, you know?" *Really, is it a secret?* And a secret it seemed to be. Somebody mentioned Professor Norman Williams, MacMahon's predecessor who had moved to London: "He knows how to write papers but not to operate, he's a Jew." *A Jew called Norman Williams?* Then one day, a senior

registrar in vascular surgery approached me while I was sitting in our converted storeroom. He looked around, to confirm that we were alone, and murmured: "Are you Schein? I've heard about you. I'm John Stevenson," he brought his mouth to my ear, "I was born in Tiberias, you know, on the Sea of Galilee, and I speak Hebrew." We chatted in Hebrew and he left hurriedly. A week later I came across him in some lecture hall. "*Shalom* John," I said loudly and continued in Hebrew. He looked away as if I was addressing the wall behind him, turned around and left. *What's wrong with them?* I asked myself, the great massacre of Jews in York occurred in 1190, so why are they still hiding?

And I was lonely. All my life, wherever I went, I had been surrounded with family and friends; this was my first experience of almost total isolation—an absolute alien. Weekends were the worst: I remember walking the streets, scenes of cozy family lives playing across large Venetian windows of massive Victorian houses. I felt like those Turkish or Albanian laborers one commonly sees—in their shabby Sunday suits—shuffling, hands behind their backs, in the deserted streets of Western European cities. I learned how foreignness, loneliness, non-belonging, breeds resentment—a resentment which may produce dangerous energy.

As long as the weather permitted, I had my bike, exploring the magnificent Yorkshire countryside: the Dales, the Moors—Bronte sisters' green and quaint country. But the winter found me imprisoned in the dormitory, between a bunch of spotted and cottage cheese-faced nursing students. A permanent fog and drizzle engulfed the town—John le Carre's English weather—each night, as I jogged away my solitude in the park, I was expecting agent George Smiley to emerge from the milky mist. But there was the equally lonely Hafez, who cooked for me *hummus* in his moldy Dickensian rented room. And there were the two young Marks who saw to it that I regularly joined them in the pub, always followed by a dinner at the neighborhood's Indian joint where, allegedly, the food was extra spiced to hide the flavor of cat meat in the "mutton" curry.

On February 1988 the two Marks and Hafez drove me to the airport in Manchester. I returned to Johannesburg twenty pounds lighter and without a new surgical hobby. Anything “surgical” I learned in Leeds became obsolete a few years later or was never of any value to me. But I learned that a surgeon out of his town, or his hospital, is actually a nobody, and, above all, I learned how *not* to treat foreigners and outsiders —and this would become of great practical value to me in the future. It would take the two Marks fifteen years to become surgical consultants in England. Hafez—the poor Arab, ignored and shunned by everybody in Leeds, is now a successful surgeon in Paris.

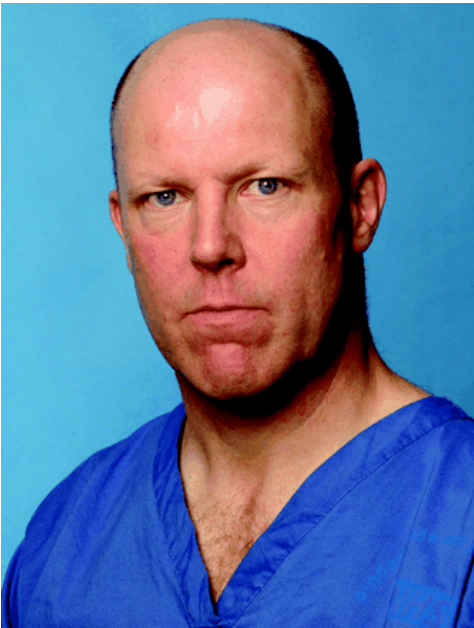
Back in Johannesburg I wrote to Professor Johnston and inquired about the fate of the manuscripts I had written for him in Leeds—does he intend to publish them? He did not reply. I waited a few months and then published, alone, one of my Leeds studies. In a footnote I thanked “Professor David Johnston for the permission to study and report his patients.” When the paper appeared in the *World Journal of Surgery* I mailed him a reprint. A week later he faxed me frantically: “Dear Moshe, congratulations on the paper. Please do not submit the others, we are busy finalizing them.” I never heard from him again; the other Leeds studies on which I had worked for long days and nights ended in my garbage bin.

Yet, I found the Brits excellent surgeons, educators and researchers. That they are as they are is not their own fault but an inborn error of national development, or in John le Carre’s words, the British social structure is “one of the crying pities of the modern world.”

See pictures below



Leeds General Infirmary



Mr. Mark Rogers (years later)

[More pictures below](#)



Roaming Yorkshire countryside